healthwatch Essex

Healthcare Experiences of the Armed Forces Community in West Essex

February 2025

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Produced by

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1.0 Introduction

1.1 Healthwatch Essex

Healthwatch Essex is an independent charity which gathers and represents views about health and social care services in Essex. Our aim is to influence decision makers so that services are fit for purpose, effective and accessible, ultimately improving service user experience.

One of the functions of a local Healthwatch under the Health and Social Care Act 2012 is the provision of an advice and information service to the public about accessing, understanding, and navigating health and social care services and their choices in relation to aspects of those services. This document was revised in July 2022 and the role of Healthwatch was further strengthened as a voice of the public with a role in ensuring lived experience was heard at the highest level.

The Healthwatch Essex Information and Guidance team are dedicated to capturing the health and social care experiences people in Essex are encountering daily. The team respond to enquiries relating to health and social care and are equipped through training, to offer specific information to the public or other professionals. The team are well placed to listen, reflect on and support people to share difficult experiences such as those shared in this report.

1.2 Topic Background

Healthwatch Essex were approached by the Hertfordshire and West Essex NHS Integrated Care Board to undertake a series of projects focussing on the lived experiences of people in the area in relation to their health, care and wellbeing. Two projects were selected per calendar quarter for in depth engagement, with the production of a report based on this engagement.

Essex County Council's Armed Forces Needs Assessment (AFNA) states that as of April 2023, there were 4,150 Ministry of Defence (MOD) and UK Regular Forces personnel in Essex combined, with the highest number of personnel residing in Colchester (3,220) and Uttlesford (880). According to the Office for National Statistic Census 2021 data, approximately 3.5% (3.4% including Southend and Thurrock) of usual residents aged 16 years and over in Essex reported that they had previously served in the UK armed forces. Among the population of local authority districts in West Essex, approximately 2.6% of people in Uttlesford, 1.9% of people in Harlow and 1.7% of people in Epping Forest have served in the UK regular armed forces.

An updated review of Essex County Council's Armed Forces Needs Assessment was published in 2024 and provides a detailed overview of the healthcare experiences of the armed forces community in Essex. The assessment reported that around 11.4% of veterans report poor health compared to approximately 5.62% of non-veterans. Meanwhile, according to data from the Office for National Statistics Census 2021, a third (32.1%) of veterans nationally were reported to have a disability as defined under the Equality Act 2010. This is similarly proportionate to the population of disabled veterans in Essex at 32.6%.

In regard to mental health among the armed forces community, the AFNA states that "1 in 8 (13.2%) UK Armed Forces personnel were seen in military healthcare for a mental health related reason in 2022/23, which increased by 12.5% since 2021/22." The Veterans Survey 2022 indicates that just under a third (31.3%) of veterans experience loneliness. In a consultation on the importance of reducing social isolation and improving integration, the Armed Forces Covenant Trust discovered that frequent relocations and transitions to civilian life can disrupt social networks, exacerbating loneliness. A lack of understanding around the experiences and needs of female veterans in the UK is also highlighted by the AFNA, with research indicating that most mental health issues reported include "military sexual trauma, barriers to mental health services and common mental health disorders."

The Veteran Friendly accreditation scheme, which provides free support to GP practices around identifying, understanding, and supporting veterans, is run by both The Royal College of General Practitioners (RCGP) and the NHS. According to the AFNA, as of February 2024, there were 2,994 practices (almost 40%) in England accredited as 'Veteran Friendly' and 135 practices from Essex had signed up. As of February 2025, 1,278 primary care networks (PCNs) across England (99.46%) have at least one practice accredited, and a total of 4,273 (68.42%) practices across England have been accredited. However, the annual Armed Forces Covenant report 2023 also highlights the difficulties service families experience with accessing NHS dental services due to the time restraints of waiting lists and being reassigned to a new location.

In 2021, Healthwatch Essex produced a qualitative report 'What Matters to Veterans' which captured the lived experiences of veterans in Essex. Some of the key findings and recommendations included better preparation for transitions and resettlement, having Veteran Friendly GP surgeries, and improving appointment waiting times, mental health support, and hospital care and discharge. Veteran breakfast clubs, dedicated welfare officers and frequent welfare checks were also tools which could be implemented or better utilised.

In regard to GP surgeries, the terminology used, the understanding and the lack of empathy were all issues raised by participants and veteran friendly training was advised to provide practitioners with an understanding of how to better liaise with veterans during appointments. Meanwhile, one participant shared his experiences of receiving emergency care at the hospital after a major road accident and his experiences of homelessness following being discharged. The lack of pro-active support from the hospital due to repeated discharge and minimal safeguarding meant the participant had felt that this had resulted in the death of a fellow veteran.

1.3 Acknowledgements

Healthwatch Essex would like to thank all the members of the public and professionals who took part in this project through discussions and engagement. Our thanks are also made to those individuals who took the time to speak with us and share their personal stories. We would also like to thank our many partners, contacts, and networks who worked with us to share the project throughout West Essex and help generate such a strong level of interest and feedback.

1.4 Disclaimer

Please note that this report relates to findings and observations carried out on specific dates and times, representing the views of those who contributed anonymously during this time. This report summarises themes from the responses collected and puts forward recommendations based on the experiences shared with Healthwatch Essex during this time.

2.0 Purpose

The aim of this project was to canvas the views and experiences of Armed Forces personnel and their families and carers in West Essex. These responses would then be used to make key recommendations on changes that can be made to improve current and future service provision.

2.1 Engagement methods

Participants were contacted through the promotion of the project via extensive networks and via the Healthwatch Essex website. Our partners, other organisations and working groups in West Essex, together with many individuals inside and outside of the NHS and ECC helped and supported our efforts to engage with and reach as many people throughout the area as possible.

Due to the nature of this project and the themes which were expected to be discussed, such as experiences of trauma and PTSD, individual interviews were

carried out in a private and respectful manner. Individuals were able to share personal stories in their own time during these conversations, providing rich qualitative engagement for our report.

Participant Interviews

Individual interviews were conducted to collect personal stories from members of the public. To provide greater accessibility, these conversations took place by email, telephone and video call. Interviews took place during January 2025. All participants gave their consent to have their interviews recorded.

Expert Interviews

Professionals from military charities, healthcare and support services and other organisations were also interviewed to gather further insight, knowledge and understandings of the armed forces community. Interviews took place by telephone, video call and email during January 2025. All participants gave their consent to have their interviews recorded.

Group Discussion

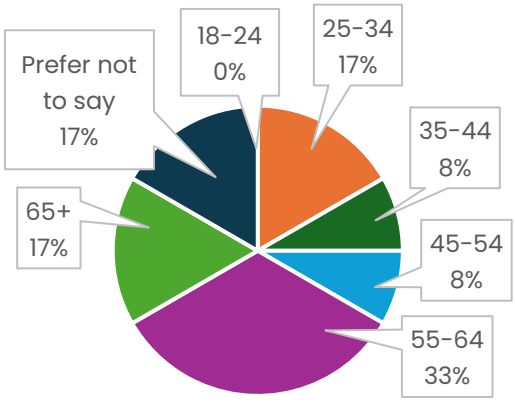
Two care home residents who identified as veterans were joined by staff and their families to discuss their healthcare experiences. Interviews took place in person during January 2025. All participants gave their consent to have their interviews recorded.

Participants were willing for their experiences to be shared within this report, however, to ensure their anonymity, all names used are pseudonyms to protect identities. The interviews have been written as case studies, supplying rich, detailed information about people's experiences.

Interview questions varied for participants depending on whether they identified as a veteran, serving personnel, family member, unpaid carer or paid carer for someone who has served or is serving in the UK Armed Forces. Questions were also tailored for professionals working with the armed forces community.

2.2 Demographics

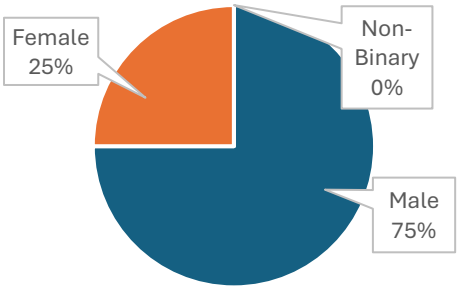
Demographic questions were asked to understand the characteristics of participants and how this might impact their healthcare experiences. All questions were answered on a voluntary basis. The charts below illustrate the data statistics which have been gathered from participant's responses.



Age

Out of 12 participants:

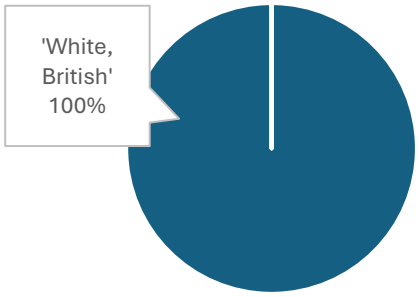
- 33% were aged 55-64 years old.
- 17% (2) were aged 65+ years old.
- 17% (2) were aged 25-34 years old.
- 8% (1) were aged 35-44 years old.
- 8% (1) were aged 45-54 years old.
- 17% (2) preferred not to say.



Gender

Out of 12 participants:

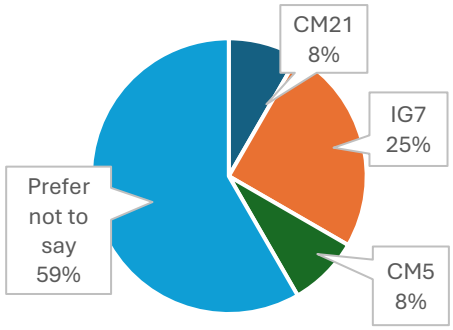
- 75% (9) identified as male.
- 25% (3) identified as female.
- None identified as non-binary.



Ethnic Background

Out of 12 participants:

- 100% identified as 'White, British'
- The secondary research below explains some possible causes for the lack of ethnic diversity among participants.



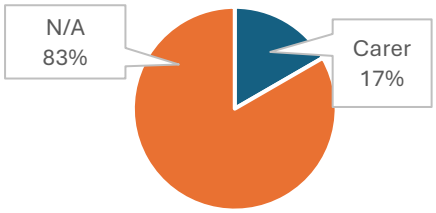
Postcode

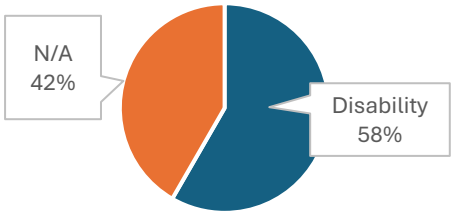
Out of 12 participants:

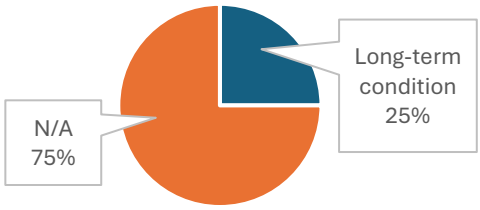
- 25% (3) were located in IG7.
- 8% (1) were located in CM5.
- 8% (1) were located in CM21.
- 59% (7) preferred not to say.

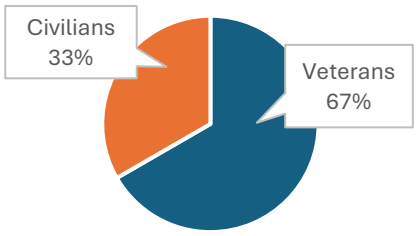
According to the government's Armed Forces Biannual Diversity Statistics in October 2024, 16.3% of the total intake into the combined UK Regular Forces and the Future Reserves 2020 were ethnic minorities.

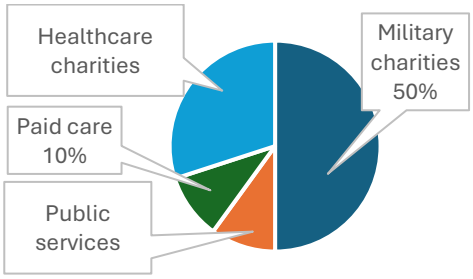
In the British Journal of General Practice, a research paper on 'Tackling the lack of diversity in health research' which was published in 2022 referred to a survey of Wellcome Trust data which found that people of White British ethnicity were 64% more likely than ethnic minority groups to have participated in health research.











Carers

Out of 12 participants:

- 17% (2) identified as carers.

Disability

Out of 12 participants:

- 58% (7) identified as having a disability.

Long-term Condition

Out of 12 participants:

- 25% (3) identified as having a long-term condition.

Veterans

Out of 12 participants:

- 67% (8) of those were veterans.
- 33% (4) of those were civilians.

(Including family, unpaid carers, paid carers, and professionals.)

Professional Vocation

Out of the 10 participants who also worked with the armed forces community:

- 50% (5) worked for military charities
- 30% (3) worked for healthcare charities
- 10% (1) worked in the public service sector.
- 10% (1) worked in the care sector.

Serving Personnel

While we contacted several networks within the West Essex area to engage with serving personnel, we were unable to recruit any participants during the timespan of this project. Restrictions in accessing this demographic were due to the independent nature in which the armed forces operate compared to civilian services. However, this result could convey a wider issue in relation to the qualitative data collation of serving personnel due to the barriers which prevent successful engagement. For instance, many services which offer support to serving personnel and their families at a barracks also have to dedicate time towards building a rapport with the community to be granted routine access.

Additional Demographics

There is also scope for further demographics to be analysed which could help highlight how an individual's armed forces background can impact their healthcare experiences. For instance, taking into account an individual's service history and experience, whether their role was combat or non-combat, when and how long they served for, if they were medically discharged, and whether they experienced any trauma during their service, among other factors.

Further Engagement

Other parties and organisations across Essex and the East of England also expressed interest in this project, alongside possibilities of participating in future engagement and research initiatives. This includes members of the armed forces community such as veterans, serving personnel and family members, in addition to professionals working with the armed forces community across both healthcare and public sectors. This demonstrates that there is a willingness among the armed forces community to participate in engagement and research initiatives related to healthcare experiences. However, a longer time span and engagement period may be required to canvas these experiences.

3.0 Expert Voices

As part of our discussions, we got in touch with various experts across Essex who work with the armed forces community and have been able to share their insight and knowledge on their lived experiences. We would like to thank everyone who took the time to talk to us about their expertise, helping us to produce this report.

Expert Voice 1

Dr Mark Wheeler, Founder of iCARP (University of Essex)

Investigating Countryside and Anglish Research Projects (iCARP) research into the benefits of group outdoor activities in helping veterans overcome the mental health symptoms of Post-Traumatic Stress Disorder (PTSD).

"My background is working in the NHS; I was a trauma specialist working in mental health services in Colchester. Colchester is a super Garrison town so there's a high number of military veterans, men and women that get discharged from the army via Colchester but then tend to stay. Working within that NHS service, I became aware of the high percentage of my patient caseload that were military veterans. After interacting and speaking with a handful of veteran patients, they told me how this was just the tip of the iceberg. There was probably a lot more people who

needed support but wouldn't come forward due to fear or being stigmatised. It became a little bit disconcerting.

I went to Essex University and approached the psychology department, we had some discussions about an alternative way of engaging with the community, even just as an initial contact, whereby they then move into more formal treatment or therapy further down the line. How do we engage with this notoriously difficult to access population, particularly coming as not military veterans ourselves? If you're not a military veteran yourself, you start on the backfoot, there is some resistance to share or work with someone who hasn't got that shared experience.

So, we looked at different ways of engaging people. We tried falconry, archery, equine interventions and angling or fishing. They all worked in different degrees, but the angling worked at the greatest level. It reduced the levels of distress the most and it lasted the longest before it started to bounce back and return. We did a very small and controlled trial and got some really successful results which were then published. The Community Interest Company [iCARP] was set up to continue this work, which is now carried out on a plot of farmland lakes in North Essex. Eighteen months was spent with a team of military veterans who volunteered to landscape the lakes. The site now includes a well-being centre and has been running for four years, working predominantly with military veterans and emergency service personnel.

Essex University and the NHS have collaborated with ICARP, and we are working on an NHS funded research programme which is going to run over four years. We know that nature-based activities, such as taking people out in groups to go fishing, is good for their mental well-being. The hope is that further down the line, socially prescribable tickets to go fishing will be an option for a GP. If you were to currently visit your GP and say you were experiencing low mood or anxiety, then the options for the GP are fairly limited. They can offer you medication or you can go on the waiting list for therapy, but there is quite a substantial waiting list.

These are all things that military veterans are resistant to, formal therapy, going to the GP, taking medications, due to the perceived stigma. So hopefully there'll be another option, the GP can write you this prescription and you take this down to this allocated lake and this will buy you 6 sessions of fishing over the next couple of weeks. You could do that while you're waiting for formal therapy or while you're waiting for your meds to kick in.

We're doing lots of research trips with the NHS, working with the army, and continue to do lots of stuff with military veterans. It was the National Institute for Health Research who put a call out for people to research what they've termed

this ‘nature based’ social prescription. They are looking for evidence so that they can give this information to NICE (National Institute for Health and Care Excellence) so that under the NICE guidelines, GPs can prescribe something as evidence based. It’s a big commitment funding-wise for the NHS to do this for across the board, but they believe in the long term it will be beneficial. The thinking behind it is that this could become national, that we'll have this manual on how to take people fishing and make them feel well. We'll be able to pass that out across NHS trusts right across the UK and they will be able to follow them.”

Expert Voice 2

Kathryn Glass, Veteran Friendly Framework Lead (Royal Star & Garter)

In the beginning of the interview Kathryn told us about her work history and how she came to join Royal Star & Garter to lead the Veteran Friendly Framework.

“I joined the NHS in 1992. I started off working on wards and worked my way up through different areas of the NHS before moving into patient experience. That’s when I first worked with a member of the armed forces community. I answered a complaint in the hospital that had gone to our chief executive that then filtered down to me from a 35-year-old veteran that was having problems navigating his way through our services.

He came into our clinics for appointments, but they were set in really busy, noisy environments. He kept having to repeat his story, so I started to do a piece of work with him and the patient experience team about how we could make his experience better. We joined the Veterans Covenant Healthcare Alliance programme [now known as the NHS Veteran Aware accreditation programme] in around 2016. Following that, the National Veterans Covenant Healthcare Alliance team for secondary healthcare providers was developed and I was offered a role there for 12 months. I then heard about the development of the Veteran Friendly Framework programme.

The idea of the Framework was born from the Chief Executive of Royal Star & Garter who connected with the Royal British Legion and the Veterans Covenant Healthcare Alliance (VCHA) team. We're currently in the process of having the programme independently evaluated as we reach our two-year mark. We've just hit our milestone of 100 care homes who have worked through the Framework and we’re working with around 80 more homes nationally.

The group of residents that we currently have in our homes, anyone 83 or above, may have undertaken national service. Whether it was a good experience or not, they had to go, and it didn't just shape their life experiences, it shaped the families as well. The older generation that we've got currently will have maybe served in

the Second World War or maybe Korea. I think what we've got coming to us in 24-hour care settings over the next few years will be much younger members of the armed forces community that have experienced more than one conflict in their service. And they'll present with different challenges and issues that the staff will need to manage in that home environment. I think it's really important that we've got some clinical pathways such as Op RESTORE, Op COURAGE and military veteran services that homes are now aware of and can access in real time.

Everybody's life experiences are important, they will shape us in different ways when we age through our lives and are potentially living with memory issues such as dementia or Alzheimer's. It's even more important that staff have the small piece of the jigsaw to fit into the larger picture, to be able to not only give the resident the full care and understanding, but to ensure that everybody in the home has a good experience.

The thing about the military community is they were taught to have that stiff upper lip; they keep things to themselves and carry on. As people age, they become accustomed to not sharing their life experiences and things that have been a distress for them. But filters start to slip away, and things start to come back. It may be environmental things; loud noises may have never troubled anybody for the whole of their lives. But in that environment of being in a care home, that's escalated.

We heard a story a couple of weeks ago of a resident who'd been absolutely fine and then suddenly bangs were triggers and he would lie underneath his bed. When the staff dug into his past, he served on the front line. It's a really resourceful tool for the workforces to be able to recognise from the help of a care plan, things that may potentially come up. November has been a really busy time in our care homes because it's dark, there's bonfire noises, and we're coming up to Remembrance. Some of the residents love to wear the veteran badges every day, and when you support a resident to dress in the morning and you put the veteran badge on, it's a good start to the day because the badge is there. But if the staff don't recognise the importance of that, it's not going to be something that they ensure is happening.

Underneath every behaviour there's a meaning, there's a reason. What we're encouraging everybody to do is find out what that reason may be and how they can best support that behaviour. We just presented a case story about a gentleman who had newly transitioned into the home. His behaviour was starting to be alarming for the staff. He was living with dementia and carried his knife and fork constantly as he paced by the front door. But when the staff brought his son in, they learnt about his service history. The gentleman served on the front line in Korea and if he didn't put his knife and fork in his pocket and he lost it, he wasn't

going to be able to eat his next meal. So, the staff put a spare knife and fork in his room. Same with his pacing, he wasn't agitated or being obstructive, he was on his watch. How the staff handled that was to say to him, 'I've come to take over your watch, can you give me a handover?' That really stopped what they thought were challenging behaviours, because they understood the meaning underneath.

What I'd like to see is the same sort of approach to social care that's in healthcare, that we've got regional teams, that we've got people that lead the regions. And then we can really drill down and work together as a health and social care partnership to identify people, have a directory of service to signpost people into and ensure that that the pathways between health and social care are much slicker and a much more positive and pleasant experience going forward."

Kathryn provided us with a presentation about what the Veteran Friendly Framework is and how it operates:

"The Veteran Friendly Framework (VFF) pilot programme applies to care homes and aims to help providers to offer support to the veterans that live there. Research undertaken by Northumberland & Anglia Ruskin Universities identified common themes of loneliness, social isolation, experiences of trauma and lack of comradeship within the veteran residents. Care homes without the background history of an individual's service life may not fully understand the social, emotional or physical needs of veterans or the impact their military service can have on their experience of life, work, family, and physical and mental health.

- There are approximately 26,500 veterans living in 24-hour care settings across England, meaning around 7.9% of residents will have served.
- Out of approximately 15,000 care homes across England there are only 20 designated military care homes.
- Many veterans living in 24-hour care settings remain unidentified and therefore don't receive the recognition of service and support that their service entitles them to access.

Based on existing veteran accreditation programmes used within NHS, we have created a Framework specifically for care home settings. This includes supporting homes to identify their veteran residents and providing training resources to better support staff to create a veteran-friendly culture, address social isolation and signpost to the range of statutory and charitable services for veterans. Our aim is to support all care home providers across England to attain VFF status, to provide their residents with recognition of their military service and reduce unwanted variation in care for veterans.

Benefits for care home veterans and their partners:

- Identification and recognition of their service and service life.
- Acknowledgement and understanding of the impact of life experiences for individuals.
- Allows informed and adapted delivery of care for individuals' needs.
- Access to services statutory, military veteran clinical pathways and charitable services.
- Opportunity to spend time with other veteran residents, to promote camaraderie and friendship.
- Involvement in the wider armed forces community, locally and regionally.

Benefits for care home staff:

- Training for development, awareness and understanding of military life.
- Understanding the veterans in their care home and the impact of their life experiences from their service.
- Signposting for their residents to specific services/charitable organisations.
- Understanding and supporting colleagues who have served, and potential challenges faced when leaving the Armed Forces.
- Support the wider armed forces community in their area.
- Access to a supportive network of care home providers who have achieved the Veteran Friendly Framework status."

4.0 Case Studies

Many people offered to talk to us directly and tell us about their stories in depth. We would like to thank everyone who took the time to share their experiences, helping us to produce this report. From those that we have spoken to, we would like to highlight twelve case studies reflecting the lived experience of people in West Essex. All names have been changed to protect participant anonymity.

Case Study 1

'Alan'

In the beginning of the interview, Alan told us about his service history and his experience working with the armed forces community under different military charities. "I joined the army, the Royal Anglian regiment in 1977. I did my training and joined my unit in Berlin in 1978. I served 22 years as an enlisted soldier and then was commissioned for another 15 years; my total service was about 39 years in all. During that time, I served all across the world, Northern Ireland, Bosnia, Afghanistan, Iraq, Sierra Leone, so many places. I joined at 16 and went straight from school, so we would learn everything we needed to know. There was a big

drive to join your county regiment and unless you had any particular qualification, and I didn't have anything because I never went to school for the last two years to have a secondary school education, the options were very limited for me.

I was due to leave in March 2015, but because I had various medical conditions, I actually got a medical discharge but didn't leave until the November. I went to work in London with Walking with Wounded providing welfare housing and employment support for homeless veterans. Then I worked for Help for Heroes doing welfare support and Project Nova which deals with veterans in the criminal justice system. I still currently work with veterans and come into contact with them on a daily basis."

Alan then spoke about his transition period after he left the armed forces and how he began adapting to civilian life. "When you are transitioning it's very important to prepare yourself, lots of issues that surround people is finding somewhere to live, I made my plans, and I already had accommodation. I just registered with my local practice, but a lot of people don't do that, they leave it right to the last moment and they're not registered. So, there is a problem of where you're going to work, where you're going to live, and where you're going to register. If you don't synchronise those it gets a bit difficult because you haven't got an address. To come out of the armed forces, it can be a shock to the system. Some people think about where they're going to live, and they don't understand how much it costs. You have to think about all those aspects of living, without a safety net."

Alan recalled his experience accessing a GP for the first time. "It wasn't necessarily difficult, but it was very different. In the services, you get access immediately. Now you have to go online to book an appointment, so it's much more difficult, you don't get that same sort of urgency to see a doctor and in some ways that can be quite alienating. In the army, if you're not fit to fight you can't do anything, you're laid off, you're ineffective. So, there's an attitude to get things done pretty quickly and of course civilian services don't operate that way."

Alan then shared his experience of being able to inform his GP practice about his veteran status. "I was known as a veteran and I registered as a veteran, so for me that was fairly easy, I would encourage others to let the GP know about their background, but again, it's set against the backdrop of the individual practises if they're not veteran aware. I found that where my GP surgery was aware of veterans within the community, they knew how to acknowledge it. But I've heard experiences where that's not the case and they're not recognised and it's just another tick in the box. Some people don't even bother to say that they are a veteran, they just want to get on with it.

If you're in the army, you're dealing with slips, trips, falls, gunshot wounds and stuff like that. In the military you get speedier access because the lines are much shorter between primary care and secondary care and the hospital, it's a shorter timeframe to get you back and fit. When you engage with civilian health services, you're in line with everybody else and you have to accept that. The pace of stuff is much slower and that did sort of affect me. I thought 'OK I'm not going to get seen, I'm not going to get my leg or my foot, I'm not going to get that X-ray as quick as I would in the military because it's a different sort of service."

On the topic of transitioning from military healthcare services to NHS services, Alan said: "It is sometimes a bit of a shock for people to experience that civilian health service for the first time. I've met hundreds of people who have had bad experiences with civilian services, they say it's 'not quick enough' waiting for an appointment, that a veteran should be seen quicker because they say 'I've served my country, I deserve better'. I think that that's sometimes a lack of social awareness and understanding of how things work and that's down to the transition. I have experienced a lot of people who will openly criticise services for their lack of understanding, lack of speedy access, lack of prompt services, but that's the reality of life outside the wire.

A general practice having veteran awareness information and knowledge would be really helpful. Not for preferential treatment, but to have an understanding of the issues that they are facing, for instance difficulties registering or not having accommodation yet, an understanding and a bit of empathy about the situation. I think it's very important to have somebody who can liaise and work with veterans, understand them, and then feed that back to the rest of the staff.

Some GPs will very happily give you the names of particular [military] charities where you can go for a bit more support. But again, it very much depends on how the practices run. There used to be a regional thing that a lot of the charities used to do, they used to in every quarter get as many GP's together in one location in a region and then brief them. But of course, that depends on how busy people are, but the other way is to go around and visit them. I don't think there's enough [training], enough awareness of veterans, or the inclination for practices to get into the detail of it all, probably because they're too busy."

When considering whether the NHS could do more to improve their communication with veterans, Alan added the following comment. "I think the NHS could do more to communicate with them. I think they do in the right places, but they need to do more outside of the military footprint. The armed forces covenant is not about preferential treatment or priority treatment it's about parity and it's about making sure that you're not disadvantaged compared to everybody else. That is a good start for most services to understand that and I

don't think a lot of them do, they don't understand, they don't implement it. It's about understanding the circumstances and the environment that you come from, having a bit of knowledge."

Discussing mental health services, Alan highlighted the work of military charities and support services such as Op COURAGE. "I know that there are services available, specifically through the various military charities. You can get an assessment from the Op COURAGE team in about two weeks, which is fairly fast. They're very professional, very well versed in dealing with veterans, it's speedy access and confidential. For military related trauma, it's best having somebody who's had the experience or has that knowledge."

When asked what would make for an easier transition from healthcare within the armed forces to NHS services, Alan said: "It's about veterans understanding transitioning well and understanding what services there are. I got a resettlement briefing, but wasn't told what to expect or anything all, I just get told to register with the GP. I suspect it's better now, preparing people for accessing civilian services, people are much more educated and aware of what to expect but it depends on the person. Generally, people are not aware of what's available out there. Particularly if you've left within the last 20 years, if you've left recently, you understand it and a lot of people are tapped in already, there's more connection now with social media and online stuff. But I meet more and more veterans who are not aware of anything. For me it's been a fairly smooth transition from military health services to civilian health services, but I can understand all the barriers, how busy the army is, and some people are working right up until the last week of the service and don't get the time to transition."

On the topic of resources and support for families, Alan explained what life can be like when coming from an armed forces family. "I think most families do [know where and how to access support]. When I was serving, you moved around every two years. When I left my family were already embedded in my village in my town, but when we moved, we had to go through that process of registering for services again and it took us 18 months to get settled down with access to healthcare and schooling."

Discussing his final thoughts on how the NHS could provide better care for the armed forces community, Alan commented: "It's a constant thing, building up a compassionate community to keep people informed, keep people talking to each other so that everybody knows where everything is and what you can access and how you can access it. The question comes up all the time, 'are we doing enough for them', there is a service there for everybody you just have to know where it is and how to find it."

Case Study 2

'Benjamin'

'Benjamin' provided us with a second-hand account after spending several years working with the armed forces community. He informed us that his father and uncle also served in the armed forces and began by telling us about how one might experience the transition from the armed forces into civilian life.

"Even more practical things, like making sure you've registered to pay your council tax or registering with a GP, all these things that you and I find second nature are completely foreign to someone that may have joined the army almost from school and never had to book a GP appointment, never had to book a dentist, never had to worry about all those practical things like paying rent because part of their role is that it's taken care of for them. They're overwhelmed. It gets to such a point that people tend to just shut down and go, 'I can't do it.' So, they will neglect things like to the GP, neglect health checks, dental checks. These are things that slip through the net unless there is a partner, a husband or a wife, a family member or a close friend.

I think there's a sense of isolation around it. And of course, isolation is very well documented to increase mental health issues. A sense of loneliness or a sense of isolation could have a really negative effect. One of the things that strikes me really is that overwhelming lack of ability to do practical things like registering. I'm aware, or I'm told, that the army are working very hard to change that. They do offer quite substantial class-based training on these life skills for people as they transition out. But again, and this is anecdotal, but I'm told that quite often people don't attend those, they don't see the value in those. It's only after they're no longer available that they wish that they'd gone.

It's always a difficult transition. It's a challenging thing to be a part of something that is all-encompassing, every part of your life, and told that being part of this family raises you above the rest of the field. You're a tall poppy and then the realisation that you're no longer in that elite group; you're back down to a level where you feel somewhat alienated. It's a very difficult and challenging time for people. I think it makes people extremely vulnerable to suffering with mental health disorders.

I think if we had someone from the army here, they could probably demonstrate to us that there is literature, maybe leaflets, classes, etc. I don't think it's through the lack of not being there, not trying. I think it's through that lethargy that people don't engage with it. And also, maybe the format it's delivered in, maybe a classroom based thing is dry. It's difficult for someone who's already emotional and somewhat distressed because they're leaving something, often not through

their own choice, they might be discharged on medical grounds or something. I'm sure there is stuff, but it's whether that's designed in the best way for people to engage with.

Maybe having a stepped leave, maybe going down to two days in the army and three days in civilian life would be easier. There seems to be an awful lot of resentment from military veterans. They feel a little bit like a hot potato. You know, 'OK, you're, you're no longer in the army, so you're the NHS's problem'. Maybe the NHS are under enough strain as it is."

Benjamin then moved onto the topic of seeking mental health support. "If someone went to their GP and said I'm struggling with what I believe to be quite severe trauma or PTSD, the first thing that the GP would do is refer them on. But then they'll go to mental health support and be told that 'they are too severe' for any interventions that are currently available to them. But when they try to step them up and get them referred into secondary care for long-term enduring mental health issues or someone who's high at risk, very often they'll be told 'you're not severe enough'. So, there is this disparity, a gap where particularly military people tend to fall down.

There's some very good work done, particularly by Op COURAGE within the NHS who work with mental military veterans and help them with their mental health, and they are very positive and try to do as much as they can. But there is still in my perception, this gap. Some veterans say, 'there's no way I'm going to a GP, I can't deal with the receptionist, let alone the GP'. It's all too daunting. Part of that is, you know, a lack of awareness. They've never had to do that before. Part of that is most certainly a stigma, a sense of mental health being stigmatised within that military culture. It's very much a stiff upper lip, you know, just 'run it off' and 'big boys don't cry'. That's hard to shake off, particularly after years of service.

Many GP surgeries are signed up to the military covenant. If a military veteran is finding that they're not getting the support that the military covenant outlines, then I would suggest, and again this may be difficult for them, but go to your MP and say this hasn't happened. Or go to the practice manager and tell them they're signed up to the military covenant. I think it's easy to get that accreditation that we are 'veteran friendly'."

Discussing whether the NHS needs to have a greater understanding and awareness surrounding the needs of the armed forces community, Benjamin said: "Some of the veterans that we work with can appear on the surface to be somewhat challenging and difficult. But with a bit of awareness, you understand it's anxiety, it's fear, fear of the unknown and the stigmas. They have their own language. They speak in acronyms. They can come across somewhat abrasive at

times, but once you know them and you know all that, then you can work with them quite easily. Perhaps services need a formal training programme written for working with military veterans. They should have a designated military veteran lead. One of the admin staff should work with the military veterans to deal with inquiries, one of the GPs perhaps should be allocated to a veteran so that special appointments could be booked. Someone who has that level of awareness, who can engage appropriately within the banter, who understands the language.

There is a very strong sense of veterans leaning on their partners. So, I think that might be something that a service could look at, an adaptation to the assessment session, maybe where a partner is brought in, a second set of eyes from home that might be able to give a better perspective. I think that family, close friends, that support network end up being incredibly well aware. I think it's done out of necessity when their loved ones are struggling or finding things challenging or in crisis, people become very resilient very quickly. From my experience, they're the greatest resource we can utilise.

Quite often if someone is in a bit of crisis, trying to give someone information in those moments is pointless. They're not going to take that on board. All they want to know is can they get their next breath in because they're panicking. So, somebody somewhat distant from that sensation, a wife or husband, they're the one that's listening, they're the one that's picking up the leaflet, they're the one that's writing down what number they should be calling."

Benjamin then considered how the NHS could provide better care and support for families within the armed forces community. "I think the NHS are very mindful about how they write materials, leaflets, and how it's structured. But there needs to be a real holistic approach regarding the family. It's not just that person returning with the PTSD that's going to struggle. You know, wives, husbands, work colleagues, children's parents, they all will be suffering from the effects of what's occurred. There's more than one person involved when someone is in a mental health crisis. Perhaps having group interventions as opposed to individual interventions. Someone who was leaving the army who's struggling with low mood, could come along to a family group, perhaps for military families exclusively. Come along with your family, talk about the challenges."

Regarding the armed forces community and their understanding and awareness of the NHS, Benjamin said: "I think they've probably got less than the general population because they haven't previously had any requirement to access it. There is no requirement while you're in the barrack. You go straight to the medic. There is no waiting list. There are no appointments to be made. The medic assesses you, diagnoses you, gives you painkillers or six weeks off work. So, the concept of interacting with the NHS is completely foreign. Let's say you joined the

army 20 years ago and prior to that you had been into a GP. Can you imagine the difference of the interaction of a GP surgery from 20 years ago? There's that extra confusion of being out of that arena, it might just force someone to abandon the idea of trying to even interact with them.

With the transition course, would it be possible for the NHS to pay for someone to have a role where they went in on that transition course and delivered a lecture explaining how you access services? If it is happening, it's not in the right format because people aren't absorbing that information. The transition needs to be less abrupt. Maybe there's a period of time where an ex-military person can go back and access support from the military doctor as well as the GP and they slowly transition over. Maybe before you leave the military you're transitioned across to a civilian GP and whilst you're in the military they help you with that transition. They help you sign up, they take you to your first appointment.

It always felt to me that leaving the army is so abrupt and so cold. And I know it leaves so much resentment within the community. There are some health practitioners that have a fear of military veterans. And I think the sad thing is that there's exactly the same thing happening on the other side of the fence. This separation of the two, the civilian and the military, needs to shift. I've known some people who've had sparkling military careers, but their view of the military has been painted by a negative transition. And that's a shame because it means that they become really isolated. They don't feel they belong in civilian life, and they're no longer part of the military."

Case Study 3

'Charlie'

In the beginning of the interview, Charlie told us about his service history and how he came to work for a military charity. "I served in the Royal Anglian Regiment, and I was injured while serving in Iraq in 2005. So, I was medically retired after eight years in service and sustained quite severe injuries. I was going through the rehabilitation, had been on the books of a couple of different charities. The charity that supported me was the first one that engaged with me from a personal level, I've stayed involved with the charity ever since."

He then spoke about what it can be like to the navigate the NHS healthcare system for the first time after leaving the armed forces. "It's very difficult and it's very dependent on the way that you've been discharged as we've found. But if you have a service termination on medical grounds, which is slightly different, you could be out in a few weeks. In which case, it's very shocking for the veteran in question and they're quite lost, they don't really understand what's going on. Most of them will go and register with the GP and not even inform them that they're

military. There are quite often difficulties with medical records being transferred across. It's a big shock with the change of the way the care works from being in the military world to being a veteran."

When asked about what information someone might be given about the NHS before leaving the armed forces, Charlie said: "Generally, they're not really given much and a lot depends on what regiment you come from, how busy that regiment is. Especially in the infantry or the artillery regiments, if they are in the phase of deployment, the vast majority of their medics will go with them, and they will probably leave one medic behind to treat the rear party. So, they'll say 'this is your discharge day' and 'you need to sign up for a GP when you leave.' If they've got ongoing care, sometimes that's transferred over. If you're under a military surgical team, you would stay under them for the time being until they can switch you over to a civilian. I would say the vast majority of veterans are not transferred over properly.

I think there needs to be a system in place. I know things are improving with digitalisation. There needs to be a link where the army can literally just file these records over, or even if the army kept it on an NHS server so these records could still be accessed. We've got the veteran accreditation for GP practices that has been brought out over the last couple of years. Not a lot of GP surgeries are signing up and they're not understanding everything. I'm not medically trained, but I understand there's a multitude of veteran codes that can be put into GP files. And quite often the wrong code is put down or the GP practice themselves are not aware that someone is a veteran. And that's a simple thing of putting that on to your application form to join the GP practise, 'Are you a veteran?' Simple things like that could really change things."

Charlie then told us about how someone might experience a medical discharge. "Now a lot of veterans that have been medically discharged are not in a great frame of mind. They may have come to terms with the physical limitations that they've got if they've suffered a physical injury, but what we see as a charity is a lot more of the emotional and lifestyle changes which seem to hit on discharge. A lot of veterans we have coming through our books often complain about loneliness and the missing the routine. And it's a hard thing to probably explain to someone that hasn't served in the military because the military is all-encompassing. Your whole life is centred around this, whether that's your friends, your family, your home. And it's a lot to lose all at one period. It's something that could actually cause its own mental trauma because there is a lot of loss involved. There doesn't seem to be that joined up link way of you're out and then all of a sudden, you're by yourself. There's no support for that."

Discussing how GP practices could improve care for veterans, Charlie said: "I think the main thing is understanding veterans. It would be good, especially with some of the larger practices, if they had someone who actually understands where veterans are coming from, rather than just a tick of the box exercise. This could probably be achieved by having a regional training day once a year, whether that's an MOD medic or a medic that is highly trained, that explains the difficulties that veterans suffer. When a veteran asks for an appointment, they should see the code flag up and they should be automatically signposted to a trained GP. Even some veteran accredited GPs are not fully aware of what is available to veterans.

There's always been a stigma around mental health issues, especially in what is seen as a 'macho job' of being in the armed forces. A veteran trained GP would be able to realise the emotional reluctance to open up and may spot the risk. We know that there is a very high suicide rate among veterans and it's something they can add on that risk assessment when dealing with veterans. Veterans seem to have to get to a critical moment before they're willing to reach out for support. Sometimes they're too proud, they don't want to be seen as the weak link, there's a big stigma attached to that.

Most veterans don't want to be treated any differently to anyone else. The only thing would be is understanding what routes are available, for example, for those who may have amputations, understanding that you don't necessarily have to get the prosthetics through the NHS. There are other avenues, whether that's via Blesma, who may actually be able to provide better quality and at a quicker turn around rate than what the NHS. And this is where being quite clued up and trained in what's available could really benefit the veterans and civilians as well, because you've got less people trying to go to one doctor.

A scheme that I would love to see happen is having regional hubs. So, you would have a veteran friendly hub, and veterans would go in and they would explain what services are available. I think a regional hub could work, maybe rotating once a month with a veteran's afternoon. If it's tailored for veterans, you'd probably find a lot more veterans are willing to go there."

Charlie then told us about what support he thinks needs to be provided for families within the armed forces community. "I would say it's probably the biggest area of failings at the moment. We call it secondary PTSD in terms of mental health and the trauma that the partners and the family may suffer having to care for their veteran, whether that's physical or mental, it takes a toll on them. I think a lot of families don't feel that they're entitled to care, and they compare themselves to the veteran in question and saying 'they're a lot worse than me', or 'I've got no right to be accessing support'. There is a real lack of support for the families.

This could be a simple thing like respite breaks for partners if they have a severely injured veteran. I don't think much of this is given to them and that's something I would like GPs to do. If they know that a veteran is at a very high level of care, then they need to provide that support without the families being the ones to initiate it. There should be some way of a welfare checking on the families."

Reflecting on how the NHS could provide better care for the armed forces community, Charlie said: "I think most veterans would rather turn to charities than the NHS. I think there are failings, especially on the mental health side of it. One of the main failings is not being able to get a psychiatrist to actually give them a diagnosis so they can get closure on what's going on and why. A lot of the time they're seeing mental health nurses or a low-level psychologist who's not able to give them a diagnosis because they're not trained, and they can't get closure.

There needs to be a system in place as you discharge, rather than just a one-page booklet that no one ever reads. The MOD do a lot of resettlement days. So, it would probably be beneficial if on these resettlement days someone from the NHS could do an hour talk. It's trying to get something in place before they become veterans. I think the support hubs would be beneficial in the long run. And it doesn't have to be just NHS, you could have Op COURAGE and Blesma come up there and have all the services together. It would probably be cost saving because you're getting people earlier and to the right services, rather than clogging up GP appointments. One of the main things that causes distrust with the NHS is the Armed Forces Covenant. I don't think people understand what it is."

Case Study 4

'Daniel'

The interview began with Daniel telling us about his service history. "I served for 24 years in the Third Battalion, the Parachute Regiment. I'm of the era that I did do a lot of operations, Iraq, Afghanistan and all of that. I also worked out of a personal recovery centre after that for three years. My last post in the army was as a unit welfare officer. I dealt with a lot of injured soldiers from the Afghanistan era who were either amputees or people who have seen other people be killed."

Daniel then told us about what it can be like to navigate the NHS healthcare system for the first time. "So, it's a bit of a minefield. It's left up to the individual. Some of them don't even know where they're going to reside until the last moment and things don't happen instantaneously. It depends how old they are, how long they've been serving, do they have a family at home? Some people are very proactive, and some won't do anything and put their head in the sand. I suppose there could be a bit more information, if you can get your medical documentation

beforehand, because normally you'll go and register at a GP and sign a form to allow them to get your medical documentation from the Ministry of Defence.

I think the biggest thing to push is information when they first leave the armed forces. Get them to interact with the NHS. Could you go to the Ministry of Defence and say when people are being discharged, can this information be given to them? That would be a good idea if they set something up to share with the MOD. It's better to be proactive instead of reactive, having that prevention approach."

Discussing mental health support, Daniel said: "For some reason, some people drop between the lines, and they don't exist. And then it's only when the crisis happens that people then ask questions and say, why didn't this person get handed over to a clinical professional in that area? It'd be good if everyone could be trained to deal with mental health and then have an understanding of what a veteran is going through. So, then you can signpost them to the relevant sort of assistance that would be the best. One of the biggest barriers is knowledge. Depending on where you live, it could take a couple of months or 18 months [before receiving mental health support]. If someone's near crisis, they need help now.

Even now, the majority of veterans won't know what Op COURAGE is. Not everyone is the NHS knows about Op COURAGE. A lot of the time the individual will have met crisis point and then other agencies get involved to take over, whether that's the police, ambulance service, or they're put in hospital. It's only by a crisis that those things get activated and Op COURAGE and everything else get involved."

Daniel considered how the NHS could provide better care for the armed forces community. "Veterans are very good at talking to veterans. Sometimes there are veteran support groups. These can be from all different organisations, charities, breakfast clubs, and those are an informal way of people networking, getting information informally and being reassured by their peer group. Some hospitals have veteran support groups. But if you call something a support group, people don't want to go because they don't want to ask for help. You have to word these groups correctly.

Under the NHS operating framework, if a medical problem is attributable to service, that person is eligible for priority treatment under the NHS. I know their own hospitals or consultants will not know this policy because I had an individual who came to me saying he'd just been medically discharged. He now needed to get fixed under a hospital and his initial interview with a consultant was going to be about 9 or 12 months. I wrote a letter to his consultant quoting the rules and regulations of the operating framework. I think he got his appointment within about a week from me writing the letter."

Regarding how family members could be better supported by the NHS, Daniel said: "They need information, especially when it deals with people with mental health problems because the individual with the mental health problem normally affects all of his close relatives and family. A lot of the individuals that are going through the mental health problem, they don't have that support group anymore because they've burnt all the bridges with their friends and family and the people around them don't understand."

Case Study 5

'Ethan'

Ethan works for a military charity which helps to support limbless veterans, he began by sharing his service history, his medical discharge journey, and the events which led to him becoming an amputee. "I joined the Army at the age of 16, straight from school. We had quite a turbulent childhood sometimes and all my older siblings left home at around 15. I had three brothers that joined the military. One brother got injured and moved back home. Two other brothers, one was in Cyprus, one was in Germany. I didn't want to be left at home on my own. So, I joined the army in 1991 and spent 14 years in the Royal Anglian Regiment, and after training I joined the first battalion. I served multiple tours in Northern Ireland, one near Croatia, and my last tour was in Afghanistan.

There was very much a culture, because you're a frontline combat soldier, that if you had an injury, you were looked down upon, if someone's got any mental health issues, that was really frowned upon. So, we were kind of hiding each other's injuries. Back in 1995, I was doing a thing called an advance of contact, and the guy in front of you would say 'I'm going down the drop' if it's pitch black at night. And I dropped and I had around 110 pounds of kit on me, which is not uncommon when you're doing an advance with ammunition and everything else that you have to carry. And as I dropped, I was standing back up. The next person went down the drop, he must have thought I was clear. He snapped my knees downwards and my cruciate ligaments were torn. I thought my career was dead, I'm never going to get promoted. I self-medicated day in, day out. In the evenings you'd self-medicate with aspirin, paracetamol, alcohol.

So, I did that for quite some time, done some operational tours, managed to get promoted, kept it all a secret. But I just couldn't bend my knees, I just shuffled my legs forward as I ran. Then I went to Afghanistan, done the whole tour. And right at the end of the tour, I did a jump and thought 'that really doesn't feel good'. I was qualified now to be a Warrant Officer. I just needed to keep myself fit and active. But when I saw the medic, my kneecaps rolled inwards, and he told me I needed surgery. For eight years I self-medicated and self-strapped. I had self-harmed

essentially, not only through that, but with substances, alcohol and ibuprofen. I had various surgeries and clamps. And then they said I was going to have to lose my leg, and I was going to be discharged. They told me that the NHS was going to have to take my leg. And at that point, because I'd been going through rehab, surgery, rehab, surgery, I really didn't care, and my biggest worry was finding my own home. I thought, how am I going to pay my mortgage? I've got two kids that I need to support. I didn't want to seem like a failure to my mum.

So, I was medically discharged and then I went through the NHS, and they gave me different options. They said they could put a titanium rod all the way through from my hip and pin it all the way down to my ankle. But that wouldn't do anything for the pain. At that point I was on an awful lot of pain relief, spinal injections, knee injections and back injections all the way down to my nerve endings, because what happened to my right leg through surgery caused real nerve damage. They told me that the level of medication I was on was affecting my liver and kidneys. So, they decided to take my leg above the knee. Two weeks later I was walking on a training aid. I wanted to be up and about. And so, I was discharged about 4 1/2 weeks after amputation when there was nothing more they could teach me."

Ethan then told us about his first experience visiting a GP at his local practice. "I was very lucky in the sense of how the NHS surgical team and physiotherapy team dealt with me. They understood the Armed Forces Covenant. But my first initial experience with my GP was horrendous, absolutely horrendous. So, I'd just been medically discharged, didn't have a job, didn't have any income. I had copies of all my medical documentation which was great, and I went and saw my GP, registered with my GP and waited for an assessment. I came in and this GP just came out, shouted my surname and then walked off. And I thought, 'who you are talking to?' Even in the military, they don't talk to you like that, even if you're a private soldier. I absolutely saw red with him. I thought 'I'm a civilian now, I'm not in the military anymore.' He had no bedside manner whatsoever. He asked, 'So, what's wrong with you?' I just switched off, typical soldier, crossed my arms, put my head down. 'I don't know, you're the professional, you've got all of my documentation, you tell me.' I said.
'I haven't got time to read that, you tell me.' The GP said.
'I'm not doing that, because you're the professional.'
'What's the point in me being here then?' The GP answered. He sat there and I just walked out with my crutches, I was bright red.

The receptionist could see everything that was going on. She called me when I got home and asked me if I could come back in. I said, 'I'm not seeing him. I am not being spoken to like that. If he can't be bothered to even read my medical discharge form, which was at the top thing that was given to him, I'm not doing

that.' I spoke to the practice manager and said, 'I wasn't rude or anything else like that, but I just didn't appreciate the way he was talking to me.' They said they had another doctor that would like to speak to me. They asked me if that would be okay. I said, 'Well, yeah, because I'm going to be losing my leg. I'm going to need somebody that's going to be able to understand what needs to be done.' And I spoke to this other doctor. It was completely worlds apart. It wasn't 'what's the issue here?', but 'welcome, sit down, would like a cup of water?' He said, 'I appreciate that you didn't have a great experience.' He apologised for that. He said, 'I appreciate that you're in a great deal of pain.' He said, 'I've read your file, this is what we need to do.' And I had that NHS pathway written for me right there and then and he spoke to me, and I was only in there 7 minutes. It's all it took. He gave me eye contact.

And since then, I've been working with the Royal Anglian Regiment from 2015 with the head clinical GP of the British Army, delivering GP training sessions on what it's like as a veteran going into NHS healthcare. We explained that we don't understand big words. When I go into your practice, and I've been saying this since 2015, I'm going to sit in your practice room, and I can guarantee there's going to be a clock above my head. You're going to be looking at that screen because you need to read my notes, listen to me and prescribe any medication or treatment. But for you to turn around every now and again and give me a smile with the brow of your face, military people will read your body language quicker than you can say hello. We don't want you to be war experts, because we're not. But just that smile, 'hi, good morning or good afternoon, take a seat, how can I help you? I've read your notes.' You can look at the screen, but look back, smile, actively listen, and you'll get 110% out of us. But if you don't, we're going to close down. If we close our arms and put our heads down, we're not listening.

So, we've been teaching that, and that's not just with GPs now, that's with surgeons, neurosurgeons, physiotherapists, prosthetic prosthetists and orthotists. And now there's a Veteran Friendly GP Accreditation scheme which they can do. That's come out of all of this GP training. So, the armed forces covenant have been listening to the armed forces training team. It's letting GPs know that we can be slightly different, the way we walk, the way we talk, the way we communicate. Our body language can be very different. The value [of the Veteran Friendly GP accreditation] is immeasurable. That's how big it is for them to understand that actually, yes, we're civilians, but we're also veterans. The Armed Forces Covenant is vital, that 13 JY coding for a veteran and that paragraph that that GP puts on the referrals prevents veterans and families of serving personnel from going back to the bottom of the waiting list. Because you can be on a waiting list for 18 months, and if you get reposted, you have to go back to the beginning. It's really

important that GPs and veterans know that the Armed Forces Covenant is there so they're not at a disadvantage. It's about clinical need."

Ethan told us what information he was given about the NHS during his transition from the armed forces. "When I was medically discharged, I got given a sheet of paper saying 'you'll now proceed directly on medical leave, come back in 30 days, hand in your ID card. You've now been effectively medically discharged.' They are given a plethora of information now about housing, finances, pensions, local authorities and your NHS provision. For me, I got given a booklet sent through three months after my discharge saying if I need help and support losing a leg, I could go to this list of military charities. It was a big booklet on 'what to expect from your medical discharge', but I should have been given that on the day of my medical discharge. Or when I was initially told I was going to be losing my leg and medically discharged, because I could have planned, or I could have had a little bit more expectation or I could have told my wife. My son-in-law discharged two years ago, and he got sent masses of information. It's a lot more supportive now, with the bullying culture as well. Even if you've got an injury, you can still get promoted now. I'm really pleased to see that."

When asked what an individual might be experiencing mentally and emotionally when leaving the armed forces for civilian life, Ethan said: "You're not in a camp anymore with your best friends. You share experiences that, if I'm honest, no one really wants to share from a war environment. You bond together, and when you leave you get that sense of abandonment. It's a brotherhood. Family means everything to veterans. Having your family with you is now highly recognised as what saves your life in terms of incoming mental health illnesses and symptoms. In those first few years of abandonment, you feel utterly lost. 'What do I do myself? How do I behave in in an environment that's not institutionalised?'

The biggest thing is that sense of loneliness, because those mates that you need to talk to are not there anymore. One of the many reasons why people join the military is to get away from trauma at home. And in the military, we call it the black dog, if that black dog starts calling, then it can become incredibly dangerous, not only for that veteran, but also for the family as well. Because if you start to disassociate, you don't know where you are, can't remember what's going on, you're reliving a certain event that happened in your service, your family could be at risk as well."

Discussing the topic of mental health, Ethan said: "The biggest barrier is judgement. So, if I tell somebody what I've had to see or to what I've had to do, I'm going to be judged. My family are not going to look at me in the same light. One of the biggest barriers is the stigma. And it's about getting our veteran community to understand that 'one is too many.' That was a mental health strap line a few years

ago. And it's getting our veteran community to just to reach out to anybody. Any service charity will signpost you where to go. Your GP practices will tell you where to go. For that veteran to actually trust somebody, especially if they don't know any veterans in that area and have just been discharged, they won't trust anybody anyway. So, it's about veterans understanding in that point of crisis, they are not alone. It's about getting to those service personnel before they leave, knowing where to go. I think the government needs to actually understand there's a lot more support that we can do for our veterans and their families specifically. To recognise that from the healthcare point of view, it has to be a legislative thing. We need to be able to tell councils and healthcare providers that they have a legislative duty of care because that's law, not a recommendation."

Case Study 6

'Frederick'

At the start of the interview, 'Frederick' told us about his service history. "I served in the British army for 22 years. I completed 13 years in the infantry and 9 years in the Military Provost Corps (Adjutant Generals Corps). I have served in both combatant and non-combatant roles on operations. I left the army in November 2009. I have three service-related injuries."

Frederick then discussed his experiences of accessing GP services. "I find it difficult to access my GP services at times due to long appointment queues. I have declared my service and do not know if this is on record or not. In the armed forces you have an F-MED 4, your medical history whilst in uniform. This is not automatically transferred to your chosen registered GP on discharge. It is instead held at manning and records Glasgow Scotland, and you must apply for it. My GP surgery does not have a copy or were that interested in having a copy when I offered. I believe a copy should be sent automatically to your registered GP and a copy should be given to the veterans on discharge. Most persons leaving the armed forces will not be aware of this information and are not given this information on discharge.

I strongly believe that all registration forms for both GPs and the NHS should have the question – 'are you an armed forces veteran?' on them. This would also then provide a pathway to third sector support and relieve resources both at GP and NHS services. GP practices should all be veteran accredited, and they should strive to achieve this. I have only received a referral for a second opinion at the Royal National Orthopaedic Hospital for service-related injuries."

On the topic of accessing a dentist, Frederick commented: "I have always managed to register with a dentist but only privately. I cannot find a dentist which accepts NHS patients in my area. I am fortunate enough to be able to financially

support this however, this will not be the case for all. I am sure this is a view which both veteran and civilian counterparts could support. Again, my dental records are part of my F-MED 4 held at Glasgow."

Regarding mental health services, Frederick told us about his experiences seeking support for his own mental health. "I have sought support for service-related experiences both whilst serving and post service. Again, all records from treatment in service are held within my F-MED 4 at Glasgow. When I sought help post service with my local GP I had to declare my previous treatment. No request was sought from the GP to get that information even when offered. Treatment was provided in the form of a prescription. No further services or referral to specialist services was made. I should point out that at the time systems such Op COURAGE did not exist as they do now. There must be more effort to reach out through advertising, workplace support and veteran's groups such as armed forces breakfast clubs."

Frederick then shared his experiences of secondary care services. "I have had 10 operations in my left knee and 6 in my right knee both in and out of service. I had a full left knee replacement in 2021 at the age of 51. This caused further complications with my mobility, and I then went back for another corrective procedure to address pain and range of movement issues. The consultant said he could do nothing further. I requested a second opinion through my GP and was referred to the Royal National Orthopaedic Hospital in Middlesex. After examination I was informed that my replacement knee joint was incorrectly inserted by 14 degrees.

Unfortunately, I was diagnosed with cancer in 2023 and spent the whole of 2024 being treated for it therefore stopping any further treatment to my knee at the time. This treatment for my knee will reconvene in March 2025. I was referred to the RNOH on the veteran's pathway through my GP after I disclosed, I was a veteran. I was lucky that the GP was aware of the pathway and made the referral. The intention for establishments and organisations to sign up to the armed forces covenant is great but they then have a responsibility to ensure they uphold the accreditation through staff training and awareness when dealing with veterans. Not all do this, and it then becomes just another badge on the wall outside the building or helps make up the header and footer on official paperwork and letters."

Discussing his experiences of transitioning from military healthcare to NHS services, Frederick told us: "I received nothing to support any form of healthcare registration on leaving the service. I found out everything I needed to do by internet search. I am in receipt of a war pension at 40%. I only found out about my entitlements through word of mouth and other peers who had been through the

discharge process. I have used my knowledge to support others leaving the armed forces since. There is no official support to help you with this. It would be helpful where service-related health issues are identified that you are referred to third sector support or NHS health services where future treatment is required."

Reflecting on knowledge, information and support, Frederick shared his understanding of what is available for the armed forces community. "I am only aware of the services available to me after working for an armed forces charity for the last 7 years. I have found some of the support revolutionary when I have been helping others. It is unfortunate however that this is not readily available without extensive internet searches, remembering that not every veteran has access to the internet as barriers prevail, especially for those veterans that are homeless, blind or are suffering with significant mental health issues.

I am aware of all of the 'Ops' and have used them as a professional, I am also aware of the veteran's accreditation scheme. I strongly believe that all armed forces veterans on leaving service should have to spend a day at a centre around discharge and transition. This should include services for individuals and those who are married with children. Information can be tailored for either."

Considering the kinds of support which are available to armed forces families, Frederick added: "As I have already mentioned, support should be tailored for married families during discharge. Each garrison has a HIVE, and my understanding is that families both serving and no longer serving can access this vital hub of information for services in their own areas respectively, how many family know this and are aware of what support they offer is a guess, but I would suggest not many non-serving families would know this."

Frederick then considered how the NHS could better engage with the armed forces community. "It is a very difficult question to answer as I truly believe that veterans are also part of the problem. A lot of veterans do not see themselves in need of support and will find the complexities of the NHS systems difficult to navigate and fathom. Veterans come from an organisation which moves forward at every opportunity to achieve the mission. Therefore, a no-nonsense mindset against a buckling health system which is constantly under pressure is a big part of the problem around engagement.

If you say 'no' to a veteran, they are more than likely never coming back. Outreach teams who can travel into the community specifically to support veterans would be a possible solution however, cost will always be the first common denominator in such ideas. Trust is difficult to achieve and easily lost. I would suggest that when dealing with veterans someone who is a veteran, or the veteran lead be involved

as liaison. Not all cases will require this but where mental health issues are identified might be a good idea."

Frederick added that he would like to see more support for members of the emergency services. "They do a very difficult job in very dire circumstances at times. […] GPs ask the question are you a veteran or a member of the emergency services and let's ensure they get the same level of support as veterans through the process."

Case Study 7

'Grace'

Grace works as an activity manager for a care home in West Essex with four veteran residents. She told us how both of her children have grown up with the residents, with her working there for 16 years. Since November, Grace has been working towards the Veteran Friendly Framework accreditation programme for care homes from Royal Star & Garter, after the NHS approved her application.

"I was actually approached by another colleague that works in another home and has a lot of ex-military family, and she came across this project. I reached out to all different organisations, including the Ministry of Defence. I managed to get their medals. I even managed to get their original paperwork for when they signed in for national service.

We have one gentleman, I've invited their family today, where I was working on this project, they were talking about how their dad was a very private man. He never spoke about anything to do with his national service. And it was only when he came into the care home that they started cleaning and found all these pictures. But they never had any meaning for it. They didn't know what it was, who it was. And so having to create a veteran friendly life story on him for the project, I invited them, and I said let's work through it together. They brought all the pictures in, and he just opened up. The puzzle pieces came together. This is something that's going to stay in their family for generations, the life stories.

I reached out to the Royal British Legion and on Remembrance Sunday we were the leaders of a remembrance parade. It was such an honour for our veterans. Just engaging with people from the same sort of background as them was truly incredible. It's important because they are of that generation, when you didn't talk about it. You went and did it and you came home, and you got on with life. We're much more aware now of the experiences that those people have gone through. But even with this project, if it became national, with all care homes, it would be amazing. Because the support is out there, but you just have to know who to ask.

There's another care home near us, if they were on the project we could have a veterans coffee morning, get them to chat and reminisce together.

Our veterans have poppies on their doors, so everyone's aware they're a veteran. So, our staff know, and families know. Even though our residents are now a lot older, when you get dementia, you resort back, so it's still very new to them. Noises can remind them of those days back then. It's important that everyone is made aware. There was another gentleman at another home, every time he went to the shower he was showing quite challenging behaviour. It was only through research that they found out when he served, he was tortured with water. The key thing is to find out as much as possible and work closely with the families.

For most of these men, going on a boat to Korea would have been, they probably wouldn't have gone much further than a few miles away from their home. To have that experience and literally go into the unknown, it must have been scary. I wrote to their GP practice, giving them all their information so it's put on their medical records. And then I've done my own research, found all the different organisations that were great help, and I've shared it with other homes if they're interested. It goes out in our staff meeting and newsletters.

Over the coming years, there's not going to be anyone left who served in World War 2. It's such a massive part of our history. You have to remember what they sacrificed. By the end of the year, we're hoping to reach the bronze accreditation, and then next year we'll hopefully go to the silver and gold. My plan now is to try and find out as many different organisations out there to support my veterans.

Now we're recognised as a veteran friendly care home and we're one of the only ones in Essex, that message will go out to other veterans. We're even working on something with Epping Forest, where veterans that are now homeless can go into a care home that's veteran friendly, and they'll be cared for. So, I think having as many care homes as possible under this this accreditation is really important because it can help so many people. You need to spend time with them. When our residents need to visit the hospital, we print off a hospital pack that goes with them and they will see that they're a veteran. And someone needs to support them when they're in their care."

Case Study 8

'Henry'

Before speaking with Henry, his carer Grace (see Case Study 7) informed us about his service history and veteran experiences, as written in his care plan.

Henry's journey as a Royal Ordnance at the age of 90 is filled with memories of his time serving in Singapore during his national service. Enlisting in 1952, Henry's

excitement and shock were palpable when he received news of being chosen to go to Singapore. The six-week journey by ship was a mix of fun and sad moments, marking the beginning of a transformative chapter in his life. During his two years of service, Henry not only learned essential skills like dismantling and assembling a machine gun but also discovered his passion for athletics. Joining the army's athletics team, Henry found joy in running and competing, a passion that stayed with him throughout his life. Despite the discipline and challenges he faced, Henry's time in the military shaped his character and instilled in him a sense of perseverance. Although he did not experience direct combat, Henry vividly remembers guarding trains through Kilgore, prepared for any potential ambush by rebels. After leaving the army, Henry settled back home in West Essex where he met his wife and started a family.

Group Discussion: Grace & Henry

Henry's son told us about how he came to be a resident at the care home and what it has meant to be recognised as a veteran and share his service history.

Henry's son: "He came in here after a spell in hospital. He had a few falls at home, so it was time that he needed to be looked after. He came in, met some friends. He sits next to another resident Ian, [see case study 9] who's also a veteran. And then Grace [see case study 7] started getting interested in the veteran side of things and I spoke about my dad, his two years in Malayasia and we had a photo album of his time out there."

Grace: "It was only obviously when the project was brought to me and I thought, 'let me try and gather as much information as I can'. And I spoke to my residents and the family who are here every day. And we started having conversations. And then we requested their medals and got their records."

Henry's son: "It's the first time I've really got to talk to him about it. I mean, he's mentioned it over the years, but not much, not at all. This is sort of brought everything into fruition."

Grace, Henry and his son showed us the photo album that Henry had put together years ago which captured moments from Henry's time serving in Malaysia, including his time in the army athletics team. They also showed us a postcard which Henry had written to his mother, dated back to 1952. The photo on the front of the postcard was of the ship Henry stayed on during his six-week journey at sea to Malaysia. Grace showed us that Henry had also signed the Official Secrets Act and told us that he still remembers his army number.

Grace: "Because of where he was posted, he said before that on the trains, that was the dangerous part. He told us that one person was put on the back of the

train with a machine gun, in case of rebels. They always hated getting put on that because you're on your own with a machine gun on a train going straight through the jungle."

Henry's son said that Henry had never mentioned his veteran status to his GP.

Henry's son: "It's only coming in here and through Grace's work that I knew more about his service. It's just part of his life I've never known much about, and I know it's only photographs, and he forgets a lot of it, but he was there."

Case Study 9

'Ian'

Before speaking with Ian, his carer 'Grace' (see Case Study 7) informed us about his service history and veteran experiences, as written in his care plan.

At the age of 90, Ian reminisces about his time serving as a Royal Engineer in the army, reflecting on the memories that shaped his life. Enlisting at the age of 18, his decision to join the army was driven by a strong sense of patriotism and a desire to make a difference. During his time in the army, Ian underwent rigorous training that equipped him with valuable combat, communication and leadership skills. His experiences in action were intense and adrenaline-fueled, requiring a mix of fear and focus during missions. Ian's dedication and service did not go unnoticed as he received several medals, including the Suez star for his bravery and commitment. One particular memory that stands out for Ian is the strong bond he formed with his comrades, finding solace and support in their camaraderie during tough times. As Ian reflects on his time in the army, he carries with him a deep sense of pride in his service as a Royal Engineer.

Ian told us about his experiences in the armed forces, including serving in Egypt, and how the Second World War shaped some of his childhood memories growing up in London. He hadn't realised there were other veteran residents at the care home until Grace started working on the veteran friendly accreditation project.

"I joined up in July 1952. We had some basic training and then I went to Egypt for 18 months by ship. The food was awful, the accommodation was all tents. You just got on with it. It was the first time I'd ever left home and been abroad. I met another solider and we became friends for the rest of his life. He's been dead about 20 years now. That was the law in those days that. At the age of 18, you were going to the army for a couple of years.

I didn't dream of having any connection with the armed forces when I came here. But unfortunately, I can't look after myself now, so this is the only alternative. I don't mind talking about. It was completely unexpected to be at the front of the parade

on Remembrance Day. It's a duty. I hadn't lost contact with the army. But I didn't realise that there were other people from the national service here. We have four of us here. Anybody at 90, if they were fit enough, would have went into the national service. It's been nice to reminisce. We finally got our medals. We had to fight for those medals. When we were under active service in Egypt, we had to make sure we knew what we were doing. I'll remember my army number to the day I die. I didn't really speak to my family about my service. My father never went into the army because he worked at the docks, and it was a reserve occupation getting the ships in and out of the dock in the blitz.

In 1945, I was wondering around the streets looking out at what was going on. People were celebrating and drinking on Armistice Day, bonfires were everywhere out on the street. I used to go to school, you never knew if other people would still be alive by lunch time. We just had to get on with it. We were in the dugout for quite a lot of the evenings, in the end we slept in the dugout because it was easier. School was run with rigid discipline; it was almost like the military. You stood in rank and were inspected, like in the army, marching.

On September 7th, 1940, it was called Black Saturday because it started off as a normal Saturday morning and in the afternoon they had started bombing the docks, 350 bombers came over. Around 400 people were killed in the first night. It really was nasty. I think I grew up that day. I was coming up to 6 and then we went away in the October. By the age of 10, I had moved to six different schools. I can remember it as clearly as I can remember yesterday."

Case Study 10

'Jane'

Jane has worked in both the health and care sector; her two brothers and her son have all served in the armed forces. Jane started by reflecting on how someone might experience navigating the NHS for the first time. "NHS environments, particularly outpatient services and A&E departments, they are busy, they are noisy. It's really difficult to step from your home into this busy department, it can be quite overwhelming. There's a lot of work that we can do within that environment to support people, not just from the armed forces community, but people living with dementia, living with a learning disability, carers as well. It can be simple changes like having soft closing bins, pagers at the reception desk, posters at every entrance that encourages people to let them know if they've served. But there's nothing worse than somebody saying they've served and the person working in that environment doesn't know what to do. You've got to have that education and process of what you're going to do.

The thing with the military community is they will only give you snippets of their history and their service when they feel comfortable. It's not an easy conversation. One thing we developed is something called the Veterans Passport to Health and Social Care, which allows veterans to be in control of their information and to physically share that with somebody when they come into clinical services. It talked about service history and some of the impact of that. It's a really good resource for people to share things that may be difficult to talk about, things that may be a trigger. So instantly a connection can be made when you hand it over.

Some people struggle to identify themselves as members of the armed force community, because it wasn't always a great experience, and they want to leave it in the past. Two of my brothers served, one of them was injured really badly in Northern Ireland, terrible head injury, really struggled when he came out. He didn't refer to being part of the armed force community for a long time. He didn't relate to his service. My other brother, on the other hand, had a fantastic service. He travelled the world; he had a great time. When he came out, he didn't have any problems telling people about his service. He had a problem navigating the systems because he wasn't familiar with them. He didn't know where to go and get a doctor's appointment. In those days, records weren't transferred over, my brother couldn't even budget, he didn't even know to pay a bill. So that that's when it was a little bit traumatic for him. He joined the services really young.

So, we've got to encourage people to identify themselves. Whether it's a simple thing like asking the question on window stickers and putting them everywhere. I think we are now talking about members of the armed force community within clinical services. We are talking about them, we are recognising them, we are trying to do things to support them. We've got mechanisms in place in the hospitals to flag people on patient records."

In relation to how the NHS can build trust and relationships with the armed forces community, Jane said: "Lived experiences and patience voices are vital and really pivotal to shape services. It's that inclusion, listening, effectively managing people's expectations of what the boundaries are when delivering services. It's that expectation management, but also that that value of life's experiences and how we could make it better. Balancing those together will mean that we get a better informed, more resourceful services."

Case Study 11

'Kate'

In the beginning of the interview, Kate told us about her service history. "I served in the Royal Navy for just under eight years. I was medically discharged in September 2023 due to an injury I sustained within service. I was left physically

disabled and chronically ill; from that I went into rehab centres and then went on my medical discharge journey."

Kate then discussed her experience being discharged and transitioning into civilian life. "When you're in the military, your care is covered. So, when you're coming out you have to find a GP and everything like that by yourself. There's an allocation of spaces within GP surgeries which are supposed to be left for veterans coming out of the services, however that's not a known thing. We were actually turned away from quite a few doctors' surgeries before we could find one that would take us, we were quite lucky in that sense. However, there's a huge issue with medical history and documents being transferred over to the NHS. I've been out just over a year now and my medical documents have still not been transferred over to my GP practice, meaning that I've had to start investigations from day one regarding my physical disability and chronic illness because they can't take my discharge paperwork.

I was put forward for referral and I was on a waiting list before I left the military, I've had to then work towards getting that referral again, and what could be another 18 months. What we're finding is that veterans are put on the back foot for their medical care for nearly two to three years, that can be detrimental for a lot of people, myself included. My disability is progressive, but my medication was taken off me, I couldn't receive any prescriptions because they had to start again, they had nothing on paperwork about why I was entitled to it, it was kind of like we were being beaten back and not believed. When you're medically discharged, it can be one of the most stressful time periods of your life.

Communication is a huge issue between the two services. There's no follow up from the military and there's no follow up from the GP surgery and realistically there needs to be a transition phase. Because if a person's mental health stability goes downhill, the GP has no idea why. It's one thing if they could become more aware of the signs and symptoms of PTSD, but another thing if they knew this person was diagnosed 7 years ago. A lot of people are fighting horrendous conditions and say they just want to be believed. A lot of people give up. They wait and then things get too bad and sometimes you can't recover."

Kate considered some of the barriers and challenges that the armed forces community face when visiting GP practices. "With my GP surgery, they are part of the armed forces covenant. I think it would be really important for [GP surgeries] to understand what it really means. Some GP surgeries see the armed forces covenant as a tick-box exercise, having certain things like one veteran champion within their organisation. But what if that veteran left 20 years ago, do they have an up-to-date understanding? I think it would be good to get into GP surgeries on

a training day and give them a real update on what's happening, what you can do to benefit the people who served your community.

With mental health, there is still a lot of stigma within the country, but in the military it's magnified. Because we aren't in combat right now, people underestimate the things that people see. Having that awareness about the younger generations too and viewing them as veterans. The word 'veteran' itself has a lot of stigma around it because people think it's people from Vietnam or World War 2. However, it's knowing how to address these people as service leavers. I think that it comes with the knowledge and understanding of the spouses and the children of those who still serve as well. Hospitals are very busy places, even walking into the hospital can be challenging because of the sirens. But when you tell the hospital, it's almost seen as a stigma. There needs to be access to things like baseline mental health first aid understanding. It comes down to education."

Kate then spoke about the impact on serving families and diagnosing developmental disabilities. "We're having an influx of people coming in regarding mental health, ADHD and ASD referrals. Especially with children moving every two years, registering at a new GP surgery and then having to start the process all over again. Kids are getting absolutely missed within the system and it's horrendous. They are one of the lowest groups of people education-wise, children who didn't necessarily volunteer in the first place are less likely to go to college, less likely to have a diagnosis of dyslexia or learning conditions, less likely to be involved in clubs.

I think the first thing is GP surgeries understanding why they are priority, because they may not be here for long, so speeding their referral and diagnosis would be more beneficial to that child of serving personnel. The waiting lists are horrendous at the moment for everyone; however, you may have a child in the same situation, in the same school, getting the correct support. But if you've got a 10-year-old child who's been here, there and everywhere, they don't get as much help. The military welfare system will only support the parents of the children, they no longer support the children. They use the GP surgery but there's no follow up with utilisation of services, they often face the same discrimination as the travelling community."

Kate told us about what difficulties some people might face when initially leaving the armed forces. "It's one of the most stressful times in your life. You have to decide whether you're going to stay where you are and build roots, some people have got children in school, if they're going to relocate back home then you have a lot of lost connections. Then it's finding a job, having the correct education because if you've left school and joined the military straight away you are only

qualified to GCSE level. You don't necessarily know how to pay council tax, renting places is a lot more expensive, so there's financial stress, losing a wage, sometimes they'll have a month without pay as well. The transition phase is hard, you're so used to having people around you 24/7, you've got your mates, you become institutionalised, even with things like binge drinking culture and swearing. And then you've got the stress of how to find a GP surgery, how to find a dentist, it's all these little things that people want education on.

I've spoken to people within the medical centres at my old base and they can't tell me why some of our medical records haven't gone through, so it's just a waiting game. We need to have a physical handover, I don't believe anyone should be able to leave the military without a GP practice. Especially if they have anything on their record which may affect them in the future, so any mental health issue, any learning disabilities, anything that's being flagged. You should be able to have a physical conversation with the person that will be your GP in the future to have that complete seamless handover and your medical records should go over to your chosen GP before you leave the military. There's a gap where people are physically being left without any medical care after you've told them they can no longer do the job that they've trained for. A lot of people would leave the military wanting a mental health diagnosis and they say, 'go figure it out on the outside'.

You can't sign up for a GP surgery until you've left so you're already on the back foot. I received absolutely amazing care in the armed forces. I had over 20 MRI's in less than a year, I had blood tests every week, I was seen pretty much on the day if I needed it. In the military, it's like a walk-in centre at the GP surgery. You don't usually get a lot of time to process a medical discharge, you get to the discharge four months later and you're out the door with a life changing injury. It's that choice that's taken away from you, it's like being made redundant, but worse. You can't do anything you used to enjoy because your hobbies might have been very physical. You've lost all of that, lost your community, lost your level of health care.

My mum had a lot going on when I was originally injured. She had a lot of issues with her work because I was an adult, but she was caring for me. I was very ill, completely bed bound, and there was little to no understanding from her management team that she needed to be home to care for me and there was a lot of disciplinary action. It was very short-term issue that had long term impacts. It's the knock-on effects that had a huge financial strain on us. There needs to be a support system."

Kate then told us about her experience as a woman working in the armed forces. "It is just a very male dominated area. I was serving on ships, and you get penalised a lot because people believe that you're getting out of things because of certain issues. They have no understanding of reproductive issues, no

understanding of periods or pregnancy. I know someone who needed to have an abortion whilst they were serving in the military. She couldn't even go to a sickbay; she had to go outside and book a day off. It was never followed up, there was no care afterwards. You're incredibly penalised due to just being emotional. They're trying to make big changes, but there's still a lot of hate and not wanting females in certain industries within the military. People do believe that females make the military weaker. People make you know that as well when you're still serving. There is always competitiveness, especially in the training environment, because you have to be better than the men.

It's a harsh world and there needs to be some level of emotional numbness to be able to serve proactively. It does take an impact on your mental health because you know you need to be able to keep up with the lads, with drinking culture, you need to be able to keep up even when your bodies are different. There is just little to no feminine biology understanding. Sometimes you can't even get contraception when you're deployed. It comes down to education. It limits your ability of choice over contraception, not everyone takes contraception to stop pregnancy. A lot of the time it's for hormonal reasons. And you can't just take six months of tampons with you when you're deployed with small ship lockers. Or if you've got the coil and there's problems, it limits your options with contraception dramatically. And withdrawal from that contraception can be detrimental to your mental health, not to mention that you're carrying weapons."

Discussing how the NHS can provide better care for the armed forces community, Kate said: "The marketing needs to go more towards the spouses and families than the serving person when they're in a stressful time. A hand over with a GP [during transition] is needed and it could save the NHS hundreds of thousands of pounds in the future. We need everyone to be educated, instead of just an appointed person within the GP surgery that's being told everything. Reach out to charity organisations and actually get a real time look into the world of serving personnel and veterans. A veteran who served 20 years ago is very different to a veteran now leaving the forces. It's about having that awareness and understanding that some of these people may or may not have seen combat zones and understanding that these experiences can come up in different ways. The social prescription of military charities should be utilised, it should be more of an open gateway as well."

Case Study 12

'Liam'

'Liam' works in the public service sector in West Essex. In relation to how GP practices could provide better care for the armed forces community, Liam said:

"[We need] literature that explains what is available, making it simple to know what is available. [We need] consistency with the armed forces covenant. Training staff to identify [those from the] armed forces, not for special treatment but for recognition of service.

[The] system needs to be able to identify a veteran, not for a round of applause, but a recognition that certain health conditions are made worse due to active service. Physical and mental impairments can be a product of duty. Staff should recognise that the delivery of requests for help may be done in a manner that deviates from the social norm. Those that have been active, do not want preferential treatment, they want fair treatment. They need to ensure that veteran status is visible and encourage people to have it on their file."

Liam then explained that instead of staff just thanking veterans for their service, they should try to learn about their service and how this might impact their healthcare experiences. On mental health services, Liam said: "The available support such as helplines are well known and good. They get the right help to the right people. The NHS could identify these matters ahead of someone needing to use the service. Physical health issues, when resolved, can resolve mental health issues and awareness of this should be priority for frontline services and primary healthcare. For example, a knee replacement can impact mobility and get an active person down. This can have a negative impact on mental health."

Liam also considered other factors which could impact a veteran's wellbeing. "Financial stress can bring on significant pressures, this impacts mental wellbeing. The two are linked. [And] feeling that you are bottom of the queue for matters such as housing. Seeing a poppy, such as on a lamppost makes them feel appreciated and is a nod to colleagues who have passed away in service."

4.0 Key Findings and Recommendations

Below are a list of key findings and recommendations which have been gathered through our engagement with participants, categorised by theme.

Primary and Secondary Healthcare Services

Implement the Veteran Friendly GP Accreditation Programme:

- Primary Care providers should become accredited under the veteran friendly GP practice accreditation. This free support programme is run by the Royal College of General Practitioners (RCGP) and NHS England and is designed to recognise and support practices in delivering the best possible care and treatment for patients who have served in the armed forces.

Implement Veteran-Specific Training for NHS Staff:

- Provide comprehensive training for healthcare providers, especially GPs, mental health professionals, and allied health staff, to improve their understanding of veterans' unique needs, including military culture, physical and mental health challenges, and service-related conditions.
- Offer training on military culture to improve understanding of the emotional and psychological challenges veterans face and how this can influence veterans' attitudes towards seeking help.

Create Dedicated Veteran Liaison Roles in the NHS:

- Appoint veteran liaison officers in GP surgeries, hospitals, and other healthcare settings to guide veterans through the healthcare system and advocate for their specific needs. These roles would be responsible for ensuring that veterans receive the appropriate care, are informed about their rights (e.g., priority treatment for service-related conditions), and help with challenges related to transitioning from military to civilian healthcare.

Improve GP Registration and Medical Record Transfer:

- Ensure that all GP registration forms ask about military service to ensure veterans receive the appropriate care and support.
- Streamline the transfer of military medical records to civilian GP practices and ensure GPs are informed about the service-related health conditions.
- GPs should be aware that patient's medical records might not be up to date or fully reflect their medical history during appointments if a veteran is still waiting for their records to be transferred.
- Raise awareness among healthcare providers about the veteran pathway for service-related issues.
- Staff should be aware of the emotional toll of transitioning which can lead to veterans feeling alienated from their former military 'family' and vulnerable to isolation and mental health issues and the importance of addressing this during the transition process. Staff should also be aware of the impact of medical discharges.

Develop Regional Support Hubs for Veterans:

- Create regional support hubs that provide tailored guidance and services for veterans, ensuring easy access to NHS resources, mental health services, and community support. These hubs could facilitate better coordination between NHS services, veteran support groups, and charities, promoting a more integrated care model.

- Support groups and 'compassionate communities' should also be utilised to reduce isolation and loneliness, while veterans can be reluctant to attend formal support groups due to the stigma around seeking help, groups should be named and framed in a way that can appeal to veterans, for instance, the sense of camaraderie formed with friends during service.

Proactively Engage Veterans Before Transition:

- Ensure that the Ministry of Defence (MOD) collaborates with the NHS to proactively inform veterans about healthcare options before their transition to civilian life.
- Get NHS representatives to attend military transition programs to educate veterans about registering with a GP, healthcare access, and mental health services during their resettlement process. This can prepare veterans who may have become accustomed to military healthcare and who might be unfamiliar with or daunted by booking GP appointments, facing waiting lists and other bureaucratic processes which could lead people to become frustrated and disengaged with the healthcare system.

Promote Veteran-Friendly Care Pathways:

- Make the process of seeking care easier for veterans, such as by offering veteran-specific care pathways, fast-tracking service-related medical conditions, and offering veteran-focused clinics or appointments.
- Ensure NHS communication is clear and accessible, especially for veterans unfamiliar with the NHS system, to prevent disengagement from services.

Strengthen the Armed Forces Covenant Implementation:

- Improve understanding and implementation of the Armed Forces Covenant within the NHS to ensure veterans receive the services and care they are entitled to.
- Work towards bridging the gap in trust between veterans and the NHS by making the Covenant more visible and ensuring its principles are properly applied in healthcare settings.
- Ensure that the Armed Forces Covenant is not treated as a 'tick-box' exercise. Services should be able to evidence their understanding and implementation of the covenant.

Ensure Priority Treatment for Service-Related Conditions:

- Make sure NHS staff are fully aware that veterans are entitled to priority treatment for service-related medical conditions, and advocate for veterans when necessary to ensure timely care.

- Raise awareness of the Armed Forces Covenant and ensure it is properly implemented within NHS services to guarantee that veterans receive the care they are entitled to.

Improve Access to NHS Dental Care:

- Address challenges veterans face when trying to access dental care, particularly in areas where NHS dental services are limited.
- Consider establishing specific dental pathways for veterans and families of serving personnel to ensure they receive timely, affordable care.

Communication, Awareness and Understanding

Improve Communication and Awareness of Available Resources:

- Increase outreach and awareness about available NHS services for veterans, ensuring they know where to go for mental health support, general healthcare, and specialised care. This information should be inclusive and accessible for all users.
- Use targeted advertising, community outreach, and veteran organisations to ensure veterans are fully informed about available resources.
- Involve the voices and lived experiences of veterans and serving personnel to be able to effectively reshape healthcare services. This requires effective expectation management, patient inclusion, and active listening.

Understand the Diversity of Military Service Experiences:

- Healthcare providers should be aware that not all individuals from an armed forces background will have shared the same experiences. A person's service history could differ greatly depending on when they served, how long they served for, what service they were in, whether this was a combat or non-combat role, etc. Age, gender, ethnicity and other demographics may have also impacted their experience. It should also be acknowledged that not all veterans identify with the armed forces community, especially those who had negative experiences.
- Many participants expressed that they do not want to be treated any differently to 'civilian' patients but simply expect equal and fair treatment.

Encourage Veterans to Identify Themselves:

- Healthcare providers should encourage individuals to identify themselves as veterans. Some individuals might not know whether to share their veteran status if it's not currently flagged on their medical records. Ways to promote this include using posters, window stickers or asking the question directly. This would help healthcare providers offer tailored support and ensure veterans receive the appropriate care.

Improve Verbal Communication and Interaction:

- Healthcare providers should be aware that some veterans or serving personnel might communicate their healthcare needs differently to other patients. Staff should try to understand an individual's service history and how this might impact their healthcare needs and experiences. However, veterans might only share their service experiences when comfortable.
- Staff should be aware of the impact of service and how this might inform certain behaviours or mannerism (for example, using military language).
- Staff should be respectful and mindful, with an awareness of their own use of body language, eye contact, term of address, and tone of voice.
- Staff should be trained around some of the service-related physical and mental-health issues a veteran might be experiencing, or presenting symptoms of (for example, signs of PTSD).

Create Accessible Healthcare Environments:

- Staff should be aware of environmental factors that might trigger a patient (for example, loud noises such as alarm bells, confined spaces, not being able to sit in a chair that faces an exit). The overwhelming nature of NHS environments, particularly busy outpatient services and A&E departments, can be difficult for vulnerable groups. This includes the armed forces community, people with dementia, and those with learning disabilities. Simple adjustments (like soft-closing bins, clearer signage) could make these environments more accessible and comfortable.
- Small gestures, like having poppies displayed in public, could also provide a sense of recognition and appreciation for veterans.

Ensure Continuous Support for Veterans and Families Post-Service:

- Provide continuous care for veterans post-service, ensuring they receive the support they need during the transition and for ongoing health issues.
- Engage with military charities and support organisations to ensure that veterans receive the full spectrum of care during and after their transition to civilian life.

Consider Creating a Veteran Identification Resource:

- The NHS might consider producing a resource such as a 'Veterans Passport' which can allow veterans to control and share their service history and its impacts with healthcare providers. This resource helps create an immediate connection and facilitates better care by addressing potential triggers and service-related challenges. Healthwatch Essex recently produced a similar resource called a 'Trauma Card'.

Transition Period

Create Structured Transition Programs:

- Develop a more comprehensive, clear and structured transition program to help veterans move from military healthcare to NHS services. This should include specific information about NHS services, such as healthcare registration, mental health resources and service-related medical care.
- Provide veterans and their families with a dedicated transition officer or support team who can guide them to ensure they understand the healthcare process, including the necessary steps for registering with a GP and understanding their healthcare entitlements and eligibility for priority treatment.

Family

Improve Healthcare Access for Military Families:

- Healthcare providers should acknowledge the difficulties that military families, especially children, face in accessing timely healthcare due to frequent relocations. Children of service members often experience gaps in support and diagnosis, particularly with conditions like ADHD and ASD.

Implement Family Involvement in Healthcare Delivery:

- Many participants stressed the importance of involving military families in the process of healthcare delivery. Family and close friends can play a crucial role in supporting veterans, especially during times of crisis. Veterans' partners often act as the key source of emotional and practical support and involving family members in mental health interventions could provide a more holistic approach to care.

Support Family and Caregivers Experiencing 'Secondary PTSD':

- Support, information and guidance need to be provided for military families, particularly spouses and caregivers, who can suffer from 'secondary PTSD' due to the emotional and physical toll of caring for a veteran. There should also be an awareness around managing care duties alongside employment and other responsibilities. GPs should proactively offer support, such as respite care for partners of severely injured veterans, or group interventions for families.

Mental Health

Improve Mental Health Services and Address Healthcare Gaps:

- Increase awareness of services like Op COURAGE among veterans and NHS staff, ensuring that veterans know where to turn for specialised, trauma-informed care.
- Implement a preventative approach over a reactive approach, ensure that veterans are referred to appropriate care, avoiding delays until crisis point.
- Create dedicated pathways for veterans seeking mental health care, reducing bureaucratic barriers and increasing access to timely, trauma-informed services.
- Healthcare providers need to address the gap in mental health services which can be caused when a veteran is told they do not meet the criteria for one service and are then too severe for another, until they are left with no alternative.
- Encourage family involvement in mental health interventions to offer a more holistic approach to care.

Reduce Mental Health Stigma:

- Incorporate or further promote veteran-specific mental health services within the NHS, with a particular focus on addressing the stigma around seeking help for mental health within military culture.
- Incorporate more veteran-friendly, stigma-reducing approaches in NHS mental health services, particularly for veterans reluctant to seek help due to military culture's emphasis on emotional restraint.
- Train NHS staff to identify and appropriately treat veterans with PTSD and other mental health challenges, recognising the stigma surrounding this.

Understand Mental and Physical Health Connections:

- Physical conditions like mobility impairments can negatively affect mental well-being. Healthcare services should be aware of the interconnection between physical and mental health and how addressing physical health issues early can alleviate mental health struggles.

Consider the Impact of Financial and Housing Stress:

- Healthcare providers should acknowledge that veterans might be dealing with stress regarding financial or housing pressures. These can significantly impact a veteran's mental health and overall well-being.

Prescribe Group Outdoor Activities:

- Healthcare providers should consider the prescribing of group outdoor activities which have proven to help veterans experiencing mental health symptoms such as PTSD and tackle loneliness and isolation.

Other Health Issues

Understand Impact of Age and Health on Memory and Connection:

- NHS staff should be aware of how a memory condition such as Dementia or Alzheimer's might trigger behaviours from trauma during service. Although someone's physical or mental ability to care for themselves might diminish, their memories from service might remain.

Understand Women's Health in the Military Context:

- Healthcare providers should be aware of the male-dominated environment and lack of understanding and support for female-specific health issues which an individual might face while serving within the armed forces. One participant described how women in the military can often face stigma and lack of care regarding reproductive health, leading to a negative impact on mental health and wellbeing.

Maintain Awareness of Addiction and Substance Misuse:

- In a study on alcohol addiction, Combat Stress' Chief Executive Sue Freeth said: "As many as 43% of veterans registered with Combat Stress have a current problem with alcohol misuse. […] From the conversations we have had with veterans being supported by Combat Stress, we're all too aware that many of the veterans use alcohol or drugs to help them to manage their trauma and emotional health." Healthcare providers should have an awareness around alcohol and substance misuse and gambling addiction in relation to vulnerable groups, including those who have experienced trauma, mental health difficulties, financial struggles or homelessness.

5.0 Conclusion

Overall, recognising and responding to the needs of the armed forces community, incorporating their experiences into service design, and providing a more informed, resourceful and preventative approach will help build trust and deliver better healthcare outcomes for veterans, serving personnel and their families.

Providing better care within the NHS for the armed forces community requires a multi-faceted approach that addresses the unique challenges they face. Key strategies include the implementation of the Veteran Friendly GP Accreditation

and the provision of targeted training for healthcare professionals, ensuring that staff are equipped with the knowledge to understand military culture and service-related health issues. Additionally, creating dedicated veteran liaison roles, improving the transfer of medical records, and establishing regional support hubs can offer much-needed guidance and advocacy for veterans navigating the healthcare system.

A structured transition program is essential to support veterans as they move from military to civilian healthcare, while encouraging proactive engagement from both the Ministry of Defence and NHS representatives. The Armed Forces Covenant should be more consistently applied, ensuring priority treatment for service-related conditions and fostering trust between veterans and the NHS. Recognising the diversity within the armed forces community is vital, as healthcare providers must tailor their approach to the varied experiences of veterans. Moreover, enhancing mental health services, reducing stigma, and addressing the interconnectedness between physical and mental health are crucial steps in improving overall wellbeing. The inclusion of veteran and serving families in the healthcare process and the creation of more accessible environments will further support the community.

By promoting a veteran-centric healthcare environment, providing ongoing support for both veterans and their families, and ensuring awareness across all levels of care, the NHS can offer a more compassionate and effective healthcare system for the armed forces community, helping to bridge the gap between military and civilian healthcare.

6.0 Information and Resources

Below is a list of information, training and resources for healthcare providers and the general public which has been gathered during the writing of this report.

GOV.UK

The Armed Forces Covenant
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf

Veterans' Survey 2022
A national survey on the experiences of veterans and their families.
https://www.gov.uk/government/publications/life-after-service-in-the-uk-armed-forces-veterans-survey-2022/a11c71f7-8504-4520-9b02-dd5bc68b96fa

Ministry of Defence acronyms and abbreviations
https://www.gov.uk/government/publications/ministry-of-defence-acronyms-and-abbreviations

Royal College of General Practitioners (RCGP)

Veteran Friendly GP Accreditation Programme

The veteran friendly GP practice accreditation is a programme run by the Royal College of General Practitioners (RCGP) and NHS England to recognise and support practices in delivering the best possible care and treatment for patients who have served in the armed forces. Veterans' Health Hub: https://elearning.rcgp.org.uk/course/view.php?id=803

NHS Resources

NHS England - Healthcare for the Armed Forces Community

How the NHS can help if you're in the British armed forces or are a veteran, a reservist or a family member of someone who is serving or who has served. https://www.nhs.uk/nhs-services/armed-forces-community/

Online Platform for Healthcare Professionals

This programme is designed to help healthcare personnel understand the context of military life and how to appropriately respond to patient need. https://www.e-lfh.org.uk/programmes/nhs-healthcare-for-the-armed-forces/#Open%20access%20sessions

Caring for Veterans and their Families

This session describes who veterans are how they may have health needs and help seeking behaviours that differ from other patients. https://cs1.e-learningforhealthcare.org.uk/public/VTH/VTH_01_001/d/ELFH_Session/445/session.html?lms=n#overview.html

The Armed Forces Covenant and the Needs of Service Families

This session provides an understanding of the issues experienced by service families, their needs and the impact on their access to health and social care provision. https://cs1.e-learningforhealthcare.org.uk/public/VTH/VTH_02_001/d/ELFH_Session/500/session.html?lms=n#overview.html

Health and Social Care Access for Veterans' Families

This session aims to provide an understanding of the issues that Service families may experience when transitioning back to civilian life. https://cs1.e-learningforhealthcare.org.uk/public/VTH/VTH_02_002/d/ELFH_Session/9/session.html?lms=n#overview.html

Mental Health Problems in Veterans

This session discusses the range of mental health and substance abuse problems experienced by some veterans and signposts the variety of resources that are now available to help. https://cs1.e-learningforhealthcare.org.uk/public/VTH/VTH_01_002/d/ELFH_Session/9/session.html?lms=n#overview.html

Personalised Care for Veterans NHS England and the MOD have published the Personalised care for veterans in England, a guide for clinical commissioning groups and local authorities. The document sets out a new personalised care approach for those veterans who have a long term physical, mental or neurological health condition or disability. To find out more, read: https://www.england.nhs.uk/personalisedcare/ipc-for-veterans/personalised-care-for-veterans/

Veteran Aware Veteran Aware is operated by the Veterans Covenant Healthcare Alliance (VCHA) to improve NHS care for the Armed Forces community by supporting trusts, health boards and other providers (Acute, Community and Mental Health) to identify, develop and showcase the best standards of care. https://veteranaware.nhs.uk/

Essex County Council

The Essex Armed Forces Community Covenant

The Armed Forces Covenant ensures that those who serve or who have served in the armed forces, and their families, are treated fairly. To find out more, read: https://www.essex.gov.uk/essex-armed-forces-community-covenant

Armed Forces Needs Assessment

The Armed Forces Needs Assessment (AFNA) report provides key demographics of the armed forces community in Essex and examines their experiences in relation to health and wellbeing, among other factors. To find out more, read: https://data.essex.gov.uk/dataset/2ykj5/armed-forces-needs-assessments/

Healthwatch

Hidden Struggles: Veterans' Experiences of NHS Care

In 2024, Healthwatch published a blog focussed on the question: 'what is preventing armed forces veterans from getting the care they need?' https://www.healthwatch.co.uk/blog/2024-11-25/hidden-struggles-veterans-experiences-nhs-care?utm_source

What Matters to Veterans?

In 2021, Healthwatch Essex produced a qualitative report titled 'What Matters to Veterans' which explores the experiences of veterans in Essex. https://healthwatchessex.org.uk/library/what-matters-to-veterans/

University of Chester

Introduction to the Armed Forces Community

The University of Chester has created an online educational module supported by the Armed Forces Covenant Fund Trust, Health Education England and the Winston Churchill Memorial Trust, to educate healthcare practitioners on how to

deliver optimum care to military veterans and their families through an understanding and insight into the armed forces community. www.chester.ac.uk/research/research-and-knowledge-exchange-institutes-rkeis/research-centres/westminster-centre-for-research-in-veterans/introduction-to-the-armed-forces-community/

Mid and South Essex Foundation Trust

Veterans Aware Pathfinder
The Mid and South Essex NHS Foundation Trust (MSEFT) have just announced a proposal to fund a Veterans Aware Pathfinder (VAP) to provide access to additional support through military charities and broader community provision using local hubs and drop-in centres. The current timeframe for the proposal is from April 2025 to April 2026.

Royal Star & Garter

Veteran Friendly Framework The Veteran Friendly Framework has been designed to accredit care homes to improve their awareness of the needs for veterans. https://www.britishlegion.org.uk/get-involved/things-to-do/campaigns-policy-and-research/campaigns/veteran-friendly-framework

Breakeven

The Unseen Enemy
Gambling related harms has been identified by the Ministry of Defence as one of the most significant issues facing the UK Armed Forces. Breakeven on behalf of The Armed Forces Gambling Support Network (AFGSN) have produced a short film called 'The Unseen Enemy' that explores gambling related harms within the armed forces and veterans community.

7.0 Signposting

Below is a list of military charities and services who provide information, signposting and support for veterans, serving personnel and their families.

Armed Forces Breakfast Club Armed Forces & Veterans Breakfast Clubs exist to facilitate veterans and current service personnel, meeting face to face in a relaxed, safe, social environment. www.afvbc.com

ABF The Soldiers Charity The Army Benevolent Fund award grants to individuals and families, and fund leading charities and organisations to ensure help is there when they need it. www.armybenevolentfund.org

Armed Forces Business Centre The AFBC aims to provide positive, impactful change to current serving and veteran members of the Armed Forces and Blue Light Community (Police, Fire, NHS), including their families. www.yourafbc.org

Army Welfare Services The Army Welfare Service (AWS) is the Army's professional welfare provider. www.army.mod.uk/support-and-training/welfare/army-welfare-service/

Blesma, The Limbless Veterans Blesma are dedicated to assisting serving and ex-Service men and women who have suffered life-changing limb loss or the use of a limb, an eye or sight. www.blesma.org/

Blind Veterans UK Blind Veterans provides free services and lifelong support to ex-Service men and women with visual impairments. www.blindveterans.org.uk

Breakeven Breakeven support anyone affected by gambling related harm. They offer a Gambling Related Harms Training Program for the armed forces community. www.breakeven.org.uk

British Legion The Legion is here to help members of the Royal Navy, British Army, Royal Air Force, veterans and their families. www.britishlegion.org.uk

Combat Stress Combat Stress provide specialist treatment and support for veterans with complex mental health issues resulting from their experiences during military service. www.combatstress.org.uk

Essex County Council Find out how armed forces and veterans are supported in Essex via Essex County Council's Armed Forces support information. www.essex.gov.uk/essex-armed-forces-community-covenant

Fighting with Pride Fighting with Pride is a military charity supporting the health and wellbeing of LGBQT+ Veterans, services personnel and their families. www.fightingwithpride.org.uk/

Help for Heroes Help for Heroes provide veterans with carefully tailored and holistic support for their physical and mental health, along with their welfare and social needs. www.helpforheroes.org.uk

iCARP Investigating Countryside and Angling Research (iCARP) researches the benefits of group outdoor activities in reducing mental health symptoms such as PTSD in military veterans. www.icarp.org.uk

Integrated Personal Commissioning for Veterans Framework (IPC4V) The IPC4V deliver a personalised care approach to Armed Forces personnel who have complex and enduring physical, neurological and mental health conditions that are attributable to injury whilst in service.

www.england.nhs.uk/commissioning/armed-forces/integrated-personal-commissioning-for-veterans-ipc4v/

Little Troopers Little Troopers is a registered charity supporting all military children who have parent(s) serving in our British Armed Forces, regular or reserve. www.littletroopers.net/

Op Ascend Op Ascend supports veterans and their families in growing their careers. www.forcesemployment.org.uk/programmes/op-ascend/

Op Community Op Community provides care navigation and signposting to the wider Armed Forces community with a specific focus on serving families. www.armedforcesnetwork.org/armed-forces-community/families/single-point-of-contact/

Op Courage The Veterans Mental Health and Wellbeing Service is a dedicated mental health service for individuals leaving the Armed Forces (those within 6 months of leaving the military in England), veterans and reservists. www.england.nhs.uk » NHS commissioning » Nationally commissioned services Or email: mevs.mhm@nhs.net

Op Fortitude Op Fortitude delivers a centralised referral pathway into veteran supported housing. www.riverside.org.uk/care-and-support/veterans/opfortitude/

Op Nova Op Nova provides one to one non clinical support to veterans who are at risk of being arrested or already have been, are due to leave prison or have been released from prison. www.forcesemployment.org.uk/programmes/op-nova/

Op Restore The Veterans Physical Health and Wellbeing Service provides specialist care and support to veterans who have physical health problems as a result of their time in the Armed Forces. www.england.nhs.uk/commissioning/commissioned-services/

Op Sterling Op Sterling is a programme which aims to help older LGBT+ veterans, service personnel and their families. www.ageuk.org.uk/our-impact/programmes/how-we-deliver-advice/operation-sterling/

RAF Benevolent Fund The Royal Air Force Benevolent Fund provide lifelong support to serving and ex-serving RAF personnel and their families. www.rafbf.org

Royal Navy & Royal Marines Charity The Royal Navy and Royal Marines Charity is the principal charity of the Royal Navy, supporting sailors, marines and their families, for life. www.rnrmc.org.uk

Royal Star and Garter, Veteran Friendly Framework The Veteran Friendly Framework (VFF) helps care providers to offer appropriate support for the

thousands of veterans living in care homes across England. www.starandgarter.org/veteran-friendly-framework/

Samaritans Veterans Samaritans Veterans is a free app that can provide individuals with emotional support after their career in the Armed Forces. www.samaritans.org/how-we-can-help/military/samaritans-veterans-app/

Soldiers Off The Street Soldiers Off The Street is determined to help the forgotten ex-service personnel whose lives have been affected by homelessness. www.soldiersoffthestreet.org

SSAFA SSAFA (Soldiers, Sailors, and Airmen's Families Association) can help provide practical, financial and emotional support for service personnel, veterans and their families. www.ssafa.org.uk

Step into Health Step into Health is an NHS Employers scheme to facilitate employment for service leavers and their families. https://www.militarystepintohealth.nhs.uk/

Supporting Wounded Veterans Supporting Wounded Veterans provides support for UK servicemen and women to move from rehabilitation into employment. www.supportingwoundedveterans.com

Veterans Aid Veterans Aid provides immediate practical support to all former UK servicemen and women who are homeless, facing homelessness or in crisis. www.veterans-aid.net

Veterans Gateway The Veterans Gateway enables veterans and their dependents to access state and charity support services. www.gov.uk/government/collections/find-support-for-veterans-and-their-families

Veterans Prosthetics Panel (VPP) The Veterans Prosthetics Panel provide funding on a named veteran basis to NHS Disablement Service Centres (DSC) to ensure that veterans who have service attributable limb loss can access high quality prosthetics. www.nhs.uk/nhs-services/armed-forces-community/veterans-service-leavers-non-mobilised-reservists/

Veterans UK Veterans UK is part of the Ministry of Defence and provides free support for veterans and their families. www.gov.uk/government/organisations/veterans-uk

Walking With The Wounded Walking With The Wounded offer personalised employment support, mental health and well-being support, and support care coordination to help veterans who are struggling after military service. www.walkingwiththewounded.org.uk

8.0 Glossary

Terminology

Armed Forces Covenant The Armed Forces Covenant is a promise by the nation ensuring that those who serve or who have served in the armed forces, and their families, are treated fairly. The Armed Forces Act 2021, which came into effect in November 2022, imposes specific duties on the NHS and other public bodies to adhere to the principles of the Armed Forces Covenant.

Army regular Regular soldiers are full-time soldiers, who usually live and work on military bases.

Army reserve A volunteer force that provides a reserve of trained military personnel for use in an emergency.

Battalion A battalion is a regimental sub-unit of infantry amounting to between 500 and 1,000 soldiers.

Civilian / Civvy street A civilian is a person who is not from an armed forces or policing background. Civvy street refers to civilian life**,** society and work that is not connected with the armed forces.

Infantry An army specialisation who engages in military combat on foot.

Medical Discharge When a medical condition or fitness issue affects a member of the Armed Forces, their ability to perform their duties is assessed. If they are unable to perform their duties, they could be medically discharged.

Ministry of Defence The Ministry of Defence (MOD) is a ministerial department of the UK government which is responsible for implementing the defence policy and serves as the headquarters of the British Armed Forces.

Orthotics This is a medical specialty that focuses on the design and application of orthoses, which are devices like braces or splints to support and align the body.

Post Traumatic Stress Disorder PTSD is a mental health condition caused by very stressful, frightening or distressing events. Someone with PTSD often relives the traumatic event through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt.

Signpost In a healthcare context, signposting refers to guiding patients to the most appropriate services or resources.

Transition / Transition Period The process or period in which a member of the armed forces leaves the military and resettles back into civilian life.

Regiment A regiment is a military unit. Its role and size vary depending on the country, service or specialisation.

Resettlement course The resettlement programme is designed to help personnel leaving the armed forces to prepare for entering the civilian job market and to make a successful transition to employment.

Royal Anglian Regiment The Royal Anglian Regiment is an infantry regiment of the British Army. It was established to serve as the county regiment for the following counties: Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Leicestershire, Lincolnshire, Norfolk, Northamptonshire, Rutland and Suffolk.

Veteran Anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations.

West Essex Districts of Uttlesford, Harlow and Epping Forest.

Acronyms

ABF	Army Benevolent Fund
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
AFBC	Armed Forces Business Centre
AFGSN	Armed Forces Gambling Support Network
AFNA	Armed Forces Needs Assessment
AFVBC	Armed Forces and Veterans Breakfast Club
AWS	Army Welfare Service
BLESMA	British Limbless Ex-Servicemen's Association
ECC	Essex County Council
iCARP	Investigating Countryside and Angling Research
GP	General Practice or General Practitioner
MOD	Ministry of Defence
MSEFT	Mid and South Essex NHS Foundation Trust
NICE	National Institute for Health and Care Excellence
PCNs	Primary Care Networks
PTSD	Post Traumatic Stress Disorder
RCGP	The Royal College of General Practitioners
RAF	Royal Air Force
SSAFA	Soldiers, Sailors, and Airmen's Families Association
VAP	Veterans Aware Pathfinder
VFF	Veteran Friendly Framework

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