

## **Forces in Mind Trust's response to the Men's Health Strategy for England: call for evidence**

### **Introduction**

Forces in Mind Trust (FiMT) was founded in 2011 to improve transition to civilian life for Service leavers and their families. Our mission is to enable successful transition to civilian life, and our strategy is to provide an evidence base that will influence and underpin effective policy making and practice.

It is estimated that there are currently 180,000 serving members of the UK Armed Forces and 2.1 million ex-Service personnel (of which 1.7 million are estimated to live in England). The serving and ex-Service population is predominately male, with men making up 88% of the serving population and 86% of the ex-Service population.

The Armed Forces Covenant sets out a commitment that those who serve in the Armed Forces, (Regular or Reserve), those who have served in the past, and their families should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is also appropriate, especially for those who have given the most such as the injured and bereaved. In a healthcare capacity, this means that the Armed Forces community should receive the same standard of and access to healthcare as civilians living in their local area and that ex-Service personnel should, subject to clinical need, receive priority treatment where the condition is related to service. Additionally, the Covenant Duty, introduced in 2022, places a legal duty on NHS bodies and other public services, to have due regard to the Covenant principles and requires decisions about the development and delivery of certain services to be made with conscious consideration of the needs of the Armed Forces community. A further extension of the Covenant Duty has recently been announced, covering all UK Government departments. It is therefore essential that the needs of Service and ex-Servicemen are considered in the development and delivery of the Men's Health Strategy for England and that the plan enables the creation of accessible, forward-thinking, inclusive, and, where needed, specialist healthcare.

Our response is informed by the research we have funded and data available on the health and wellbeing of ex-Service personnel, and in particular ex-Servicemen. Some of the information included is based on health data from Scottish ex-Service personnel as equivalent data is not currently available in England. However, it is useful in understanding UK wide trends and valuable to understand the data currently captured elsewhere in the UK. If you would like to discuss any of our responses or find out more about the research referenced, please contact [policy@fim-trust.org](mailto:policy@fim-trust.org).

### **1. Understanding and identifying areas where we can improve support for healthier behaviours**

#### **Factors driving behaviours posing a risk to health among men and boys**

While most ex-Service personnel report good health, several research studies as well as Ministry of Defence statistics, indicate that ex-Service personnel may be at an increased risk of developing certain health conditions when compared to those who have not served. For some health conditions, ex-Servicemen have been found to be at an increased risk when compared to both ex-Servicewomen and men who have not served.

### ***Alcohol misuse***

Alcohol misuse is higher in serving and ex-Service personnel than the wider general population and it is estimated that more than half of those who have left service meet the criteria for hazardous alcohol use, compared to 12% for the general population<sup>1</sup>.

Whilst rates of alcohol misuse in the Armed Forces community are declining, alcohol misuse rates are approximately two to three times higher than equivalent general population estimates<sup>2</sup>. In addition, male serving and ex-serving personnel report higher levels of alcohol misuse than female serving and ex-serving personnel<sup>3</sup>. It has been suggested that alcohol consumption is viewed as part of military culture and seen as a way to bond. For some, alcohol misuse has also been identified as a coping mechanism for those suffering from common mental health disorders and PTSD<sup>4</sup>. Alcohol misuse can also have a significant impact on treatment adherence, such as missing medication doses.

### ***Smoking***

Rates of smoking have been found to be higher in ex-Service personnel than those who have not served and ex-Servicewomen, being most prevalent in 18 to 27 year olds<sup>5</sup>. As there is evidence that some people take up smoking after joining the Armed Forces, in some cases as part of bonding with their new peer group, policies to discourage smoking among recruits could help to protect future health.

### ***Cardiovascular disease***

In the UK general population, hypertension is slightly more prevalent in men than in women. In a study comparing the health of ex-Service personnel and those who have not served in the North-East of England<sup>6</sup>, it found that hypertension was more common in ex-Service personnel compared to those who had not served.

A study of Scottish veterans' health needs<sup>7</sup>, found that ex-Service personnel were more likely to have been hospitalised with a heart attack than those who have not served and that most heart attacks were in men. The increased likelihood in ex-Service personnel has reduced from previous studies and the overall higher percentage of cases reflects the fact that the veteran population is older than the non-veteran population. However, men remain more likely to have a heart attack than women.

Risk factors for cardiovascular disease including smoking, obesity, lack of exercise, high blood pressure, diabetes and an unhealthy diet. To maintain the level of physical endeavour required, Armed Forces personnel tend to have a high calorific intake. However, if they continue to consume the same calories after leaving the Armed Forces, and move to more sedentary employment or retirement, they may

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<sup>1</sup> [Drinks:Ration, King's Centre for Military Health Research, 2022](#)

<sup>2</sup> [Help-Seeking for Alcohol Problems in Serving and Ex-Serving UK Military personnel, University of Liverpool and King's College London, 2020](#)

<sup>3</sup> [Health and Wellbeing Study of Serving and Ex-Serving UK Armed Forces Personnel: Phase 4, King's College London, 2025](#)

<sup>4</sup> A comparative study of common mental and physical health disorders in the veteran and non-veteran populations, University of Chester, upcoming publication, 2025

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> [Trends in Scottish Veterans' Health, University of Glasgow, 2022](#)

gain weight which can increase their chances of poor health including hypertension and type 2 diabetes.

### ***Diabetes***

Research in the North East of England has indicated that ex-Service personnel may be at an increased risk of type 2 diabetes than those who have not served<sup>8</sup>. Specifically for men, data from Scotland shows ex-Servicemen have been found to be at an increased risk of diabetes than men who have not served. As found in previous research, PTSD was also found to increase the risk of developing diabetes and the impact is stronger in ex-Service personnel than in people who have not served. This underlines the importance of approaching health in a holistic way as well as the importance of promoting healthy lifestyles. In addition, a mental health diagnosis should always be accompanied by a careful assessment of general health.

### ***Gambling***

Research conducted with the general population has shown that men are more likely to gamble than women. A study conducted by Swansea University and funded by FiMT<sup>9</sup> with UK veterans, of which 94% were male, found that veteran respondents were over four times more likely to have gambled recently and on more gambling activities than non-veterans respondents. Of those who gambled, just under half indicated problem gambling. Motivating factors for gambling included trying to avoid distress or alleviate stress and high nicotine dependence. Those with no symptoms of depression or no self-diagnosis of PTSD or complex PTSD were predicted as having lower levels of gambling.

### ***Mental health***

The latest evidence from the Health and Wellbeing Study of Serving and Ex-Serving UK Armed Forces Personnel<sup>10</sup> shows that most UK serving and ex-serving personnel who served during the Afghanistan and Iraq conflicts do not report adverse mental health outcomes. However, a substantial minority do report problems and the rates of common mental disorders, such as depression and anxiety, as well as PTSD, are rising among serving and ex-Service personnel.

Research conducted in Scotland found that ex-Servicemen were 23% more likely than men in the wider community to have experienced depression. This difference was found to be entirely within the Early Service Leaver cohort (those who serve less than four years). Younger Early Service leavers were also at an increased risk of experiencing anxiety. However, previous studies have found that female veterans are more likely to be diagnosed with depression and anxiety than male veterans. More research is therefore required.

### ***Suicide***

Suicide rates are lower in male Serving personnel than in the general population. However, between 2014 and 2019, rates of suicide among Army males increased from 6 per 100,000 to 17 per 100,000. Rates of suicide in the Navy and RAF remain lower than the general population, and since 2017, the

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<sup>8</sup> A comparative study of common mental and physical health disorders in the veteran and non-veteran populations, University of Chester, upcoming publication, 2025

<sup>9</sup> [The UK Armed Forces Veteran's Health and Gambling Study, Swansea University, 2021](#)

<sup>10</sup> [Health and Wellbeing Study of Serving and Ex-Serving UK Armed Forces Personnel: Phase 4, King's College London, 2024](#)

suicide rate among Regular Army males has matched the general population<sup>11</sup>. Compared to the general population, suicide risk is higher for ex-Service personnel under 25 and lower for those aged over 25. This is different to trends seen in the general population where the highest risk of male suicide is in the 40-54 year old cohort, despite being the leading cause of death among males aged 24 and under. Those who have served for less time are most at risk of suicide suggesting the increased risk may be due to pre-service vulnerabilities.

### ***Drug use***

Research conducted in the UK has found that young, male gym-goers are the primary users of performance and image enhancing drugs (PIEDs), with those taking the drugs motivated to modify their physical appearance and enhance performance. However, PIEDs can have negative health consequences including organ damage, fertility problems, mental health problems and cardiac death. In addition, the safety, quality and legality of some PIEDs has been called into question, with many illegal to sell and purchase. Research<sup>12</sup> conducted to explore the use of PIEDs in serving and ex-Service personnel found that young, male non-commissioned Army personnel are most likely to use PIEDs. In addition, excessive alcohol use, smoking, lower educational levels, being deployed and higher levels of physical activity were all associated with PIEDs use. Male personnel were more likely to use PIEDs for performance gains whereas female personnel tending to use PIEDs for weight loss and body image.

In terms of wider drug use, the majority of serving and ex-Service personnel do not misuse alcohol or other substances. However, for those who do, it is reported to be more prevalent among young males. Substance use problems tend to co-exist with other problems such as mental health, offending, employment, finance and homelessness and problems may worsen over many years<sup>13</sup>.

### **How to improve health-positive behaviours among men and boys**

It is recommended that preventative measures are introduced to promote healthy lifestyles, including not smoking and maintaining a healthy weight to prevent some of the health issues that ex-Servicemen and men in general have been found to be at higher risks for.

There has been progress made in reducing smoking with the ban on smoking indoors, including military buildings. However, to help prevent smoking and smoking-related health concerns, it is recommended that smoking during recruitment training in the Armed Forces is also banned. There should also be smoking cessation services specifically aimed at ex-Service personnel and healthcare providers should be encouraged to refer ex-Service personnel to these services.

There has also been a concerted effort to reduce alcohol use in the military and this should remain an area of focus. Ex-Service personnel who misuse alcohol because of service-related mental health disorders may not benefit from routine addiction services in the community and specific services for ex-Service personnel, or services that understand their unique experiences and needs, may be required. In addition, the DrinksRation<sup>14</sup> mobile app, which was developed by the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London and funded by FiMT, was

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<sup>11</sup> Ministry of Defence statistics, 2025

<sup>12</sup> [Performance and image-enhancing drug use in military veterans, University of Sunderland, 2021](#)

<sup>13</sup> [Fall Out: Substance misuse and service leavers, Galahad SMS Ltd, 2021](#)

<sup>14</sup> [Drinks:Ration, King's Centre for Military Health Research, 2022](#)

found to be successful in helping UK ex-Service personnel to reduce their alcohol consumption. The app helps individuals to assess and understand their drinking habits and track alcohol intake and should be widely promoted to healthcare providers and ex-Service personnel.

To help reduce gambling issues, there needs to be an assessment of gambling risks prior to transition or during active service. Interventions should be put in place to overcome the stigma and secrecy of gambling related problems, alongside the widening of access to gambling education programmes for active service personnel and raising awareness of existing gambling support.

To help support those who are tempted to or use PIEDs in the military and after, it is suggested that more is done to encourage serving personnel to speak to medical practitioners about PIEDs and the negative health consequences. In addition, the MOD and NHS England should identify signs of addictive training practices and develop educational campaigns to raise awareness of the negative consequences of PIEDs use.

### **Gaps in research and evidence**

There is a need to improve the data available on the health experiences and needs of ex-Service personnel to better understand the unique impact of service on the health and wellbeing of both men and women, as well as their families. This can be improved through:

- Routinely monitoring and publishing data on the health needs and experiences of the ex-Service population. This could be through the inclusion of a 'have you ever served in the UK Armed Forces' question in national health surveys.
- Better and consistent recording of ex-Service personnel by health care professionals. This should also include better awareness of the Armed Forces community and their unique needs and experiences among civilian health care professionals.
- Improved transfer of medical records between Defence and civilian health care services.

## **2. Improving outcomes for health conditions that typically, disproportionately or differently affect men**

### **Improving health outcomes for men and boys, such as on mental health and suicide prevention, cancer and cardiovascular disease**

#### **How are services in these areas currently meeting the needs of men?**

There has been significant progress made in terms of physical and mental health initiatives and support for the Armed Forces, who are predominantly male, including enhanced in-service health promotion and fitness training, and specific veteran NHS England mental (Op COURAGE) and physical health services (Op RESTORE). However, there is a lack of consistency in delivery of support at a local level, hampered by poor data on the nature of health and social care needs regionally. Some ex-Service personnel can also struggle with what they perceive to be a confusing landscape of support organisations and can have difficulty understanding which organisation is most suited to their needs or whether they are eligible.

Additional challenges are also experienced including long waiting times<sup>15</sup> and a lack of understanding of military experiences and the Armed Forces Covenant by civilian health care professionals<sup>16</sup>. In addition, some current treatments, particularly treatments for PTSD and complex PTSD have been found to be less effective for ex-Service personnel than those who have not served<sup>17</sup>.

There also remain issues for those who transfer out of the Armed Forces with a medical condition or injury. For many, they transfer seamlessly from military to civilian healthcare. However, others experience long delays in the transfer of medical records from the MOD to NHS. There are also uncertainties about who is responsible for their care and, at times, there is a lack of preparedness for the realities of accessing civilian health care<sup>18</sup>.

### **How can services for health conditions that affect men be improved to better meet their needs?**

To help prevent and address the health needs of men, a holistic approach to the provision of care is required. This includes ensuring that services for ex-Service personnel with mental health concerns also encompass physical health and explore all contributory factors to poor mental health including those related and un-related to service.

Investment is also needed to continue funding innovative treatments for ex-Service personnel, particularly for mental health difficulties related to their time in service and where current treatment has been shown to be less effective for ex-Service personnel, such as treatment for PTSD and complex PTSD. FiMT has funded several studies under our Mental Health Research Programme, including pilot studies and evaluations of new treatments for veterans and interventions to help identify and treat mental health concerns early on. This has included funding new treatments for PTSD<sup>19</sup><sup>20</sup><sup>21</sup> and Complex PTSD<sup>22</sup> as well as moral injury<sup>23</sup>.

There is a need to ensure that the provision of mental health treatment can support the health and wellbeing of serving and ex-Service personnel and meet the demands of an increased number of Iraq and Afghanistan era veterans, both male and female, who will access mental health services. This will require healthcare professionals understanding the experiences and needs of the Armed Forces community and meeting their obligations under the Armed Forces Covenant, to ensure that Service personnel and their families do not experience disadvantage as a result of service and that special provision may be necessary for some, such as the injured or bereaved.

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<sup>15</sup> [Stigma and barriers to care in Service leavers with mental health problems, King's Centre for Military Health Research, 2017](#)

<sup>16</sup> [A Decade of the Covenant, Shared Intelligence, 2022](#)

<sup>17</sup> [A Feasibility Randomised Controlled Trial of Reconsolidation of Traumatic Memories compared to Trauma Focused Cognitive Behaviour Therapy for PTSD in UK Military Veterans, King's College London, 2024](#)

<sup>18</sup> [Lives in transition: returning to civilian life with a physical injury or condition, University of Central Lancashire, 2022](#)

<sup>19</sup> [RCT of 3MDR for treatment resistant PTSD in military veterans, Cardiff University, 2020](#)

<sup>20</sup> [MDMA-assisted therapy research for treatment resistant PTSD in veterans, Supporting Wounded Veterans, 2024](#)

<sup>21</sup> [A Feasibility Randomised Controlled Trial of Reconsolidation of Traumatic Memories compared to Trauma Focused Cognitive Behaviour Therapy for PTSD in UK Military Veterans, King's College London, 2024](#)

<sup>22</sup> [Feasibility study of treatment ESTAIR for complex PTSD, Edinburgh Napier University, 2024](#)

<sup>23</sup> [Development of an intervention for mortal injury related mental health difficulties in UK military veterans, King's Centre for Military Health Research, 2023](#)



To address the delays in transferring medical records between Defence and civilian health care, which can impact support and treatment times, NHS England (and the Department for Health and Social Care) and the Ministry of Defence need to address delays in Programme Cortisone.

### **Gaps in research and evidence**

As stated above, there is a requirement for more research and funding to find treatments that are effective for all ex-Service personnel with PTSD and complex PTSD. In addition, there is currently a lack of understanding of certain conditions and how they link to mental health including traumatic brain injury, and accelerated ageing. There should also be a focus on common assessment approaches and reviews of the effectiveness of Op RESTORE and Op COURAGE.

### **3. Improving men's access, engagement and experience of the health service**

It is recognised that men appear to be less likely to seek support for health conditions and ex-Service personnel, in particular, show inadequate help-seeking behaviour. Long waiting times for clinical practice and not wanting to trouble medical staff can leave issues unaddressed with some ex-Service personnel waiting until crisis point before they consider issues to be worthy of help<sup>24</sup>. Whilst stigma plays a role, research has shown that it does not have a significant impact in preventing ex-Service personnel from seeking help for mental health problems. Instead, a number of other factors can lead to barriers to accessing care. These include consistently failing to recognise that they have a problem and are in need of treatment, eligibility issues, long waiting lists and services being withdrawn by providers. In addition, initial negative experiences with care can result in negative beliefs about its use and block future progression

A [review](#) of research in both military and non-military populations indicated that fewer than half of those meeting criteria for alcohol misuse recognised that they had an alcohol problem. It is suggested that those in the military are less likely to recognise they have a problem. Recognition of alcohol misuse problems was significantly higher among those experiencing greater mental and physical health problems, greater alcohol misuse severity and those with three or more adverse life events. Help seeking was also found to be an issue with only one-third of those who reported an alcohol problem, seeking help. Those older in age and with a greater severity of alcohol misuse were less likely to access formal medical services. Serving personnel were more likely to report using telephone or online services if they had mental health and alcohol problems, whilst ex-Service personnel were more likely to use 'other' forms of support such as friends, family and charity support.

### **Solutions that have improved men's engagement and experience of healthcare services**

Whether someone has served in the UK Armed Forces is not consistently recorded in healthcare records which can make it difficult for clinicians to recognise if someone served, whether military related factors may be relevant to their healthcare, or if they are entitled to military-specific support. All of these can impact men's engagement and experience of healthcare services. In addition,

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<sup>24</sup> [Stigma and barriers to care in Service leavers with mental health problems, King's Centre for Military Health Research, 2017](#)

recording whether someone has served can help researchers to study the health needs of this population.

In order to improve men's engagement and experiences of healthcare services, it is important to identify and record veteran status. FiMT has funded a number of projects seeking to improve the evidence and data available. This includes research by the University of Chester<sup>25</sup>, which identified low-cost and easily implemented initiatives to significantly improve identification of ex-Service personnel and registration with primary health care, increasing registration by up to 218% in the North West of England. The initiatives included zap stands and posters inside the practices, sending text messages to all registered patients, utilising links with the local community and communications with local care homes.

In addition, King's College London developed and tested a new automated tool, the Military Service Identification Tool (MSIT)<sup>26</sup>, funded by FiMT, which was successful in identifying ex-Service personnel in electronic health records and comparing their health needs with those who have not served. Tested using healthcare records at South London and Maudsley (SLaM) NHS Foundation Trust, it found that ex-Service personnel accessing SLaM's mental health service were more likely to have diagnosis of depressive, anxiety, personality and psychotic disorders than those without military experience.

In seeking to overcome the barriers that can prevent ex-Servicemen from seeking help for their mental health, researchers at the King's Centre for Military Health Research, funded by FiMT, developed the MeT4VeT app<sup>27</sup> to provide a mental health toolkit for veterans. The app is designed to help ex-Service personnel to define if their problems were mental health difficulties, recognise the need for help before reaching crisis point and engage with support either through self-help tools or by accessing formal treatment.

Families can also be a positive influence for ex-Servicemen engaging with treatment and when families are involved in receiving support alongside the veterans it can also be beneficial<sup>28</sup>. However, it is currently rare to include the family in treatment<sup>29</sup>

### **How can healthcare services improve how they engage men and the experience they offer**

There should be a continued focus on increasing participation in existing veteran health initiatives, such as the veteran-friendly GP scheme which can be supported by insights from previous FiMT-funded research, *Where are all the veterans?* which, as started above, identified low-cost and easily implemented initiatives to improve veteran GP registration.

There also needs to be ongoing training of healthcare staff on the unique experiences of the Armed Forces community. This is particularly important where there is a high turnover of front-line staff. The recent announcement by NHS England of a national training and education plan is welcomed and it will be important to ensure this and services such as Op COURAGE and Op RESTORE continue as NHS England is abolished and its functions moved into the Department of Health and Social Care.

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<sup>25</sup> [Where are all the veterans? Increasing veteran registration in primary healthcare, University of Chester, 2022](#)

<sup>26</sup> [The Military Service Identification Tool, King's Centre for Military Health Research, 2022](#)

<sup>27</sup> [MeT4VeT: Development and assessment of a Mental Health Toolkit for Military Veterans, 2022](#)

<sup>28</sup> [Fighting Their Own Battle: Families of Veterans with Substance Use Problems, University of York, 2020](#)



In addition, healthcare providers and commissioners should work closely with partners such as local authorities and those involved in social care, public health and wider well-being to ensure that local health systems are aware of the presence and needs of the local Armed Forces community. An Armed Forces Covenant Toolkit is available to help local authorities and partners to build the local infrastructure needed to do this<sup>30</sup>.

### **Concluding remarks**

Forces in Mind Trust welcomes the Government's development a Men's Health Strategy. The research evidence that we have provided highlights that there is an increased likelihood of some Service and ex-Service men experiencing certain health conditions or being at greater risk of engaging in harmful behaviours. We therefore believe that it is important for the Strategy to treat as a priority the need to raise awareness and understanding among health professionals of the unique impact of service on men's health. We would be very happy to discuss further with you.

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<sup>30</sup> [Armed Forces Covenant Toolkit, Shared Intelligence, 2025](#)