10 Years of Impact for Armed Forces Mental Health

A report on ten years of funding under the Forces in Mind Trust Mental Health Research Programme.

Foreword

from Professor Sir Simon Wessely, Regius Professor of Psychiatry at King's College London (KCL) and Co-Director, King's Centre for Military Health Research

The story of British society's relationship with, and understanding of, its veteran population is one of ups and downs. But over the last decade or so, it has been predominantly of ups. And FiMT has contributed to many of the ups. For example, we now have a better understanding of the realities of military life, and how for many military service improves, not decreases, your life chances. Assisted by FiMT we carried out the first data linkages between our military health cohort and data held by the Department for Work and Pensions – this showed among other things that over time, most veterans will get employment, that veterans claim fewer benefits than a general population, and that these rates remain stable over many years, in contrast to the situation elsewhere. The extent to which veterans contributed to society during the COVID crisis was also substantial.

Moving to those who have been injured by their service, Post Traumatic Stress Disorder (PTSD) has been recognised since the 1980s, but now we have a better understanding of who is at risk, that PTSD is not the only disorder, complex PTSD is now well recognised, and is in fact more common in military populations than the original simpler version of PTSD. FiMT-funded projects established the reality of moral injury, and how those who have experienced it can be helped. We know that veterans have traditionally delayed seeking help for an average of ten years from service – but with the help of FiMT we showed this has been decreasing year on year.

At the same time the services available to our veteran population in need have undergone radical changes. After FiMT-funded research established the need, "Op COURAGE" was launched by the Minister for Veterans and the Chief Executive of NHS England, at the annual Veterans Mental Health Research Conference held at KCL, an event sponsored by FiMT.

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Professor Sir Simon Wessely, Regius Professor of Psychiatry at King's College London (KCL) and Co-Director, King's Centre for Military Health Research

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What is the Mental Health Research Programme?

Since FiMT's inception in 2011, we have recognised the importance of identifying the unique impact of Service life on the mental and related health issues of personnel, families and ex-Service personnel, and have supported the development of evidence-based interventions and support pathways to help those experiencing difficulties.

Established in 2015, our Mental Health Research Programme (MHRP) has been the focus of our funding to improve the mental health of the Armed Forces community. August 2025 marks ten years of dedicated funding activity and the end of the programme. However, the wellbeing of the Armed Forces community – in terms of both physical and mental health – will remain a part of FiMT's work.

As the MHRP draws to a close, we wish to highlight some of the key achievements of the programme and bring together the views of experts working in the military and non-military mental health fields who helped to make the programme a success, and who continue to support FiMT in our ongoing work to improve transition outcomes, especially with regard to physical and mental health.

When we discuss impact, it is tempting to draw a direct line between funding, research and systemic change. However, in reality, impact is rarely this linear and often involves multiple steps – whether influencing practice, shaping policy or shifting people's behaviours and perceptions – before meaningful change can occur.

In this report, you will find examples of a range of studies and stages of research, from initial investigations, feasibility and pilot studies, through to large scale randomised controlled trials and longer-term trends analysis work. In particular, studies can benefit from FiMT's role as 'catalyst', offering initial 'seed' funding to test innovative and higher risk ideas to enable them to gain traction, attract further investment, and raise awareness of emerging or overlooked issues. Across all our projects, our approach is to act as an impartial and independent funder, considering not only well developed proposals with support and a clear pathway to success but the novel, uncertain or ambitious projects that have the potential to deliver transformative outcomes for ex-Service personnel and families.

Over the past decade, we have worked with a wide range of skilled and experienced subject matter experts to ensure that our funding is not only contextually relevant, but also able to reach those with the power to make change happen. Achieving impact demands a collaborative effort from both military and civilian healthcare sectors, across the four nations of the UK, and spanning statutory and non-statutory organisations, including government, NHS charities, academia, and the professional sector. We are therefore grateful to those who have served on the MHRP's Steering Group of independent experts and who for ten years have helped FiMT to assess and advise on applications, which has been critical in shaping a credible and robust programme of research.

We must also thank all those who have applied to us and have worked with us to develop projects that have the strongest potential to improve mental health outcomes for the Armed Forces community.

Equally, we recognise and appreciate those who have engaged with our findings – whether policy makers, practitioners or senior leaders. Without this critical ear and openness to change, our programme would not have been as impactful as it has been for ex-Service personnel and families.

Michelle Alston
Chief Executive, Forces in Mind Trust

Policy developments since 2015

2016

Contact Group

The Contact Group was established as a collaboration of organisations focused on improving mental health support for the UK Armed Forces community, including the charity sector, academia and government

2017

NHS Veterans' Mental Health Transition, Intervention and Liaison Service (TILS) and Complex Treatment Service (CTS)

NHS England launched a mental health service specifically tailored to support and treat serving personnel approaching discharge and ex-Service personnel. This included a Complex Treatment Service for Service personnel with complex military related mental health issues

2018

UK Veterans Strategy

The first ever UK-wide strategy on the delivery of support for veterans published

2019

Defence Transition Services

The Defence Transition Service, which provides support – including mental health support – to Service leavers facing challenges, was launched

Veteran Friendly Practice accreditation programme

The Royal College of General Practitioners (RCGP) Veteran Friendly Practice Accreditation Programme launched, aiming to allow practices to better identify, treat, and refer veterans

2021

Veteran Covenant Healthcare Alliance

The Armed Forces Bill brought the Armed Forces Covenant into law, requiring all NHS providers to meet its requirements

Op COURAGE

Op Courage, previously three separate services TILS, CTS, and HIS (High Intensity Service), brought together as a single service

Op NOVA

Initiative which provides support to veterans who are in contact with the justice system was launched

2023

Wales Veteran Friendly GP scheme

Health Education and Improvement Wales launched a new programme to enable GP practices to register to become accredited Veteran Friendly practices

Op COURAGE expanded

NHS England expanded the Op COURAGE service to also include specialist support for addictions

2024

Armed Forces Covenant Extension Plans

The Secretary of State for Defence confirmed that the Government planned to legislate to put the Covenant “fully into law” in the next Armed Forces Bill

Cobseo Mental Health Cluster

Contact Group transitioned to a Cobseo mental health cluster in 2025

2025

10-Year NHS Plan

Government announced new 10-year plan with three key shifts: hospital to community, analogue to digital, and sickness to prevention

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Influencing service provision

In order to provide evidence to ensure that provision for veterans and families is as effective as possible, we funded a range of work within the programme to understand more about the challenges of addressing mental health needs, and exploring barriers to accessing care.

Call to Mind

Call to Mind was a series of reports published between 2015 and 2017 that offered the first UK-wide summary of the common challenges in addressing the mental health and related health and social care needs of ex-Service personnel and their families. FiMT and NHS England had recognised the lack of evidence on the mental health needs of ex-Service personnel and family members which could better inform clinical commissioning and local needs assessments.

The series provided four separate and tailored studies, one for each of the four nations of the UK, with findings synthesised in the final report in 2017. All reports were conducted by the Community Innovations Enterprise, Limited (CIE Ltd) and aimed to assess how the mental and related health and social care needs of veterans and their family members were being identified and addressed. In particular, the research sought to highlight opportunities for how service responses could be improved to meet these needs.

The final *Call to Mind* report drew together examples of initiatives and programmes that reflected good practice. It aimed to provide shared learning, whilst recognising the distinct contexts of devolution and the differing health and social care systems in place across the four nations. This report highlighted both common and nation-specific issues, as well as gaps in the identification of needs and in how services were being commissioned and provided to meet them. Two common core challenges emerged: low identification rates of veterans and their family members in primary care, and a reluctance or lack of confidence among ex-Service personnel and family members to self-identify as veterans in health services.

Nation specific issues were also identified: these varied from challenging geographies and differing political landscapes, to sensitivities around interpretation of legislation and lasting historical complexities. For example, in Northern Ireland, veterans may face personal security concerns, which made it more challenging for them to openly seek help for mental health issues.

The report also found a lack of robust population based assessments of veterans' and family members' health and social care needs. Where such assessments did exist, they were then limited by poor data collection on veterans. In England, fewer than 40% of local health needs assessments made any reference to common terms for ex-military personnel, whilst the majority of those that did included only a one-word mention of the term 'veteran' as a vulnerable group.

To support improvements, the UK wide report identified four priority areas common to all nations where progress could be made: strategy, planning and assessment; care pathways and service responses; meeting specific mental and related health and social care needs; and the needs of veterans' families.

Kate Davies, then Director of Health & Justice, Armed Forces, Migrant Health and Sexual Assault Services Commissioning at NHS England, publicly cited the *Call to Mind* research in a call for action to improve health services provision for the Armed Forces community. The report played a significant role in shaping policy and practice, directly contributing to NHS England's commissioning of new dedicated mental health services for ex-Service personnel and their families: the Transition, Intervention and Liaison Service and Complex Treatment Service.

These now form part of Op COURAGE, launched in 2021, a specialist mental health service for ex-Service personnel. In its current form, Op COURAGE now incorporates three parts:

- NHS Veterans' Mental Health Transition, Intervention and Liaison Service
- NHS Veterans' Mental Health Complex Treatment Service
- NHS Veterans' Mental Health High Intensity Service

> The success and evolution of NHS England commissioned mental health services, such as Op COURAGE, remain based on not just patient experience and input, but also using quality and independent research, allowing our services to have the right balance and input of qualitative and quantitative reporting.
>
> I am delighted that our relationship with FiMT has been so productive across the last decade of understanding and developing mental health and wider areas of the armed forces community research and that our respective contributions so valuable. So many patients have already and will continue to benefit – the real reason why this is all so important.
>
> **Kate Davies CBE**, Director of Health & Justice, Armed Forces, Migrant Health and Sexual Assault Services Commissioning, NHS England

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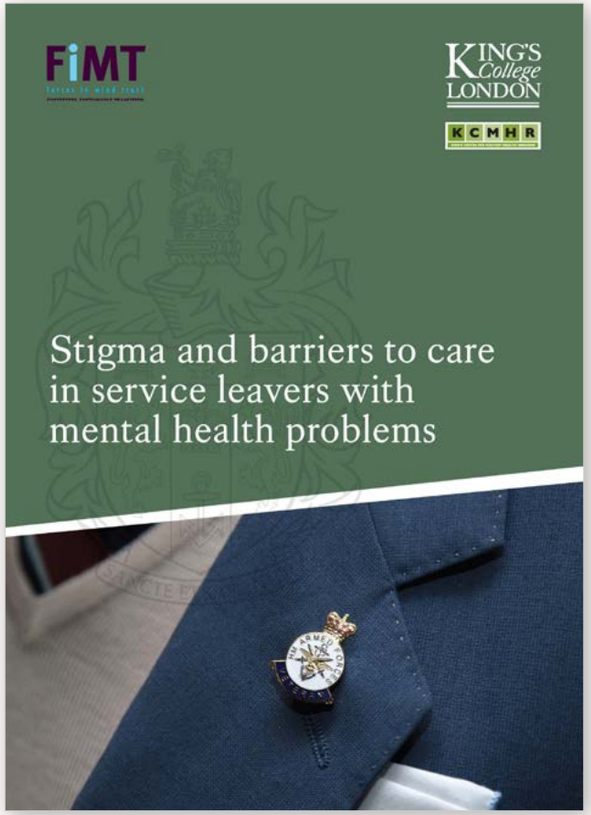
Exploring barriers to care in Service leavers

In 2017, Forces in Mind Trust published work by the King's Centre for Military Health Research investigating stigma and barriers to care in Service leavers with mental health problems.

This research provided a comprehensive overview of the barriers for ex-Service personnel seeking support for mental health problems. By identifying the barriers to help seeking – including recognising that stigma was not the primary barrier – it helped raise greater understanding of why some ex-Service personnel may not seek support. This included evidence that the key barriers included being unable to recognise and define a mental health issue; belief that they were not worthy of help; lack of trust that seeking help would actually make a difference; and for some who had sought support, perceptions of having been discharged from help too early creating reluctance to seek help in future.



This evidence and research helped charities and statutory services reshape their services including:

- Informing the re-design of Help for Heroes' beneficiary customer journey.
- Informing the Samaritans' military programme to identify when support might be beneficial and access to it.
- Informing Combat Stress' new service model.
- Aiding NHS Birmingham in the recruitment of an Armed Forces Healthcare Navigator for Primary Care.
- Informing the Royal Foundation on its strategy to improve mental health of the Armed Forces.

> Help for Heroes has worked with Forces in Mind Trust throughout the mental health programme's lifetime and the evidence FiMT funds has helped to inform our work.
>
> For example, King's College London's 2017 research on stigma and barriers to care found that mental health stigma is not a primary barrier to ex-Service personnel seeking help. Instead, a belief that they were not worthy of help and practical issues of access were identified as some of the key barriers. This knowledge has been useful in shaping the support that is provided to over 5,000 people each year.
>
> **James Needham**, Chief Executive, Help for Heroes

Funding innovation – first of a kind UK trials

Adopting an innovative approach has been a key tenet of the programme to ensure that we are able to provide the best range of evidence to improve support and outcomes. This has included funding projects that might otherwise struggle to get support, as they may not fully achieve their aims, or there may be difficulties in delivering the research.

However, even where a study does not progress as planned, this in itself generates valuable insight that can support the ongoing direction and work of the sector.

In particular, we have focused funding on potentially innovative treatments for mental health conditions, to help ensure that the Armed Forces community have access to a varied range of possible treatments that could help their needs.

Motion-Assisted Therapy

We awarded funding to Cardiff University to trial a then emerging treatment for former Service personnel with treatment resistant, service-related PTSD. Known as 3MDR (modular motion-assisted memory desensitisation and reconsolidation), this treatment originated in the Netherlands and had not previously been tested in the UK.

3MDR combines established therapeutic principles, such as virtual reality exposure therapy and eye movement desensitisation and reprocessing (EMDR), with a novel treatment setting. During sessions, participants walked on a treadmill whilst interacting with a series of self-selected military images displayed on a large screen. This immersive exposure was further enhanced by music, a working memory task (such as following a specific object with your eyes) and the use of self-selected images that would ordinarily trigger PTSD symptoms for the participants. By combining these elements, the treatment aimed to make the recollection of distressing memories less vivid, leading to a reduction in PTSD symptom severity.

The study provided evidence that allowed improvements to be made to the treatment to enhance its effect. This included better assessment and selection of candidates, enhanced preparation in advance of the treatment, and greater flexibility to tailoring the content of later sessions.

Overall, the study provided emerging evidence that 3MDR can be effective in treating treatment-resistant PTSD where traditional treatments have not succeeded. The findings have made a significant contribution to the global evidence base on supporting former Service personnel with PTSD. For example, Leiden University Medical Centre in the Netherlands is using the findings to collaborate with a private company to develop 3MDR equipment, further advancing the treatment's international potential.

Psychedelic-Assisted Therapy

As part of our commitment to help identify more effective PTSD treatments, FiMT contributed funding towards 'The Pioneer Programme' in 2022 – an innovative collaboration between Supporting Wounded Veterans, global research sponsors 'MAPS' (Multidisciplinary Association

of Psychedelic Studies), and the clinical research team at the Institute of Psychiatry, Psychology and Neuroscience, King's College London.

The aim of the research was to evaluate the safety, effectiveness, acceptability, feasibility and generalisability of MDMA-assisted therapy as a new treatment for severe to chronic PTSD in UK former Service personnel. A small UK cohort of 20 former Service personnel participants formed part of a joint effort across six countries (UK, Germany, Portugal, Norway, the Czech Republic and the Netherlands) to explore whether the findings from the US Food and Drug Administration regulated MAPS trials could be replicated in Europe. If successful, the findings could support future applications to licence the new treatment for use through the UK's Medicines and Healthcare products Regulatory Agency (and European equivalent).

The UK element of the trial found that the therapy could be administered safely to a small cohort of UK former Service personnel suffering treatment-resistant PTSD. The outcomes were consistent with those observed in larger scale studies, with no significant adverse effects reported by participants. The positive results from this initial trial suggest that the approach warrants further investigation and provides a strong foundation for the study progressing to a more rigorous and larger scale clinical trial of MDMA-assisted therapy for former Service personnel.

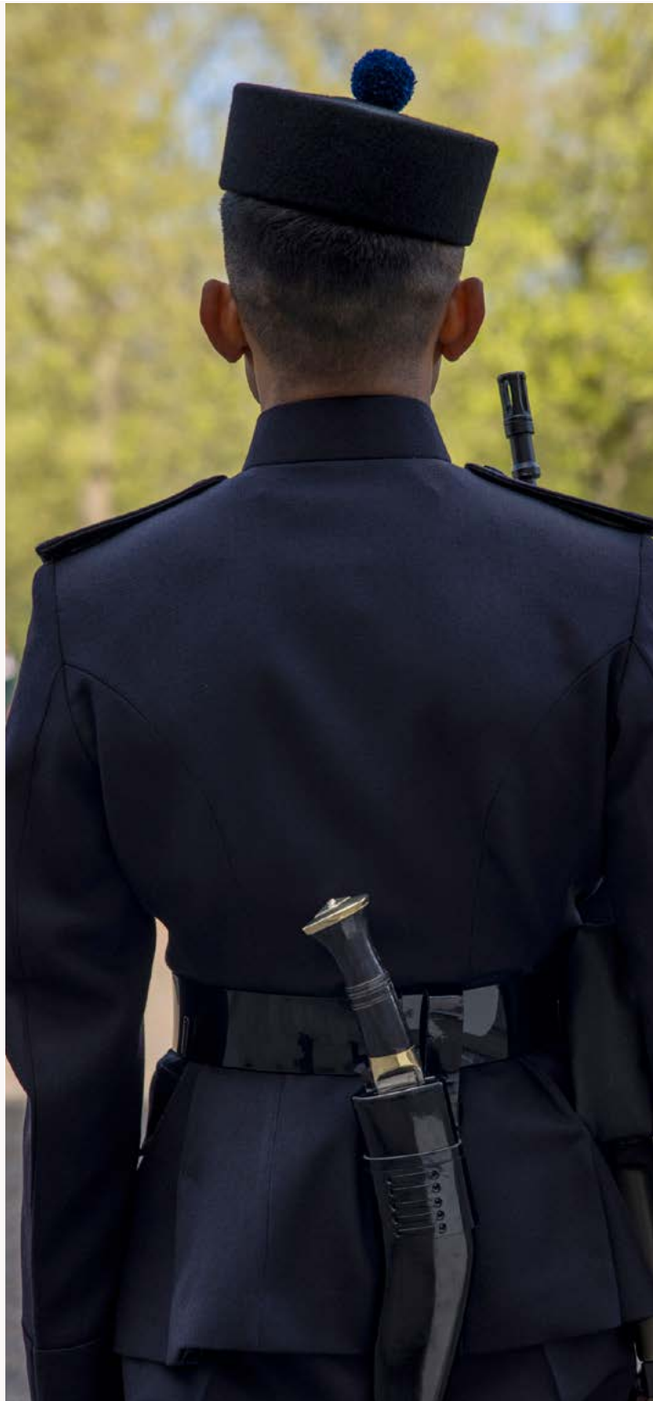
Flexible Modular Therapy

A further 'first of a kind' UK trial that FiMT funded addressed a newly recognised sister condition to PTSD – Complex PTSD (CPTSD).

CPTSD was recognised and added for the first time to the International Classification of Diseases (ICD) in 2018, a significant event as the ICD – maintained by the World Health Organisation – is a globally recognised system for classifying and coding diseases, injuries, and causes of death.

To better understand CPTSD and how it affects, and can be recognised in, former Service personnel, we funded a project led by Edinburgh Napier University in 2018. The research aimed to explore the differences between PTSD and CPTSD with regards to risk factors and comorbidity with other disorders; explore the support needs and experiences of former Service personnel with CPTSD; and ensure a valid and reliable measure of CPTSD existed for military personnel.

The study highlighted that CPTSD includes the six 'core' PTSD symptoms, plus an additional set of



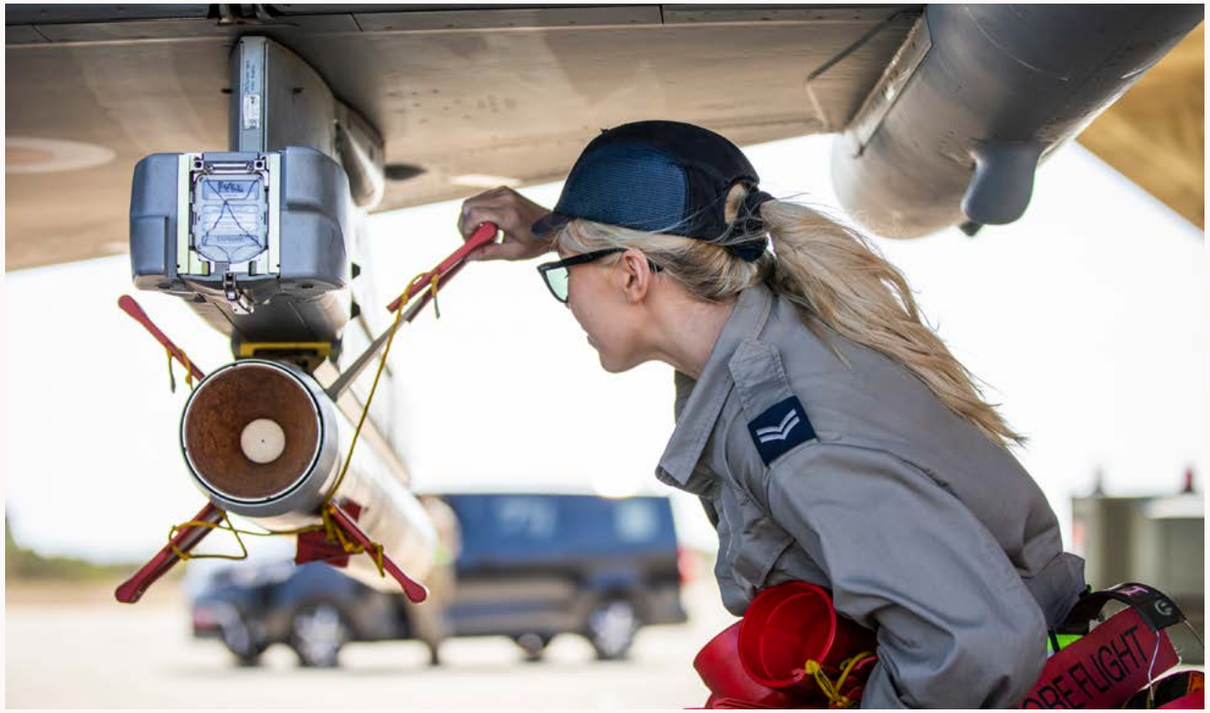
symptoms collectively known as 'disturbances in self-organisation'. These symptoms fall into three key areas: extreme emotional responses, evaluating oneself in extremely negative terms, and a tendency to avoid interpersonal relationships.

Importantly, the research highlighted that CPTSD may be more common than PTSD among former Service personnel. However, in the absence of a standardised treatment specifically for CPTSD, applying existing treatments for PTSD to this group appeared to be less effective. The Mental Health Research Programme provided an ideal platform to advance this issue by funding an early-stage trial of a new, flexible, multi-modular therapy designed specifically to treat CPTSD – the new therapy was called Enhanced Skills Training in Affective and Interpersonal Regulation (ESTAIR).

The trial results, published in 2024, demonstrated the treatment to be safe and effective for use. Whilst further trials will be needed to bring the treatment into mainstream use, it is promising that ESTAIR is due to be included in the forthcoming NHS Education for Scotland clinical guideline as an emerging treatment for CPTSD, and that it has attracted international requests to obtain access to the ESTAIR training manual.

This work was among the first in the UK to focus specifically on CPTSD amongst ex-Service personnel and helped lay the groundwork for improved recognition, diagnosis, and tailored support.

> At Mind, our mission is to ensure that everyone experiencing a mental health problem receives the support and respect they deserve. Truly delivering on that promise means recognising and responding to the distinct needs of different communities – including our Armed Forces community.
>
> Through my involvement with FiMT's mental health research programme, I've seen how it stepped in to address a huge gap in understanding and care. It has broadened our knowledge of trauma, moral injury, and the impact on families – insight that will continue to shape how we best support those who serve, and how we help them thrive long after they leave service. The legacy of this programme will live on in the way we design and deliver mental health support for years to come.
>
> **Dr Sarah Hughes**, Chief Executive, Mind



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Unrecognised psychological issues

The programme has shone a light on areas that may be less well understood or recognised to ensure the emerging or new needs of former Service personnel and families are supported. One key area that the programme has supported is on moral injury.

Understanding how moral injury affects the UK Armed Forces community

Moral injury refers to the psychological distress that arises when someone engages in, witnesses or fails to prevent actions that violate their deeply held moral beliefs and values – known as potentially morally injurious events, or PMIEs. Though not a mental illness in itself, moral injury can lead to significant emotional problems including feelings of guilt, shame, and loss of faith in oneself or others.

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Over the course of the Mental Health Research Programme, FiMT has worked with grant holders to develop our understanding of moral injury in relation to military related experiences, and how we may be able to treat it.

Across seven years and three projects, we have funded King's College London and Combat Stress to conduct the first comprehensive investigation into military-related moral injury exposure and its impact on UK personnel. This has included the development of a new measure – the Moral Injury Scale (MORIS) – to help clinicians assess the impact of moral injury on former UK Service personnel specifically; as well as the design of a treatment for moral injury-related mental health difficulties in the absence of a current validated moral injury treatment approach.

In 2018, FiMT awarded funding to King's Centre for Military Health Research, part of King's College London, to examine the experiences and impact of moral injury in former Armed Forces personnel.

The study was the first to investigate moral injury within a UK military-related context, exploring how it is experienced by those receiving treatment, and how it is understood and recognised by clinicians.

The results of the study had considerable implications for how former Armed Forces personnel and clinical care teams could be supported to ensure better psychological outcomes following exposure to PMIEs. For example, to help prevent moral injury, the MOD could consider providing additional pre-deployment preparation on the emotional consequences of ethically challenging decision-making, as well as reinforcing the rules of engagement. Post PMIE, tailored leader-led operational debriefs could also provide valuable support. As the study found participants often described difficulties securing and maintaining civilian employment – an important factor for financial stability and successful transition from the military – recommendations suggested integrating coping strategies into emerging moral injury treatments to help rebuild trust in authority figures.

From the clinicians' perspective, the study emphasised the importance of taking comprehensive trauma histories from patients to determine the true impact of traumatic events on psychological wellbeing and to detect the presence (or not) of moral injury. It also highlighted the need for better support for clinicians given that assessing

and treating moral injury could be distressing for clinicians themselves. Finally, the research found that former Armed Forces personnel who reported exposure to a morally injurious, 'mixed' or non-morally injurious traumatic event were significantly more likely to meet case criteria for probable PTSD, depression, anxiety and suicidal ideation than those who reported no challenging event during military service. Importantly, there was no clear consensus amongst clinicians about the most effective treatment for moral injury-related symptoms, emphasising an urgent need for the development of targeted interventions.

To support this important area of work, FiMT funded the development of the first formal UK-specific assessment measure to assess the impact of moral injury. The Moral Injury Scale (MORIS) was therefore developed as part of the initial study and provided clinicians with the first UK-specific standardised moral injury measure. MORIS represents a significant step forward, enabling consistent and comparable assessment across clinical practice and further research, and its introduction has made it possible for future studies to adopt a single uniform scale, improving the quality and coherence of the evidence base. The scale was formally validated in 2023, further strengthening its credibility and support for former Service personnel experiencing moral injury.

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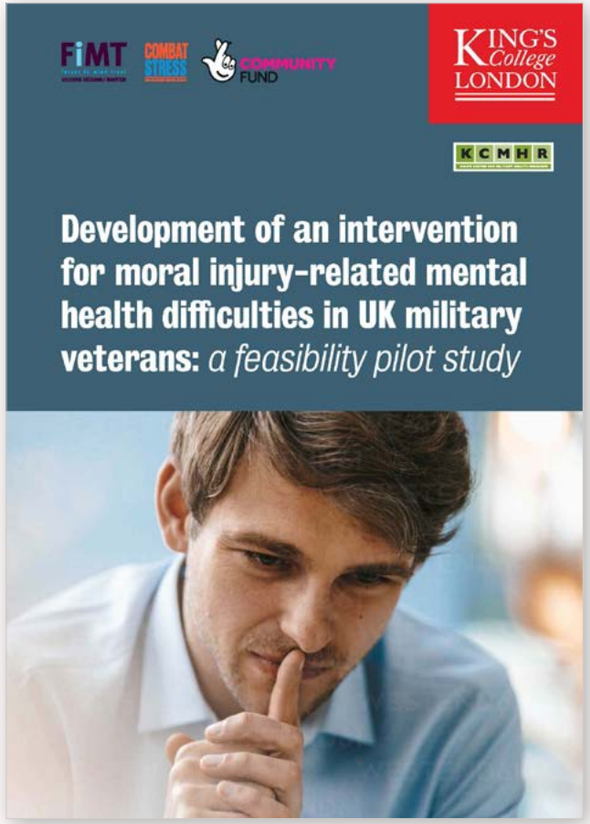
Developing a treatment – Restore and Rebuild

In 2020, further funding from the Mental Health Research Programme was awarded to the same research team to design, develop and test the first specific treatment for moral injury in UK former service personnel. This project involved a small-scale pilot of a new treatment, which came to be known as the 'Restore and Rebuild' treatment.

The results of Restore and Rebuild indicated that it was successful, not only in reducing measured moral injury symptoms, but also those of PTSD and depression. The study suggested that the treatment was safe for use in a clinical setting, paving the way for a larger more robust study – a randomised controlled trial (RCT) of Restore and Rebuild – an essential stage before being able to roll out a new treatment. This next stage of the project will test the acceptability and effectiveness of this first specific treatment for moral injury in the UK and is due to complete in 2027.

The findings from the first two studies have widely influenced moral injury research both in the UK and internationally. The work has been published in a number of high impact journals, including the *European Journal of Psychotraumatology* and *The Journal of Clinical Psychology*, contributing to the global evidence base. Importantly, the findings extend beyond the Armed Forces community with its insights highly relevant to other high-risk populations, including front-line healthcare providers, emergency first responders, social workers and prison staff. For example, moral injury could occur when healthcare workers with limited resources or time are forced to make difficult decisions on who should and should not receive those resources, such as during the COVID pandemic. This work represents a significant contribution to an evolving and increasingly recognised area of psychological need.

Alongside the work to better understand and treat moral injury, we recognised the importance of maximising the project's impact. Through additional funding from MHRP, work was undertaken to help spread the knowledge to a wider audience. This included developing two animated videos: one explaining moral injury and its impact on serving and ex-serving personnel, and another aimed at their families to help them understand how to recognise moral-injury related symptoms in their loved ones and how they might best support them. In addition, the research team also conducted moral injury training both within and beyond the Armed Forces community; for example, with the Gloucestershire Police Constabulary, who incorporated the videos into their training in 2025.



Overall, this programme of work has:

- Developed the first UK-specific scale to measure moral injury (MORIS)
- Demonstrated the feasibility and acceptability of the first UK specific treatment for moral injury, followed by a randomised controlled trial as part of the pathway toward rolling out a new treatment
- Generated robust UK research to add to the growing international evidence base on moral injury – advancing better understanding, recognition, assessment and treatment of the symptoms
- Provided resources to enable better understanding of moral injury and how it might affect a serving or ex-serving person, including their families, as well as others who may come into contact with serving and ex-serving personnel, such as police forces and healthcare staff

> The Forces in Mind Trust's mental health research programme has made possible work that is deepening and building up our understanding of veterans' and families' mental health needs. Through this unique programme, we now have vital research that has shone a light on what affects the mental health of veterans and their families at different life stages. It has enabled research that will expand treatment and support options for veterans and families, showing how scarce resources can be spent to best effect.
>
> The programme has been a model for a focused and concerted effort to address the mental health needs of a group of people that are too often stereotyped or misunderstood. And by coordinating efforts and sharing learning strategically, the programme has meant individual pieces of work add up to much more together, and make a bigger impact in their totality.
>
> **Andy Bell**, Chief Executive, Centre for Mental Health

Understanding under researched Armed Forces community groups

The Mental Health Research Programme has played a central role in ensuring a better understanding of areas where the existing evidence base is limited, intentionally reaching into under researched areas to explore new or overlooked elements of mental health and wellbeing within the Armed Forces community.

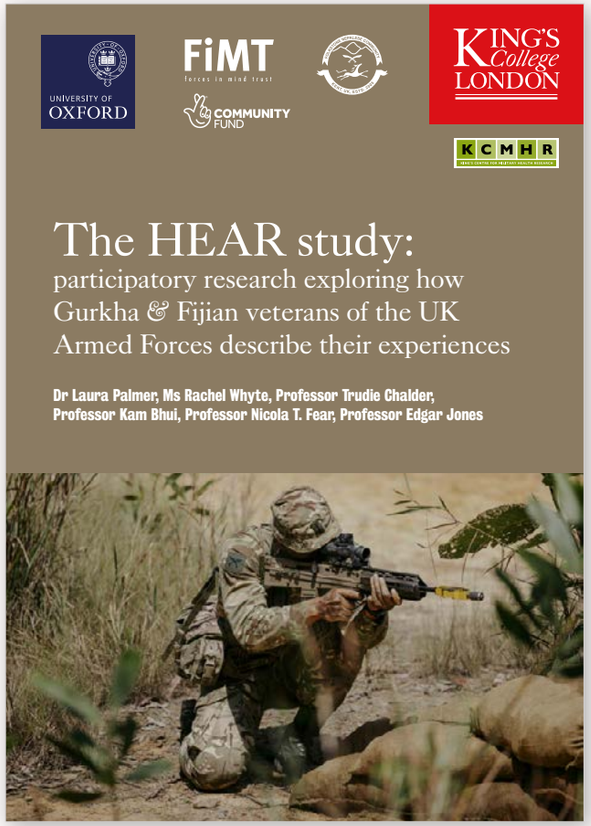
Through this work, the programme has sought not only to generate high quality evidence across a range of topic areas but to inform policies and shape service provision that considers under-researched groups within the Armed Forces community.

These include those medically discharged from service (who often have little time to plan for their transition to civilian life), or health impact by gender, age, ethnicity or other factors. The programme has championed this inclusive approach to help expand our understanding of the full diversity of experience within the Armed Forces community.

The military has a longstanding policy of recruiting from overseas, drawing from Commonwealth countries and Nepal. From the early 2000s onwards, as the Ministry of Defence sought to increase diversity in the Armed Forces, efforts were also made to increase recruitment from British ethnic minorities communities.

While broader existing research has highlighted that ethnic inequalities impact the experience and health outcomes in the general population, there remains a lack of research that explores the links between ethnicity and health outcomes in the Armed Forces population specifically. As part of the wider work into understanding the unique and complex challenges of non-UK Armed Forces personnel, former Service personnel, and their families, we wanted to understand more about the potential links between ethnicity and health outcomes within the Armed Forces. FiMT therefore funded King's College London and Oxford University through the programme to conduct a study focusing on two distinctive sub-groups within the non-UK community – Gurkha and Fijian communities – to understand any potential differences in their mental health and wellbeing compared with their white British counterparts.

The study found that Gurkha and Fijian Service personnel did have different health and wellbeing needs to the general population. Gurkha Service personnel overall had as good or better health when compared to a White British sample. Meanwhile, Fijian Service personnel had more mixed health outcomes, struggling more in some areas, whilst being healthier in others when compared to the White British group. This report has therefore enabled a clearer understanding of potentially unique challenges faced by some cohorts within the non-UK community, aiding a broader understanding of the needs of these communities to ensure that they are recognised and supported.



Looking Forward

The impact of trauma on ageing

Research indicates that survivors of a major injury, such as a bomb blast, burn or brain injury, are at a risk of dying nine years sooner than someone who has not experienced such trauma. Trauma survivors can also develop diseases that would normally be associated with older age, including heart disease and dementia. One potential explanation for this is that trauma may accelerate the biological ageing process, leading to early onset of age-related diseases and shortened lifespan. Thanks to developments over the last decade, it is now possible to measure a person's biological age using a blood test known as an epigenetic clock, and compare this against their chronological age (i.e. the number of years lived since birth). What remains unclear is whether physical and/or psychological trauma increase biological age.

For former Service personnel, this question is particularly important. Not only does research show that former Service personnel have a higher overall prevalence rate of PTSD than the general population, but due to the nature of military service, former Service personnel may sustain service-related injuries not experienced in general by civilians. Therefore, former Service personnel may be at greater risk of accelerated ageing, making it critical to understand how trauma – both physical and psychological – may affect their future health and longevity. Importantly, existing studies on this topic have not yet explored whether there are factors that may be able to mitigate the effect of trauma on accelerated biological ageing, making it difficult to advise trauma survivors on how to optimise their recovery.

To help address this issue, we awarded funding in 2024 to the University of Birmingham to investigate the potential effects of trauma on biological ageing in UK former Service personnel. The study focuses on individuals who served in the Afghanistan War (2002-2014) and who form part of the Armed Services Trauma and Rehabilitation Outcome (ADVANCE) study – a long-term study investigating the physical and psycho-social outcomes of severely injured battlefield casualties compared to former Service personnel who deployed but were not injured.

This new project aims to determine whether ageing has been accelerated by physical or psychological trauma, and looks to identify whether lifestyle factors, such as being physically active, can help slow, stop or even reverse age acceleration. Whilst it is already known that in healthy adults, factors such as physical activity and diet can influence biological age positively, it is unclear whether these factors could influence accelerated ageing following conflict acquired injuries. Should this study be able to determine what helps keep biological age low, this will support healthcare providers to direct resources to interventions that most likely support long term health and wellbeing. The project is due to report its findings in 2026.

Professor Janet Lord speaks at the Centre for Evidence for the Armed Forces community funded by FiMT's Conference.

What next for mental health research

Although the Mental Health Research Programme concluded in August 2025, we continue to recognise the importance of the health needs of the Armed Forces community.

In 2025, we funded Combat Stress, together with RAND Europe, to develop a 20-year future view of mental health support needs for the Armed Forces community.

This project will engage with a wide range of mental health and military stakeholders to consider how evolving societal, technological and operational trends, as well as emerging uncertainties, may shape the mental health needs of the Armed Forces community over the next two decades. The aim is to help build resilience in future service provision by supporting service providers to consider how they might best prepare.

> In the 106 years since our founding, specialist mental health treatment and support for the Armed Forces community have evolved significantly. Therefore, evidence from FiMT's Mental Health Research Programme has been key to help shape the mental health landscape for our community.
>
> But as the demands and nature of the Armed Forces continue to change, so too must our approach, ensuring we remain responsive and relevant to the needs of those who serve. Therefore, we look forward to working with FiMT on our current project to assess the future mental health needs of the Armed Forces community.
>
> **Chloe Mackay**, Chief Executive, Combat Stress

Corporal Rebecca Brown MOD Crown © 2024

A final word

Over the past decade, the Mental Health Research Programme has played a vital role in shaping the evidence base that underpins mental health support for the UK Armed Forces community. By funding innovative, high quality, and often ground breaking research, the programme has expanded our understanding of the complex challenges faced by the Armed Forces community and importantly, how to address them. While the formal programme comes to a close in 2025, its legacy will endure. The knowledge it has generated, the partnerships it has forged, and the influence it has had on policy, practice and public awareness have laid a strong foundation for the future.

With an increasingly unstable world, and an Armed Forces focus on readiness and future technology challenges, supporting the mental health needs of serving personnel, ex-Service personnel and families will continue to be key. We hope the work from this programme can continue to play its part in supporting this community and to help ensure that all those within it can transition successfully to civilian life.

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