Medical discharge from the UK Armed Forces and the role of combat injury: a short report from the ADVANCE-INVEST study

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Foreword

While it may seem self-evident, it is essential for researchers and policymakers alike to continually emphasise the significance of how individuals exit the Armed Forces. This report, drawing on unique mixed-methods data from the ADVANCE and ADVANCE-INVEST studies, reinforces this point by focusing specifically on the experiences of those who have been medically discharged.

My own research with the Armed Forces community has focused on the considerable challenges faced by those who are navigating the often-complex landscape of welfare and financial support services, including those who have experienced medical discharge. Despite its importance, there remains a paucity of in-depth research into medical discharge, making this report a timely and necessary contribution.

The findings underscore the need for a holistic approach to understanding medical discharge—one that accounts for the various processes, services, and institutional interactions that shape individual experiences. Where systems and support mechanisms function effectively, we see markedly better outcomes for those who are medically discharged. However, as this report demonstrates, significant gaps and inconsistencies in support remain.

Of particular concern is the ongoing issue of inadequate transfer of medical records—an area in urgent need of reform to ensure continuity and quality of healthcare. Additionally, the report highlights the importance of access to fulfilling and appropriate post-service employment, as well as the difficulties that can be faced when navigating financial compensation processes. Financial security is a cornerstone of stability as individuals adjust to their newly altered lives and identities.

To reiterate: how individuals leave the Armed Forces matters deeply. Medical discharge can represent an abrupt and unexpected end to otherwise successful and fulfilling military careers, often leaving individuals without the preparation or resources they need. The support provided during medical discharge is crucial, not only for immediate wellbeing but also to ensure that the final chapter of service does not overshadow what were otherwise meaningful and rewarding careers. This report offers valuable and practical recommendations for policymakers and practitioners—recommendations that have the potential to significantly improve experiences of medical discharge and the lives of those affected by it.

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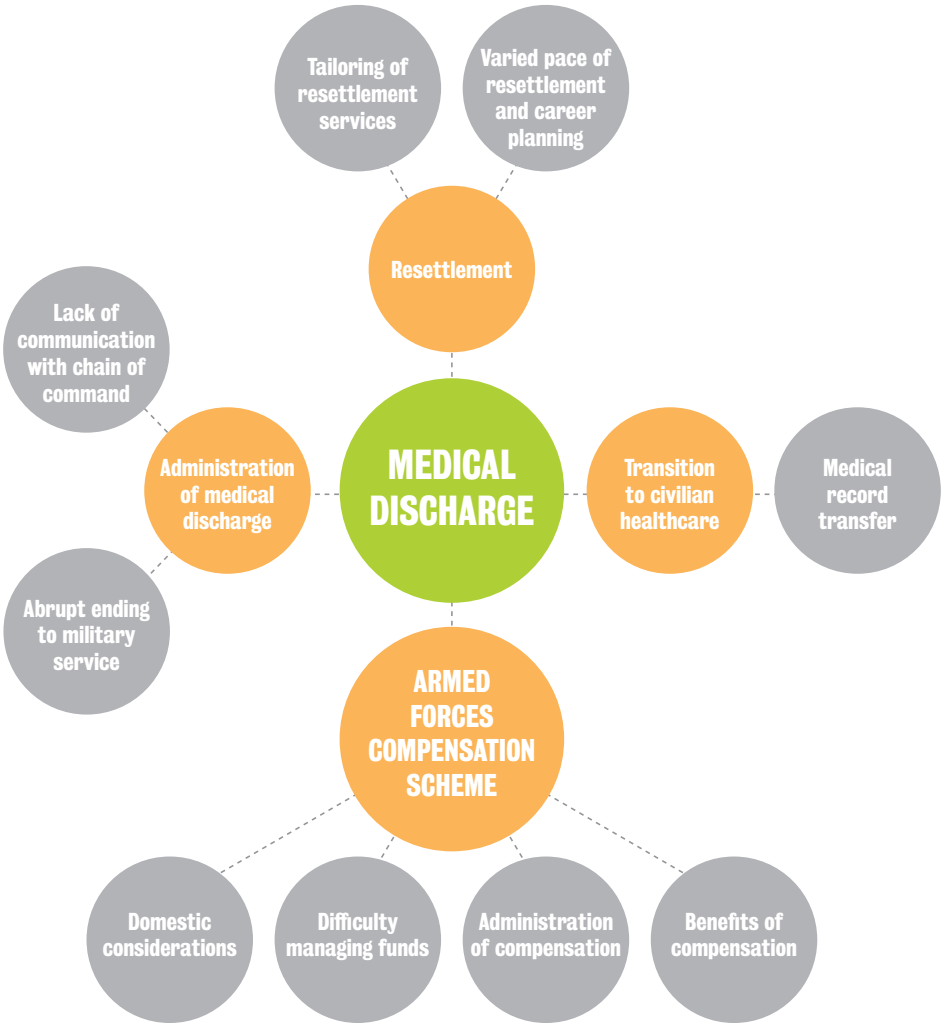
Executive Summary

The recent conflict in Afghanistan resulted in hundreds of serious injuries to UK Armed Forces personnel, necessitating their aeromedical evacuation. Due to the nature of their injuries, many individuals have been medically discharged from the Armed Forces. Using both quantitative and qualitative data from the ADVANCE and ADVANCE-INVEST studies, this report investigates the outcomes and experiences of those who were medically discharged, with a focus on those with combat injuries.

The ADVANCE-INVEST study, a sub-study of ADVANCE, is a mixed-methods investigation of transition experiences and outcomes for those with combat injuries arising from the conflict in Afghanistan, funded by Forces in Mind Trust. The study used questionnaire data from over 500 ex-Service personnel who had sustained combat injuries, as well as 28 in-depth interviews regarding their perceptions and experiences of transition in the context of their injuries. Our overall findings are summarised in Figure 1.

Figure 1 Summary of domains investigated regarding medical discharge



Most participants who sustained a combat injury left the military via a medical discharge. Some of those who were medically discharged experienced an abrupt ending to their career and life in the military, contrary to their ambitions and expectations of a long career in Service. This was also true of those who believed the military would retain them in spite of the seriousness of their injuries and did not anticipate a medical discharge. The difficulties that some participants felt in relation to the rapid ending of their military career was exacerbated by a perceived lack of collaboration with the military regarding their leaving, something they felt they had little, or no, control over. The abrupt ending to their service was felt to be compounded by a lack of communication from their former military chain of command after they had left.

UK Armed Forces personnel who were medically discharged were eligible for the highest level of support provided by resettlement services for their transition. Nonetheless they had lower rates of post-Service employment compared to those who left via other methods of discharge. This could have been due to the nature of their injuries; however, participants also reported a lack of tailored careers advice specific to the challenges they faced related to their injury. The pace at which participants engaged with future career planning was varied, and existing structures did not always have the flexibility to match the needs of the injured person.

Transfer of medical records was still reported as being inconsistent, with some complaints of civilian medical practitioners being unable to access their full medical details, forcing injured personnel to re-tell their medical histories many times.

Compensation for injuries was welcomed and could be seen to have benefits beyond merely the immediate material benefit to the injured person; for example, it provided acknowledgement of their injury, a buffer while seeking re-employment in the civilian job market and supported a healthy work-life balance in the context of ongoing pain and medical issues. Conversely, problems could occur when payment amounts and transfer dates were unknown, when a lack of tailored financial advice was provided, and/or when poor financial decisions were made. Some participants were engaged in lengthy tribunal processes to claim compensation, particularly those who were injured but did not sustain limb loss; these processes were emotionally demanding for them.

Based upon our findings, a summary of our recommendations and the audiences they are aimed at is given in Table 1 and a summary of our implications and recommendations is given in Appendix 1.

Table 1 – Summary of key recommendations regarding medical discharge

	Recommendation	Primary audience
1	Where possible, ensure that medical discharges are administered in closer partnership with the injured Service leaver and their medical support team. Efforts should be made to increase Service leavers' sense of control and agency at the end of their contract with the military	Chain of command
2	Find ways to acknowledge serving personnel's period of work and end of service, considering the value of ceremony and ritual and how it could help medically discharged personnel process feelings of loss at the end of their career	Chain of command
3	Ensure mental readiness of Service leavers for discharge, e.g. using psychosocial readiness tools such as MT-Ready[1]	Chain of command
4	Provide injured personnel facing medical discharge greater clarity regarding expected amount and timing of compensation payments so that they can plan for their future	Armed Forces Compensation Scheme
5	Offer robust and relevant financial advice (including how to recognise, report and manage financial abuse) to those in receipt of large lump sum compensation payments	Armed Forces Compensation Scheme, resettlement providers (inc. CTP[2]), third sector support providers
6	Provide additional emotional and administrative support for veterans who engage in tribunals to contend their awarded compensation	Third sector support providers
7	Undertake data linkage to investigate relationships between compensation and benefits, employment, and mental health; e.g. whether Armed Forces Compensation Scheme (AFCS) compensation is being used as a substitute for other benefits, and whether benefits and compensation taken result in better employment, health and wellbeing outcomes	Armed Forces Compensation Scheme, Department for Work and Pensions
8	Support the pace of an individual's reinvention for their professional future at whatever stage they require it during their transition, so that they can plan ahead for their next career alongside their physical rehabilitation	Career support services at the point of rehabilitation (inc. CTP and Defence Medical Rehabilitation Centre (DMRC))
9	Provide tailored advice and opportunities to support injured personnel, taking into account the person's physical limitations, educational level and personal interests	Resettlement providers (inc. CTP)
10	Continue to advocate for the swift and consistent transfer of medical records from military to civilian healthcare systems	Military and civilian medical providers

[1] *A self-report scale to identify psychosocial factors predictive of post-separation psychological adjustment and mental health*

[2] *The Career Transition Partnership, the public/private entity delivering resettlement provision for Service leavers*

Report

Introduction

During the Afghanistan conflict, 454 UK Armed Forces (UKAF) personnel lost their lives, over 7,000 medical air evacuations of UKAF personnel and civilians occurred, and over 600 UKAF personnel sustained (very) serious combat related injuries (Dempsey, 2021). Due to advances in medical and defence technology, more people survived these combat injuries than at any other time in history (McGuire, Hepper, & Harrison, 2019). Those personnel whose injuries resulted in ongoing health difficulties and those who sustained limb loss requiring prosthetics (a particular concern given the high level of blast injuries in this conflict) are typically medically discharged from the Armed Forces (Ministry of Defence, 2018). There is a lack of research on the long-term impacts on health and wellbeing for those who survived such combat injuries, particularly those resulting in limb loss, and specifically regarding their transition from military to civilian life (Burdett, Verey, & Fear, 2022).

Medical discharges occur when, following one or more medical or fitness issues resulting in medical downgrading, a member of the UKAF is unable to perform their existing duties and an alternative posting is not available (Ministry of Defence, 2018). A formal Medical Board follows initial medical downgrade. Each of the three Services have their own Medical Boards and rules relating to discharge, but all are built on common standards (the Joint Medical Employment Standard) (Ministry of Defence, 2018). The process of medical discharge is initiated by the individual's parent unit and the Defence Medical Services. Decisions are made by the Medical Board after reviewing documentation from the chain of command of the Service person, the medical chain, other relevant personnel, and a written statement from the individual. Following this review and a discussion with the person potentially being discharged, a recommendation is made to either return them to Service or to medically discharge them (alongside a recommended discharge date, pending amendment by the medical chain e.g. to allow completion of treatment). If the recommendation is for medical discharge, the individual should be directed to resettlement activity and support.

Those who leave the UKAF are supported back into civilian life via the "resettlement" process (Ministry of Defence, 2024), which is delivered in partnership (the Career Transition Partnership (CTP)) between the UK Ministry of Defence and a private sector partner (Reed in Partnership as of October 2024). Resettlement support includes both educational packages (in particular to support re-employment in the civilian sector), as well as financial provision for vocational training. Provision is dependent on length of service: those who serve fewer than four years are entitled to the Career Transition Pathway Future Horizons programme; those who serve four to six years, the

Employment Support Programme; and those who serve more than six years or who are medically discharged receive the Core Resettlement Programme. Additionally, the "CTP Assist" programme provides specialist support to those who are wounded, injured and sick, irrespective of time served (Ministry of Defence, 2024). Thus, those who receive a medical discharge are entitled to the highest level of transition support available from the CTP. Nonetheless, there are concerns that variation in the delivery of these support services for those with medical discharges, particularly with regard to timing and mental health support, can negatively affect their transition (Hynes, Scullion, Lawler, Steel, & Boland, 2021). In their Election Manifesto 2024, Help for Heroes recommended an independent review of the medical discharge process based on their finding that 70% of medically discharged veterans they supported had a 'negative' or 'very negative' transition experience following medical discharge (Help for Heroes, 2024).

The ArmeD serVices trAuma rehabilitatioN outcomE (ADVANCE) cohort study is a prospective cohort study examining the long-term health impact of sustaining a serious physical combat injury during deployment to Afghanistan (2002-2014; Operation HERRICK) (Bennett et al., 2020). The study is a collaboration between King's College London, Imperial College and the UK Ministry of Defence. The aims of the study are to identify adverse medical and psychosocial outcomes among combat casualties, use the evidence generated to influence future care and prevent adverse outcomes, and to support the cohort through long-term transition. The participants include personnel injured with limb loss, injured without limb loss, and a matched sample who had not sustained a combat injury.

The ADVANCE-INVEST (ArmeD serVices trAuma rehabilitatioN outcomE – Injured Veterans' ExperienceS of Transition) sub-study was formed to investigate the transition from military to civilian life among participants in the ADVANCE study with a focus on employment, and physical and mental health and wellbeing. The project comprises a statistical data analysis to examine transition outcomes and their potential risk and protective factors, and a qualitative data analysis to understand how the experience of transition is affected by combat injury. It synthesises these data collected by the ADVANCE study, in combination with a systematic review (Burdett et al., 2022), to make holistic recommendations on how injured and non-injured veterans and their family members manage these experiences and what support might be useful to them.

This short report aims to provide a holistic view of the medical discharge and transition for combat casualties who leave the UKAF using data from the ADVANCE-INVEST study.

Methods

The ADVANCE cohort was established to investigate the long-term physical and psychosocial outcomes of UKAF who had sustained serious physical injury in combat. The cohort comprises an injured cohort, who sustained their injury in Afghanistan, and a comparison group, frequency matched on age, Service branch, rank, deployment phase and role[3] (Bennett et al., 2020). All participants are male, due to the small number of UKAF women sustaining combat injuries (women were only allowed to take on front-line combat roles from 2014, at which point most combat action had ended for the UKAF in Afghanistan). Ethical approvals for the ADVANCE study are currently granted from the Ministry of Defence Research Ethics Committee (MODREC; protocol No:357/PPE/12). The cohort consists of 579 participants who sustained an injury whilst on deployment to Afghanistan and a comparison group of 566 participants who deployed to Afghanistan but did not sustain serious physical injuries (Dyball et al., 2022). Baseline data collection for the ADVANCE study began in 2015 and ended in 2020; baseline data are the data used in this report.

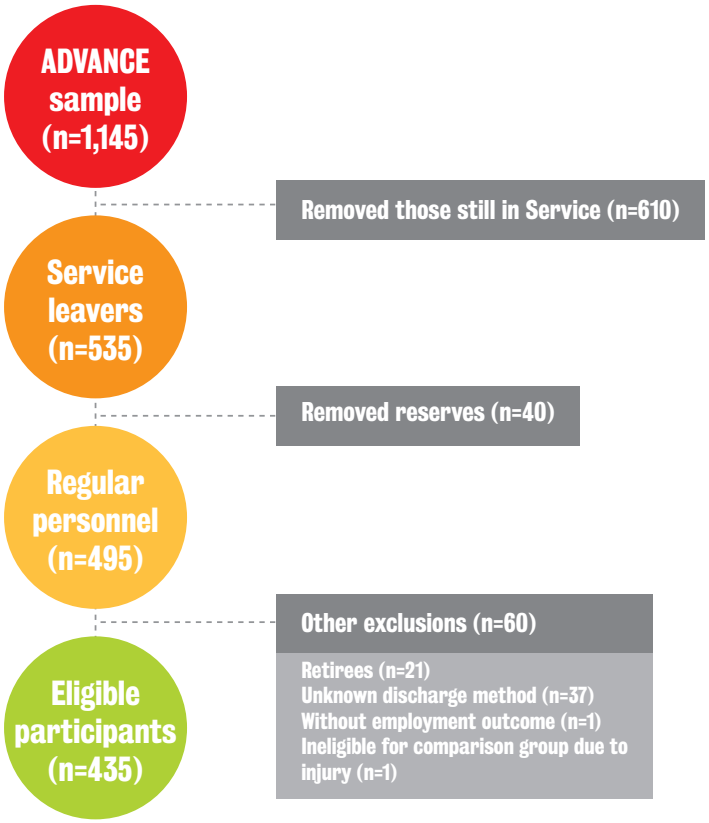
One key outcome of interest from a transition perspective was whether participants were in paid employment in the civilian sector. Employment status was self-reported in a baseline questionnaire undertaken by participants, who were asked the stem question "Are you currently:", with a range of possible responses. Those who were in paid work (whether as an employee or self-employed) were

[3]Participants were not matched on an individual basis, but as an overall group. Being alike in the frequency distributions of key variables provides evidence that the groups are comparable.

categorised as "employed"; and all other responses (seeking work, unable to work due to ill health, in full-time education, etc.) were categorised as "not economically engaged". Type of discharge was also self-reported (for those with medical discharges, the specific reason for discharge was not recorded and hence is unavailable for this analysis).

The ADVANCE-INVEST study commenced in 2022. The ADVANCE-INVEST cohort comprises 535 ADVANCE participants who had left the UKAF at the point of baseline data collection. One hundred and nine of the ADVANCE-INVEST sample were from the comparison group, while 426 were from the combat injury group. The quantitative sample in this report includes only those in the ADVANCE-INVEST sample who were regulars prior to leaving Service. The quantitative sample excludes those who had retired from paid employment as the key outcome was re-employment in the civilian labour market and retirees have left the labour market. Reserves were also excluded as they have been in the labour market through service, rather than transitioning from military Service to civilian employment. The final quantitative sample used here comprised 435 individuals (Figure 2).

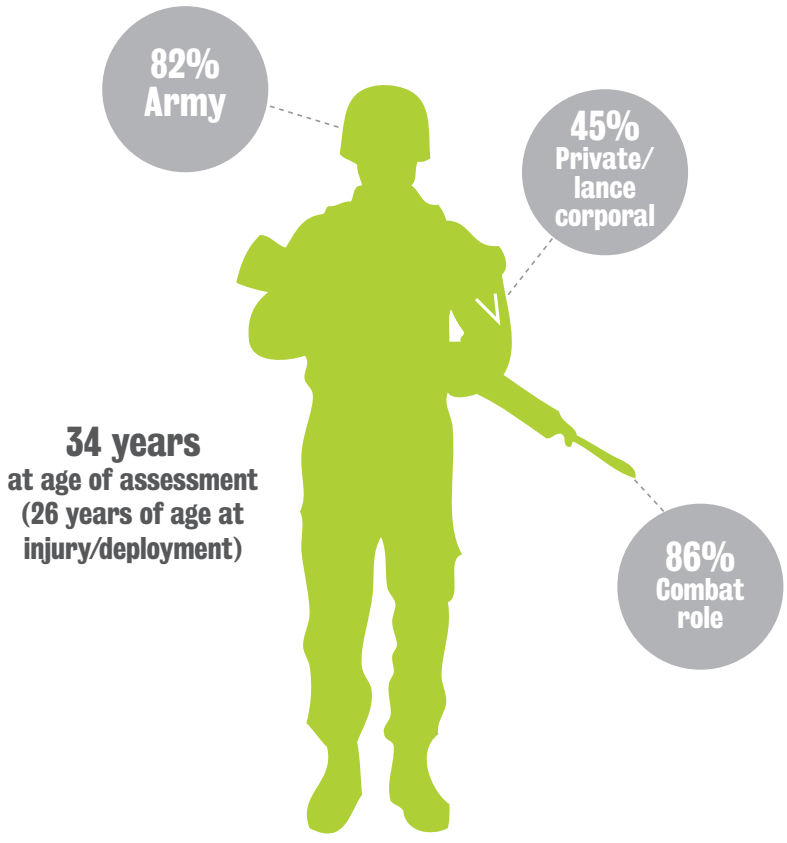
Figure 2 – Deriving the sample used in this report



Within the ADVANCE-INVEST sample used here, most participants were from the Army, held a lower rank when in Service (Private and Lance Corporal and equivalents), had a combat role, and had sustained a blast injury. The mean age at time of baseline data collection was 34 years (on average eight years post-injury for the injured group) (Figure 3). There were no significant differences with regard to rank, Service branch, role, or age between the comparison group, those injured with limb loss, and those injured without limb loss; the only exception was that those injured with limb loss were slightly younger (an average of 2.2 years younger than the comparison group).

To provide a holistic understanding of the transition experiences of this sample, a subset of ADVANCE-INVEST participants was randomly selected from the injured group and the comparison group for in-depth, semi-structured qualitative interviews. Online interviews were conducted with 28 ADVANCE-INVEST participants: twelve ADVANCE-INVEST participants who were in the injured group and sustained limb loss; twelve ADVANCE-INVEST participants who were in the injured group but did not sustain limb loss; and four ADVANCE-INVEST participants from the comparison group who were medically discharged (Figure 4). Interview data were analysed using

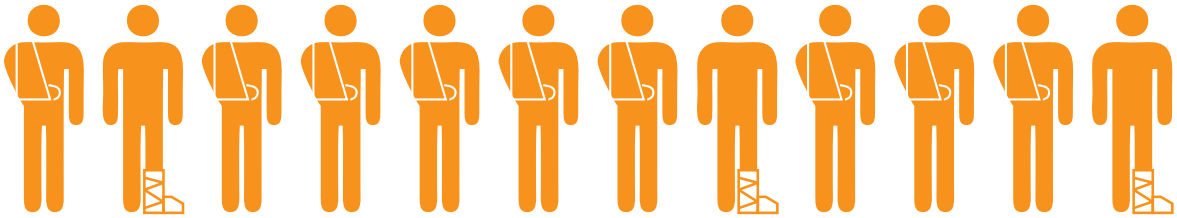
Figure 3 – Demographics of the ADVANCE-INVEST sample (n=435)



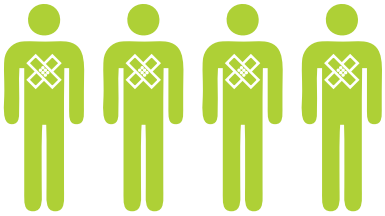
Thematic Analysis (Braun & Clarke, 2006, 2021), a standard method for qualitative analysis. Thematic Analysis was used due to its accessibility and systematic procedures for generating codes and themes from qualitative data. Ethical approval was granted on 14.12.2022 by King's College London, Research Ethics Office – Reference Number: RESCM-22/23-28495.

Figure 4 – Qualitative interview participant samples

12 participants injured with limb loss



12 participants injured without limb loss[4]



4 participants medically discharged from comparison group

[4]Not all of those injured without limb loss received medical discharges; however, this report only includes qualitative data from those who had a medical discharge.

Results

Our findings fell into four domains:

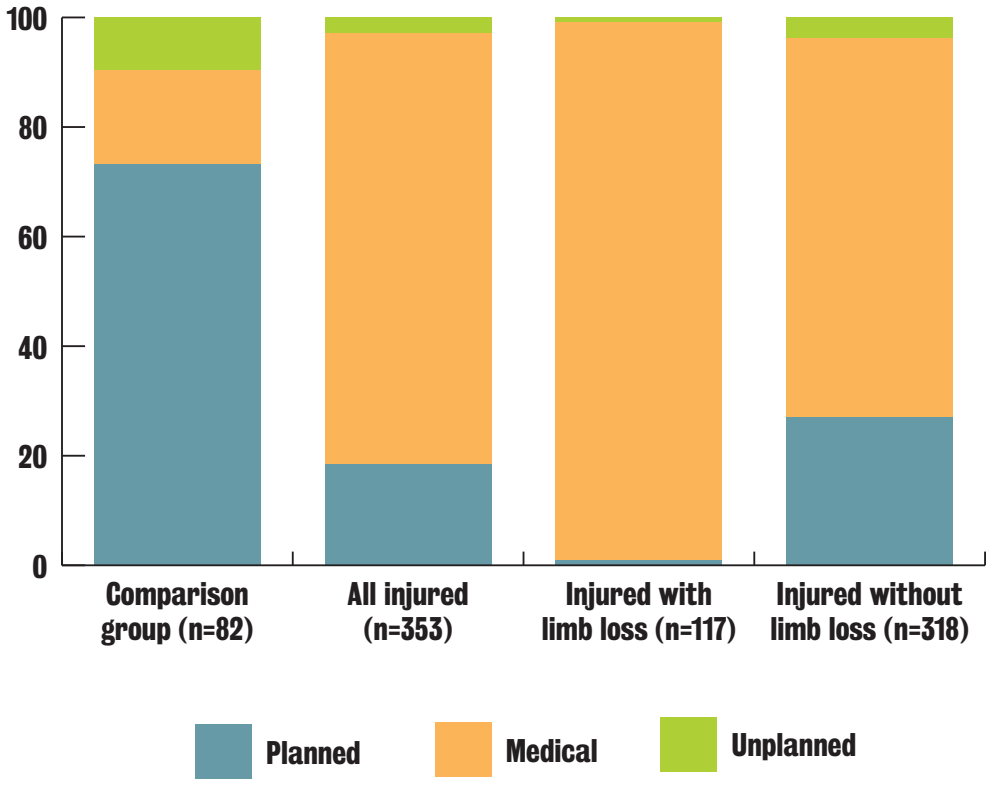
1) administration of medical discharge;
2) issues regarding the Armed Forces Compensation Scheme;
3) the resettlement package and career advice; and
4) transition to civilian healthcare post-discharge.

These domains are presented in detail in this report.

Administration of medical discharge

Among Service leavers in the overall ADVANCE-INVEST sample, 62% had received a medical discharge. In the injured group, this percentage was 79%, compared with 17% in the comparison group (Figure 5).

Figure 5 – Military discharge type by injury group (n=435)



[5] *A broad term for a Service member being dismissed for reasons that do not fall under a specific, established category of discharge (e.g. misconduct or medical unsuitability); such discharges are not necessarily unfavourable.*

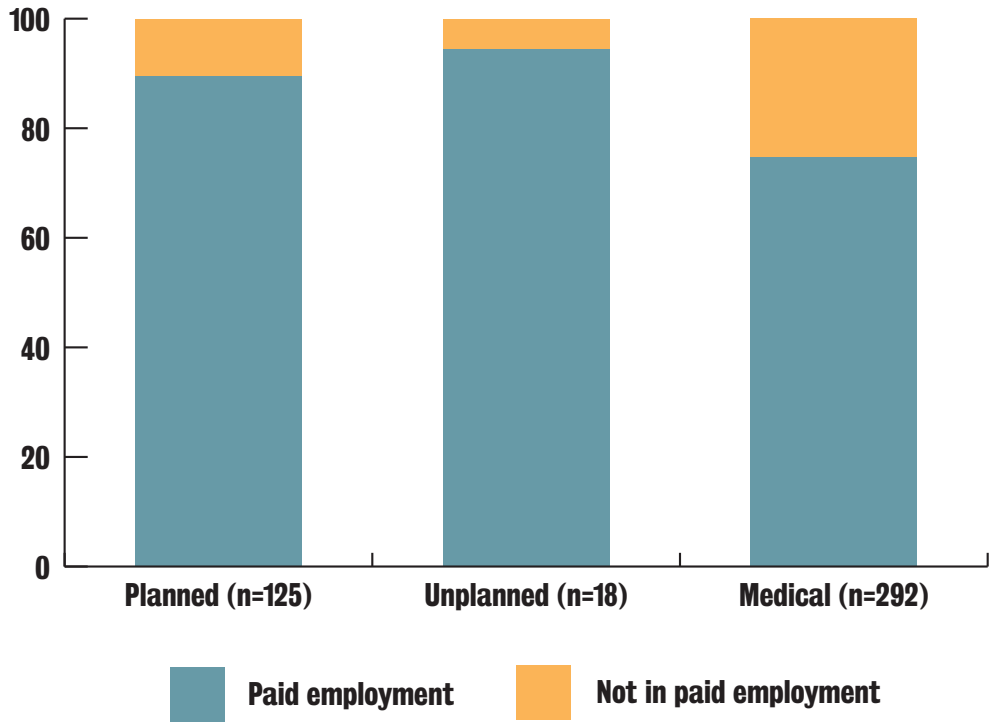
Those who received a medical discharge following their injuries were less likely to be employed than those who were discharged either in a planned way (i.e. end of service or Premature Voluntary Release) or in an unplanned way (e.g. administrative discharge[5]) (Figure 6).

An abrupt ending to service

Based on qualitative insights it was found that, for those participants who did not anticipate a termination of contract, a medical discharge was an abrupt ending to their military career – often the only profession they had ever known. Even some of those personnel who sustained limb loss had assumed they would be retained by the military:

"I wasn't really thinking much about m' future, what I'm going to be doing after this because in m' head I was still thinking that 'Oh! I can get in the Army, I'll still be okay, they'll look after us' - that's what was in m' head. So, I didn't really think about what I'm going to be doing in the future like job-wise or anything like that because I thought,

Figure 6 – Method of military discharge and civilian employment (n=435)



'This is what I'm going to do, I'll be fine, and if I can't do it, they'll look after us.' I always thought that … the Army's going to put us up in a house, so they're going to look after us and I'll still go to work, they'll find us a job that I can actually do within the military and I'll do all that. And then for a long time I thought that, then yeah, then the fairytale finished then when I realised that they're not." (Damien, injured with limb loss)

When personnel were medically discharged, the curtailment of their career and loss of military lifestyle instigated a cascade of emotional, professional, logistical and familial changes which were collectively experienced as a sudden rupture:

"I would have been in forever; I'd have still been in now. So yes, it was massive. Did I tell anyone about that? No. I think my wife knew, could sense it. But for me personally, absolutely devastated when that happened. And the day it happened itself I just, and what you didn't get was any support with it. I think it's, 'Turn up, have your Med Board and then off you go.' … So, I think that whole sense of purpose, yes commanding, the whole thing, the lifestyle, everything you are all of a sudden is turned off - I think it is quite a lot. You have to pick yourself up and get on with it for sure but I just felt like the system was maybe a little bit complacent with that." (Joel, injured with limb loss)

Medical discharge disrupted any upward trajectory participants had hoped for in terms of promotion:

"It almost seems to me that they got to the point where they ran out of ideas or effort and then they decided to get rid of me. I still had five years left to serve when they got rid of me at my 22 year point... So they could have kept me in for another five years in a job that I loved doing which was teaching and training, let me promote to however far I was going to go and then let me leave naturally but they didn't, they kicked me out and that to me was the biggest kick in the nuts that they could have given me." (Harry, injured without limb loss)

A loss of physical fitness following the participant's injury could cause low mood, adding to feelings of disappointment and despondency that had developed upon participant's realisation that their military career was over. These emotions led participants to question the worth of their tenure, especially since physical fitness and promotion within the military hierarchy had previously contributed to their sense of self-esteem:

"Being medically discharged I would say it has made me to an extent somewhat depressed and stuff like that. Obviously other things happening in my life made it ten times worse than what it was already was and that's what's dragging me down but, yes, it will affect a lot of people with mental health just getting told, 'Right you are discharged, that's you your ten years are worthless' … I was absolutely, absolutely gutted that had happened to me and I'd lost my chance of promotion was the biggest thing for me. I was gutted that I was getting medically discharged but I was really gutted about not getting that promotion. That seems very small scale now but at the time that's how I felt." (Paul, medically discharged from the comparison group)

Lack of communication and multiple losses

The sudden and non-negotiable end to their military career was experienced acutely on the day of discharge itself. A lack of communication from the military to participants on that day and thereafter led participants to feel forgotten about by the military:

"Then they literally sent me home and said obviously I would still get the help and stuff, still seeing psychiatrists and they'd help me go through, I've forgotten what they call it now - you start

transitioning from military to civvy. But I heard nothing for nine months, they just let me rot and fester." (Steve, medically discharged from the comparison group)

A lack of communication from the military led to feelings of resentment and anger as participants contended with the loss of belonging, their military career, military identity, social network and sense of future:

"I was sent on Sick Leave in October 2019 and I was discharged October 2020 and in that time I had no communication from the Army whatsoever, from anybody. That was the extent of my discharge. I had to beg in order to start my resettlement... Being a soldier, it wasn't, 'What I was' it was, 'Who I was' and it was taken away from me in one split decision by people I had never met." (Harry, injured without limb loss)

Medical discharge was often administered without substantive consultation or collaboration with participants. Participants experienced a loss of control over the medical discharge outcome itself and the fact that seeking help for a condition could, unbeknownst to them, result in their medical discharge:

"It [medical discharge] came as a bit of a surprise... I'd recovered or at least I thought I'd fully recovered and... had gone back to work for ten years... And it came about off the back of me running a half marathon... I went and saw a physio... I subsequently was recommended to go and see another physio... who said, 'You should be able to do these tasks because the military need you to do them'. From my perspective... I was fighting a keyboard pretty much every day... I was a desk officer by that stage. So, when I had my medical review and the doctor suggested that I was unfit to continue service in the Army... it was a shock to me, a huge disappointment... I was then told, 'You've got six months to find a job and a new life and a house' and by that stage I had children... It was probably worse than getting shot in the neck." (Lance, injured without limb loss)

This was particularly destabilising for those participants who had overcome substantial barriers (e.g. stigma) to seek help for their mental ill health:

"I was struggling with being at home... My partner at the time said I had to go and see someone I was reluctant to go and see them. Finally convinced me to go and see them with the help of my family. Went to see the Army psychiatrist and stuff and then basically one day I went for an appointment and then on that day I basically got told I was medically discharged, pack my stuff and get home... In my appointment with the head psychiatrist for about an hour he's asking me what I wanted to do and all this stuff. I turned around and said I wanted a transfer, if possible, to get away from the battalion that I'm in and the reminders that I had and he turned around and went, 'No you are getting discharged as of today. Go back to your barracks, pack your stuff, let your Sergeant Major know, I'll let him know as well and then go home.'" (Steve, medically discharged from the comparison group)

Feeling a loss of control over their futures, a sense of betrayal from the military in some cases, and resentment from a lack of communication from the chain of command, were compounded by not being connected to appropriate support service provision upon leaving the military:

"It was, 'Turn up for an appointment, this is happening to you, right that's you out the Army!' Then there was nothing. I had no help from anybody. I had to go get my own private, well through the NHS, I had to go get my own psychologist and stuff like that - the process was quite rubbish." (John, medically discharged from the comparison group)

It was suggested that the military could alleviate feelings of loss of belonging for those who had been medically discharged by offering a single point of contact who was responsible for keeping in touch with personnel after they had been discharged:

"Maybe have one person looking after ten people for the battalion that's waiting on discharge and they are like a go-to person that can access different companies, councils, departments, mental health departments, stuff like that. Rather than just being sat at home with you trying to do it all because that's what it was like for me. That's what it felt like it was just me. There was no help. Yes, you were just forgot about. You were just forgot about. Once you were out of the camp and you were on Sick Leave you were just forgot about." (John, medically discharged from the comparison group)

Implications

- Those with medical discharges had lower rates of re-employment in the civilian sector than both those with planned discharges and those with unplanned discharges (e.g. administrative discharge). This could have been due to the nature of their injuries; however, participants also reported a lack of tailored careers advice specific to the challenges they faced related to their injury. This implies that, despite eligibility for the highest level for transition support, those with medical discharges are a group with specific needs that are not being fully met by current transition support to the civilian labour market.
- Veterans may experience feeling a loss of control, purpose, and identity if a medical discharge administered without collaboration with them and if there is no ceremony or ritual to help them process bringing their career to a close. At the moment, line managers of Service leavers are directed to use the HARD FACTS Assessment tool[6]. It might also be valuable to determine mental readiness to transition and risks to successful transition through such tools as MT-Ready, a scale developed to identify psychosocial factors which can predict post-separation psychological adjustment and mental health (Romaniuk, Fisher, Sunderland, & Batterham, 2023).

Recommendations

1. Chain of command: where possible, ensure that medical discharges are administered in closer partnership with the injured Service leaver and their medical support team. Efforts should be made to increase Service leavers' sense of control and agency at the end of their military service.
2. Chain of command: find ways to acknowledge serving personnel's period of work and end of service. They might consider the value of ceremony and ritual and how it could help medically discharged personnel process feelings of loss at the end of their career. Finding ways to acknowledge serving personnel's period of work with the military, may also prove helpful to personnel leaving via other types of discharge.
3. Chain of command: take additional steps to ensure mental readiness of Service leavers for their discharge, for example by utilising the MT-Ready tool which measures psychological readiness for transition.

Armed Forces Compensation Scheme

Benefits of compensation

The financial compensation that participants received from the AFCS led to complex feelings, with benefits and risks ensuing. With time, and due to a range of reasons, some participants with limb loss felt that their lives had become richer

[6] *A checklist to determine that those leaving have arranged such things as accommodation (https://www.army.mod.uk/media/2997/transition_information_sheet_6-hardfacts.pdf)*

and more rewarding since their limb loss had occurred. Aspects of their lives which had been bolstered included feeling financially more stable, largely due to the compensation they had received and the fact that they were able to financially support their wider family too:

"I could never have afforded a house like this if I hadn't been injured. I helped my mum and dad with their mortgage after I got injured. I helped my little brother with his mortgage all because of the money that I had in my compensation scheme. So, my actual quality of life is probably ten times better than it would have been if I'd have kept my legs." (Luke, injured with limb loss)

For some (particularly those who sustained limb loss who knew how much they would receive prior to being medically discharged), these funds cushioned their transition into civilian life by alleviating their anxieties about being able to meet their ongoing and future financial and familial commitments:

"When I got m' leg amputated in 2016 everything sort of changed a little bit, so I had a bit of a cushioned fall if you know what I mean? So after I had m' leg cut off and then m' compensation changed and me Guaranteed Income Pension changed, so I thought, 'Well worst case scenario: if I can't work I'll have enough money to pay m' bills, I mightn't have much of a life but I can pay m' bills, I can pay m' mortgage, I could pay all m' bills and I can put food on the table but I won't have a life' and I thought, 'I can live like that, I can cope with that at worst case scenario. As long as I can provide for m' family as in give them food, shelter, I'm alright with that'. So, I didn't feel as scared leaving the Army then after that." (Damien, injured with limb loss)

Some participants found the sum of money they received granted them a sense of confidence about leaving the military and a sense freedom; this freedom improved their quality of life and usurped that which they had had prior to their injury:

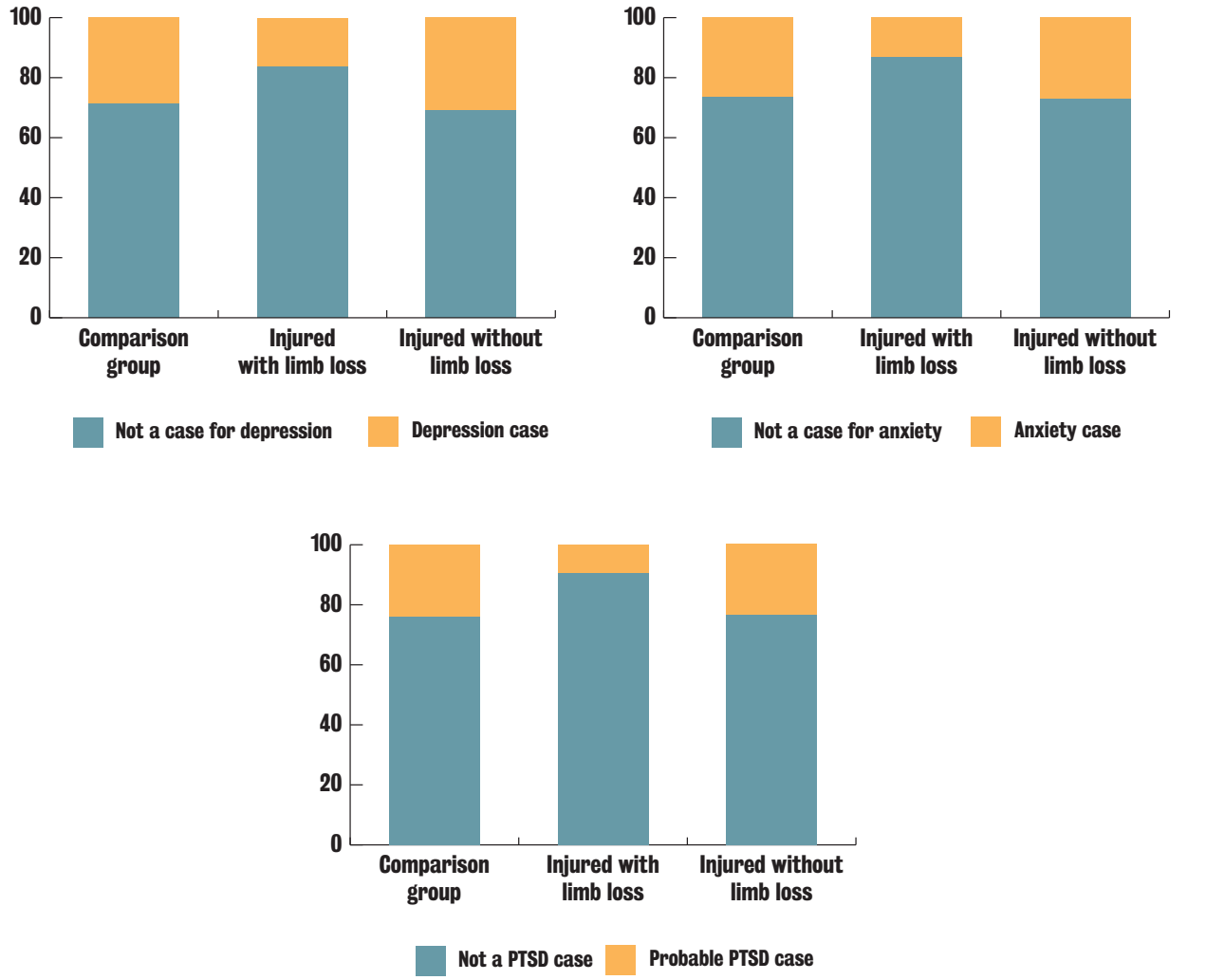
"The reason I was so ready to be discharged was because I knew that I had a War Pension coming in and if I couldn't find work or didn't want to work I didn't need to, and that kind of relief from the stress of having to work for an income is absolutely life-altering I'd say, one of the biggest benefits that I've ever received in my life. I would almost definitely trade my leg for that income. Yeah, it really has been amazing to be able to have that sort of freedom that that allows you... If you... think about it in terms of quality of life, the quality of my life was improved I think by that financial freedom that the Guaranteed Income Payment gave me, even in the context of my disability." (Gareth, injured with limb loss)

These positive psychological consequences of compensation may partly explain why those with limb loss in the quantitative sample had lower rates of mental ill health than both those injured without limb loss and the comparison group[7] (Figure 7). Large sums of compensation may have contributed to lower employment rates among those who sustained limb loss however many participants expressed a desire to still work after being injured:

"I was 30 when I got injured and some of these lads were early 20s. Even for me there's no reason why you can't go into meaningful employment afterwards. My injuries weren't severe enough that I couldn't do that and there's a lot of people that were going through the system at the time, we were in the same situation and a lot longer. I do think there was probably too much emphasis on 'You've got a massive payout'... but that's not going to last you forever. So, you do need to find something to do." (Joel, injured with limb loss)

[7] *Please note that we did not have data on compensation and hence could not directly examine the relationship between compensation, employment and mental health; this would require access to compensation data (and ideally data on other state benefits received).*

Figure 7 – Mental health caseness by injury group (n=435)



For some participants, finding employment was harder since their injury caused them pain and they were unable to work full-time. For those who were awarded compensation, having those funds allowed them a manageable work-life balance:

"To be honest it's a decent amount of money. Then you factor in that it's tax free as well. Everybody always bang on about, 'Oh, the lump sum payment is crap', which it was but they never spoke about the added extra of actually you are getting this amount of money tax free for the rest of your life. So, it alleviates that because now I'm not really in a position to work full-time so I work a split shift and then I get five hours in between my two shifts. So, I do about five hours a day but it works

well with my pain levels and my life, which is what's important. But my attitude to the compensation has always been a good one." (Andy, injured with limb loss)

Note that the quantitative analyses in this report do not take into account the combined impact of AFCS awards and/or social service benefits via the Department of Work and Pensions (DWP); to examine such effects as whether AFCS awards are delaying entry into employment or civilian benefits, and whether the use of AFCS awards and benefits give rise to better long-term career choices.

Administration of compensation

The ways in which compensation was administered was felt to be misaligned by some. For example, pre-amputation, when participants were in more pain and needed more help, they were in receipt of fewer funds; post-amputation, when they were in less pain and had a greater range of movement, they received more:

"At the time [pre-amputation] I was really, really bad, I'm actually better now, since I've had m' leg taken off I'm better now than when I was when I had m' leg but when I had m' leg I had, the compensation was appalling, it was really, really bad, it was nothing, you know. You could have went into London and spent that in an hour for what they give us so, and I thought, I couldn't get that in my head how I was worse off when I had m' leg and m' compensation was that bad but then when I've taken m' leg off I'm more agile, more mobile, I mean there's still a lot of problems because of having an amputated leg but I'm better off with m' leg off but m' compensation was a lot more." (Damien, injured with limb loss)

Some participants who had not sustained limb loss but who had chronic conditions or ongoing pain resulting from other kinds of injuries were engaged in lengthy tribunal processes to try to secure financial compensation they felt was warranted for the long-term impact of the injuries they were medically discharged for. The years-long tribunal process added emotional burden, a strain that was sometimes witnessed by family members:

"I've just about six weeks ago been awarded a successful tribunal outcome four and a half years of fighting them to the final review... The Armed Forces Compensation is a whole different thing which is the one that I've been battling for... My wife has actually acknowledged after my tribunal award or success, whichever way you look at it, she said about two weeks ago you've come out from being really flat." (Lance, injured without limb loss)

Successfully receiving compensation following such a process gave way to feelings of validation and acceptance for participants in a way that had been missing previously. For some, it allowed them to feel that the military acknowledged their injury and its sequelae and for others, it gave rise to their own acceptance of their injury:

"The one word I wanted them to acknowledge was 'permanent' or 'permanence' because it then has an acceptance so that when I can't do things in life I can go, 'Yes' now and I've probably processed it a little bit better but I can't do that because I was injured … I now know because somebody has actually told me that I have a permanent injury that I had to fight hard for. Yes, I think for the first time since my injury that I can remember I hugged my wife and I cried and I said, 'I was injured'. And she had worked that out a long time before me because she sat next to me in a coma for three and a half weeks. At that point it was the first time that I had really got to grips with the fact that I was injured, and the Army did discharge me, and it was a career that I loved and that was the end of it." (Lance, injured without limb loss)

Difficulties managing funds

Complications arose around knowing how to manage such large sums of money, often arriving unannounced in participants' bank accounts when they were still recovering, on strong medications, and whilst they were exploring how to "show up in the world" post-injury. Feeling unsure of their personal and professional value now they were "disabled" led some participants to be defensive, to withdraw, to self-reject, or to compensate for their lower sense of self value by using their compensation to buy expensive goods:

> *"The car park is full of f-cking Range Rovers [at rehab] … There's an overcompensation thing going on there, like you feel like you've got to make up for being disabled, I guess, you know, to women, to other men." (Ronan, injured with limb loss)*

Some participants feared that they would lose self-control upon receiving compensation and spend it all at once. While some participants set aside their funds into long-term assets such as housing, other participants spent their compensation on short-term indulgences. Ronan, for example, struggled with a gambling addiction, ended up in debt, and then revisited gambling as an attempt to get back the funds he had lost:

> *"I was in [town] in Greece on holiday when my compensation landed in my bank account… I must have spent about 30 grand in a matter of three weeks… you feel you've got to make up for being disabled… I started gambling… and then lost a lot of money very, very quickly… I have a fantasy about getting my compensation again, knowing how to manage it this time… I just think to whack it all in your bank with no sense of where it's going, isn't the answer." (Ronan, injured with limb loss)*

Participants unanimously suggested that financial planning was needed for those in receipt of large sums of money for their injuries, particularly for those who were young and from socioeconomically disadvantaged backgrounds:

> *"If you give an 18, 19-year-old squaddie £400, 000, I mean I knew boys who were spending it on absolute garbage. They were spending thousands of pounds on stuff they didn't need. So, if they had some sort of financial planner, financial adviser to help them at the time, I think their lives would have been a lot better." (Luke, injured with limb loss)*

> *"I definitely think there should be obviously financial support, like in-depth financial support, not how to budget and stuff like that, but how to deal with money, big money." (Jack, injured with limb loss)*

Domestic considerations of receiving compensation

Mothers, fathers and partners were safeguards against ill-advised spending. It was frequently due to the advice of mothers that participants decided to invest their compensation instead of spending it on short-term indulgences:

> *"After I got injured, I got my compensation quite early on and I bought a house, a three-storey town house so I didn't spend all the money kind of thing because I was young and I had no advice. So, my mother and father told me to buy this house." (Jack, injured with limb loss)*

There were instances where participants felt at risk of financial abuse from ex-partners on receipt of their compensation:

> *"My ex-partner she was giving me loads of trouble as well… all she was after was money… We split up then when my son was six months old, I think. And then all I had from her then was, 'Well, you are not seeing your son unless you send me so much money'. So obviously I wanted to see my son, so I was just handing her money… So, when it all started because my mum used to say to me, 'Look she's going to bleed you dry'. When my mum phoned my ex-partner and said I've been in an accident the first words she said back to my mum was, 'Oh, at least he's not going to be short of any money.' (Grant, injured with limb loss)*

Other participants in committed relationships were able to support their partners with their work-life balance as well as their own as a result of the compensation they had received. This was particularly helpful for those who had partners with their own health conditions which caused them pain and made full-time work difficult:

"So, it's a job that suits my life. It's not the best paid job but it just adds to what I get from the military anyway. So, that pushes us into that bracket of actually we're comfortable financially. I quite enjoy the job as well… Yes, because it's the split shifts so if I was sat in the van continuously for five hours that would then obviously impact on the pain but because it's in a couple of two and a half slots and I've got chance to get out the van and stand up and that it works really well… Then also the wife doesn't have to work with her fibro… until she gets to the point where she wants to go to work and do something that she wants to do rather than having to go to work out of a necessity." (Andy, injured with limb loss)

Implications

- Compensation provided some veterans with a cushion as it meant that they had better financial circumstances from which to try and find jobs which worked for them and their physical disabilities. This had positive secondary impacts on their health and wellbeing at work and at home.
- AFCS compensation was sometimes sufficient to buy a new (adapted) house. In some cases, the amount awarded was sufficient to buy a house for at least one other family member too; therefore, there was a sense amongst participants that this also signified a new course for their family.
- Participants felt at risk of misspending their compensation in the cases that they came from socio-economically disadvantaged backgrounds, were young, on strong medication for their

physical injuries and navigating their new identity as 'disabled'.
- Participants found it challenging to manage large sums of money which they received as compensation often unannounced in their bank accounts.
- Parents and partners, but mothers in particular, played key roles as financial safeguards against misspending compensation.

Recommendations

4. Armed Forces Compensation Scheme: provide injured personnel facing medical discharge greater clarity regarding expected amount and timing of compensation payment so that they can plan for their future.
5. Armed Forces Compensation Scheme, Resettlement providers (inc. CTP), third sector support providers: offer robust and relevant financial advice (including how to recognise, report and manage financial abuse) to those in receipt of large lump sum compensation payments.
6. Third sector support providers: provide additional emotional and administrative support for those who engage in tribunals to contest their awarded compensation.
7. Armed Forces Compensation Scheme, Department for Work and Pensions: undertake data linkage to fully investigate relationships between compensation and benefits, employment, and mental health.

Resettlement package and career advice

Pace of resettlement services

Participants demonstrated drive to "reinvent" their professional selves after they had been injured, though the pace of "reinvention" was varied. For some participants, reinventing their professional lives started early – in some cases immediately – after their injury. For other participants, it took several years before they had capacity to consider finding new employment (this was particularly true for those who believed that the military would not discharge them as a result of their injury):

"I think for me the big one was when you realise the big change is, 'I'm not going to be able to be in the Army anymore and I've got to find something else to do. Still got family to support and everything else that goes with that.' So that I think was a bit of a challenge. Rehab wasn't really set up for that, in fact not at all. I don't think rehab was set up for what you are going to do next it was all about the here and now, 'How do we get you walking?' Whereas I was pushing like, 'Hey, I can do that but I now need to look at what am I going to do in a years' time, 18 months' time when I get discharged. I need to go into employment'… I think there's got to be something in the system going forward in the future where the physical bit is important but you've really got to from an early stage support people on what they are going to do next.' (Joel, injured with limb loss)

The drive to reinvent professionally was catalysed by concerns about how to earn money and support their family now that they had a physically disability and were likely to be medically discharged. In some cases, participants felt that equipping themselves for their future careers was as important as their recovery from their physical injury and the services provided at DMRC needed to accommodate this.

Content of resettlement services

Due to the nature of their injuries, and in some cases ongoing chronic pain, participants had to rule out certain types of job (e.g. labour-intensive roles) on the civilian employment market. Some participants felt that the number of potential jobs available to them that they could apply for were further limited by their level of education. Since several participants were injured when they were young, there was a desire to make a meaningful contribution to society and fulfil their potential at work, in spite of their injuries. Due to these factors it was felt that career resettlement services needed to consider the physical limitations of personnel, the number and nature of any qualifications they held and their personal interests.

Some participants received career support which was not appropriate for the nature of their injury, which led to them having to leave that role prematurely. A participant reported taking a first job after leaving a clerical duty role with the Army, only to leave as their neurological injuries interfered too much. Such ill-fitting career guidance could negatively impact participant motivation to seek civilian employment for long periods of time (which in some cases added strain to their personal relationships) and meant that they were unlikely to engage with career advice in the future:

"It was weird, the resettlement. I don't know if the person was a bit of a, like the resettlement manager for me was like, 'Oh, why don't you be a driving instructor?' 'I was like, I've got one leg, haven't I, how am I going to drive a manual car?' It was a strange time... At the time, I had not good advice, so I ended up leaving and then I didn't do anything for 12-18 months. Yes, just at home doing nothing and then me and my wife had a breakdown of relationship... If you get a crap resettlement it doesn't set you up properly." (Jack, injured with limb loss)

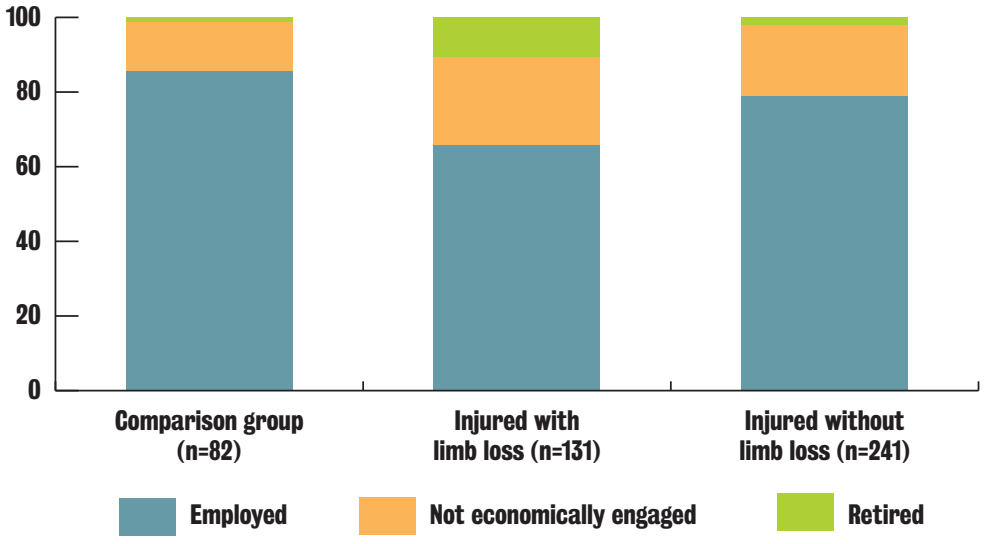
Some participants had been advised by their careers adviser to become soldiers, despite the fact that they had sustained life-changing injuries and could no longer serve:

"I did this thing, like career transition course... Like I did this test on a computer that told me that I should be a Special Forces soldier and my second option was to be a nail technician or something random like that, that course was basically a piss-up really." (Ronan, injured with limb loss)

"We basically we did this course. It was basically a really, really quick sticking plaster if I'm honest with you. We all had to do this computer programme and what you do at school to find out what your career would be and this shows it was unfit for purpose because bearing in mind I'm a double leg amputee, some of the recommendations was to join the military as an Officer." (Terry, injured with limb loss)

These considerations may be contributory factors to the observed differences in the quantitative sample regarding post-Service employment in those who have experienced limb loss (Figure 8).

Figure 8 – Employment by injury type (n=455; includes those who have retired for this analysis)



Some participants found career support from third sector service providers useful and, in such cases, the advice was aligned with the person's physical limitations and interests:

"I was told I was getting discharged... So, I took it on the chin. Then I was going to go back into being a mechanic. I had to go to the doctors for something and then I told them and they advised me not to because of my back... So that felt like another knockback. So, I thought, 'What do I enjoy doing?' and the only things I enjoy doing is fixing things or driving. So, I was like, 'I'm going to go and do my class one lorry licence'. So, I told the Poppy Factory that and then they got me through my Class 1. They went to a job festival where people tell you about their jobs and then they got back to me and said this guy wants to speak to you from this driving company. So, I went and spoke to him and he was like, 'When do you want to start?' I said, 'When do you want me to?' and I started a week later." (Grant, injured with limb loss)

Implications

- Participants felt that equipping themselves for their future careers was as important as their recovery from their physical injury and the services provided at DMRC needed to accommodate this. The pace at which career support was offered was important since some injured personnel were ready and wanted to reinvent their careers at the same time as recovering from their injuries, whereas others did not feel ready to find a job in the civilian job market until years later. The systems in place to support those with injuries seemed to cater for a homogenous group; in reality participants did not recover at the same pace or in the same way, so the timing of the resettlement package did not fit the individual's recovery trajectory.
- Career support and advice could be helpful to injured personnel if it was tailored according to their physical capabilities and personal interests. If injured personnel receive ill-fitting career advice, this could negatively impact their motivation to find employment post-discharge, foster low mood and add strain to their personal relationships as a result.

Recommendations

8. Career support services at the point of rehabilitation (inc. CTP): support the pace of an individual's reinvention into their professional future at whatever stage they require it, so that they can plan ahead for their next career alongside their physical rehabilitation.
9. Resettlement providers (inc. CTP): provide tailored advice and opportunities to support injured personnel, taking into account the person's physical limitations, educational level and personal interests.

Transition to civilian healthcare post-discharge

The transfer of medical records from military medical systems to the UK National Health Service (NHS) was inconsistent. Some participants found that the transfer of their medical records had been complete and timely and that their General Practitioner (GP) was well-informed about their condition(s) and medical history; this allowed for a stream-lined experience of healthcare service provision:

"The transition [of medical records] was good. There doesn't seem to be, 'Well, we don't know that we have to go back to the Army to get your records'. The information that they seem to need is there. So, it has been good." (Joel, injured with limb loss)

However, some other participants found that their GP could not access necessary information about the nature of their injury and associated medical interventions received for several years. Participants found this challenging: it meant that they had to explain their medical history repeatedly and, in some cases, did not know what exact medical procedures had been used because they had not been informed at the time:

"It was an absolute nightmare... There's massive gaps between what was sent over by the Army to my GP and what the GP could actually access... he was like, 'Yes, that's not on your records and this is not on your records, and they're not on your records'... trying to get anything from the Army 2011, 2012, to 2017, is a nightmare." (Luke, injured with limb loss)

"All it had on my civilian medical records was, 'military injury 2009'. That's the only line and the guy said to me, 'Was it a bad one?' Depends what you define as bad but it was pretty bad I suppose. Yes, it was a really poor transition... Subsequently I photocopied, on the local GPs request, my 150 odd pages of medical notes and gone, 'I'm sure you don't want them but here you go'. Just because I feel they should be in the system... Yes, pretty poor from both the NHS and the military's perspective and it took forever as well for the notes to get across. It took eight months, nine months for them to even send across a very basic, 'These are the jabs that [name] had whilst he was in Service'. So, it could have been an awful lot better, I think." (Lance, injured without limb loss)

When there was not a timely and complete transfer of participants' medical records, this could result in an information vacuum and unresolved painful physical injuries that continued to disrupt their quality of life:

"I'm struggling to this day, which is now... about eight years later with my legs... Everything that I used to be able to do and passionate about I can't do anymore... When I go to the doctors and go, 'Oh, my legs are aching!' 'Why are they hurting?' 'Look at my records.' 'Yes, but we can't look at your records.' Then I have to explain everything and been going through it for nine years on and off with my doctor." (Steve, medically discharged from the comparison group)

There were potential regional differences evident for veterans living in different parts of the UK. Some participants, such as John who lived in Scotland, were fast-tracked within the NHS medical pathways as a result of having a veteran indicator on their medical records, but participants such as James illustrate that this is not necessarily the case in England:

"I've had two more operations on my shoulder since leaving the Army as well. It's just all NHS but the good thing is now I don't know if it's the same in England, in Scotland on my NHS records it says ex-Forces and stuff like that. So, I don't wait for anything anymore... The longest you'll wait is maybe four weeks for an appointment if it's for a specialist or something." (John, medically discharged from the comparison group, based in Scotland)

"I think the only thing that could have been would have been a bit more of a pink slip or something that you could carry just saying, 'This entitles the bearer to a bit of a queue jump' or something like that." (James, injured without limb loss, based in England)

Implications

- The untimely or incomplete transfer of medical records reduces continuity of care from military to civilian healthcare systems and may decrease the efficacy of veteran interactions with healthcare professionals which may delay the provision of interventions for injured veterans, who may be living in pain for lengthy periods.
- Injured veterans may find it logistically challenging and emotionally wearing to explain their complex medical histories repeatedly in the absence of their medical records and this may demotivate them from seeking necessary medical care.

Recommendations

10. Military and civilian medical providers: continue to advocate for the swift and consistent transfer of medical records from military to civilian healthcare systems across all regions of the UK.

Discussion

This report summarises the findings from the ADVANCE-INVEST study regarding the outcomes and perceptions of a sample of UK Armed Forces personnel with combat injuries who left Service via medical discharge, together with a comparator group who were medically discharged but did not sustain serious physical combat injury.

The process of medical discharge may generate a number of obstacles for the successful transition of the injured Service person. The military can be experienced by personnel as a 'holding environment' and leaving it can cause rupture for those who leave voluntarily or otherwise (Palmer, Busuttil, Simms, Fear, & Stevelink, 2024). For some, the medical discharge may occur rapidly, without collaboration with the injured Service person, providing them with insufficient time to plan for and adjust to their unanticipated future. Other, broader studies on UK injured personnel have found similar issues and indicate that improvements to the medical discharge process could improve transition outcomes for those leaving with physical injury or illness (Hynes et al., 2021). As this study shows, even for those who have longer periods of recovery, there can still be obstacles. Every individual transitioned out of the military sphere and into civilian employment at their own pace, but resettlement and support provision did not always allow for, or suit, individual differences and requirements. Similar findings are highlighted by third sector support providers (Help for Heroes, 2024) where unnecessary obstacles were created connected to medical discharge due to a lack of communication from their original unit, which made administration of leaving difficult as well as causing the individual to feel uncared for by an institution in which they had placed their trust.

Those who leave the UKAF with a medical discharge are less likely to be in paid employment

than those with a planned discharge. Some indicate that the resettlement advice and training they received was not well-tailored to their circumstances (such as sequalae of their injuries, training and education level, and their desire for personally meaningful and satisfying employment). Our findings suggest that the medical discharge process should be more flexible in terms of tailoring content to be individually relevant and realistic, as well as pacing support to the individual's need; these findings and recommendations mirror those for the wounded ex-Service population in general (Hynes et al., 2021). As well as finding new employment, medically discharged personnel need to make use of civilian medical services to help them deal with ongoing complex injuries; this proved difficult for some participants due to the inconsistent and untimely transfer of medical records, as has similarly been found by third sector reviews of the medical discharge process (Help for Heroes, 2024).

Those who are medically discharged for a service-related injury may be eligible for financial compensation from the AFCS. This can be beneficial for individuals: not only do they receive the immediate material benefit, but also numerous psychosocial benefits (such as acknowledgement of their injuries, confidence in their future and, in some cases, that of their wider family); funds for housing and adaptation to medical needs; time to find new and appropriate employment, and the ability to work according to the nature of their injury and pain levels. This, in turn, can facilitate a better work-life balance. However, there are a number of issues relating to compensation. The timing of delivery and the amount of funds provided are often unknown in advance, particularly for those injured without limb loss, making future planning difficult. Third sector support providers have observed that compensation awards are often not formally disclosed until after Service personnel have left the military (Help for Heroes, 2024). When compensation funds are delivered, the individual may not be well-placed to receive them due to a lack of tailored financial advice which can lead some to make poor financial decisions. Friends and family may prove useful in guiding the use of compensation payments, but conversely may sometimes prove predatory.

Prior research on the wounded ex-Service population has recommended a review of pension and compensation schemes to ensure timeliness and transparency (Hynes et al., 2021). It should be noted that interim payments are utilised under the AFCS to provide compensation at an early stage, and there has been an increasing inclusion of Guaranteed Income Payments rather than "lump sum only" awards (Independent Medical Expert Group, 2024), which may help ameliorate some of these issues in the future. Those injured without limb loss may struggle to receive any compensation, necessitating lengthy and demanding tribunal processes.

Conclusion

This report examines a number of topics regarding medical discharge in a sample of those who have left the UK Armed Forces, most of who sustained combat injuries. A number of recommendations regarding the timely administration of medical discharge, compensation for injury, and appropriate support for the transition of these individuals are made in this report. We acknowledge that changes in policy relating to medical discharge may have occurred since the time this sample left the UKAF; but nevertheless, we hope this report provides relevant evidence that will contribute to the ongoing discourse raised by third sector service providers (e.g. Help for Heroes) regarding the shortcomings of the medical discharge process. With a new civilian partner providing resettlement services (Reed in Partnership), this may be a crucial period of change for how transition is supported going forward.

Recommendations

Table 1 – Summary of key recommendations regarding medical discharge

Recommendation	Primary audience
1 Where possible, ensure that medical discharges are administered in closer partnership with the injured Service leaver and their medical support team. Efforts should be made to increase Service leavers' sense of control and agency at the end of their contract with the military	Chain of command
2 Find ways to acknowledge serving personnel's period of work and end of service, considering the value of ceremony and ritual and how it could help medically discharged personnel process feelings of loss at the end of their career	Chain of command
3 Ensure mental readiness of Service leavers for discharge, e.g. using psychosocial readiness tools such as MT-Ready[1]	Chain of command
4 Provide injured personnel facing medical discharge greater clarity regarding expected amount and timing of compensation payments so that they can plan for their future	Armed Forces Compensation Scheme
5 Offer robust and relevant financial advice (including how to recognise, report and manage financial abuse) to those in receipt of large lump sum compensation payments	Armed Forces Compensation Scheme, resettlement providers (inc. CTP[2]), third sector support providers
6 Provide additional emotional and administrative support for veterans who engage in tribunals to contend their awarded compensation	Third sector support providers
7 Undertake data linkage to investigate relationships between compensation and benefits, employment, and mental health; e.g. whether Armed Forces Compensation Scheme (AFCS) compensation is being used as a substitute for other benefits, and whether benefits and compensation taken result in better employment, health and wellbeing outcomes	Armed Forces Compensation Scheme, Department for Work and Pensions
8 Support the pace of an individual's reinvention for their professional future at whatever stage they require it during their transition, so that they can plan ahead for their next career alongside their physical rehabilitation	Career support services at the point of rehabilitation (inc. CTP and Defence Medical Rehabilitation Centre (DMRC))
9 Provide tailored advice and opportunities to support injured personnel, taking into account the person's physical limitations, educational level and personal interests	Resettlement providers (inc. CTP)
10 Continue to advocate for the swift and consistent transfer of medical records from military to civilian healthcare systems	Military and civilian medical providers

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Appendix

Appendix 1: Summary of key implications and recommendations regarding medical discharge

Report section – Administration of medical discharge

Implications

Those with medical discharges have lower rates of re-employment in the civilian sector than both those with planned discharges and those with unplanned discharges (e.g. administrative discharge). This could have been due to the nature of their injuries; however, participants also reported a lack of tailored careers advice specific to the challenges they faced related to their injury. This implies that, despite eligibility for the highest level for transition support, those with medical discharges are a group with specific needs that are not being fully met by current transition support to the civilian labour market.

Veterans may experience feeling a loss of control, purpose, and identity if a medical discharge administered without collaboration with them and if there is no ceremony or ritual to help them process bringing their career to a close. At the moment, line managers of Service leavers are directed to use the HARD FACTS Assessment tool, a checklist to determine that those leaving have arranged such things as accommodation. It might also be valuable to determine mental readiness to transition and risks to successful transition through such tools as MT-Ready, a scale developed to identify psychosocial factors which can predict post-separation psychological adjustment and mental health.[7]

Recommendations

Chain of command: where possible, ensure that medical discharges are administered in closer partnership with the injured Service leaver and their medical support team. Efforts should be made to increase Service leavers' sense of control and agency at the end of their military service.

Chain of command: find ways to acknowledge serving personnel's period of work and end of service. They might consider the value of ceremony and ritual and how it could help medically discharged personnel process feelings of loss at the end of their career. Finding ways to acknowledge serving personnel's period of work with the military, may also prove helpful to personnel leaving via other types of discharge.

Chain of command: take additional steps to ensure mental readiness of Service leavers for their discharge, for example by utilising the MT-Ready tool which measures psychological readiness for transition.

[8] *Romaniuk, M., Fisher, G., Sunderland, M., & Batterham, P. (2023). Development and psychometric evaluation of the mental readiness for military transition scale (MT-Ready). BMC Psychiatry, 23(575). doi:https://doi.org/10.1186/s12888-023-05032-z*

Report section – Armed Forces Compensation Scheme

Implications

Compensation provided some veterans with a cushion as it meant that they had better financial circumstances from which to try and find jobs which worked for them and their physical disabilities. This had positive secondary impacts on their health and wellbeing at work and at home.

Armed Forces Compensation Scheme compensation was sometimes sufficient to buy a new (adapted) house. In some cases, the amount awarded was sufficient to buy a house for at least one other family member too; therefore, there was a sense amongst participants that this also signified a new course for their family.

Participants felt at risk of misspending their compensation in the cases that they came from socio-economically disadvantaged backgrounds, were young, on strong medication for their physical injuries and navigating their new identity as 'disabled'. Participants found it challenging to manage large sums of money which they received as compensation often unannounced in their bank accounts.

Parents and partners, but mothers in particular, played key roles as financial safeguards against misspending compensation.

Recommendations

Armed Forces Compensation Scheme: provide injured personnel facing medical discharge greater clarity regarding expected amount and timing of payment so that they can plan for their future.

Armed Forces Compensation Scheme, Resettlement providers (inc. CTP), third sector support providers: offer robust and relevant financial advice (including how to recognise, report and manage financial abuse) to those in receipt of large lump sum compensation payments.

Third sector support providers: provide additional emotional and administrative support for those who engage in tribunals to contest their awarded compensation.

Armed Forces Compensation Scheme, Department for Work and Pensions: undertake data linkage to fully investigate relationships between compensation and benefits, employment, and mental health e.g. whether AFCS compensation is being used as a substitute for other benefits, and whether benefits and compensation taken result in better employment, health and wellbeing outcomes.

Report section – Resettlement package and career advice

Implications

Participants felt that equipping themselves for their future careers was as important as their recovery from their physical injury and the services provided at the DMRC needed to accommodate this. The pace at which career support was offered was important since some injured personnel were ready and wanted to reinvent their careers at the same time as recovering from their injuries, whereas others did not feel ready to find a job in the civilian job market until years later. The systems in place to support those with injuries seemed to cater for a homogenous group; in reality participants did not recover at the same pace or in the same way, so the timing of the resettlement package did not fit the individual's recovery trajectory.

Career support and advice could be helpful to injured personnel if it was tailored according to their physical capabilities and personal interests. If injured personnel receive ill-fitting career advice, this could negatively impact their motivation to find employment post-discharge, foster low mood and as a result add strain to their personal relationships.

Recommendations

Career support services at the point of rehabilitation (inc. CTP): support the pace of an individual's reinvention into their professional future at whatever stage they require it, so that they can plan ahead for their next career alongside their physical rehabilitation.

Resettlement providers (inc. CTP): provide tailored advice and opportunities to support injured personnel, taking into account the person's physical limitations, educational level and personal interests.

Report section – Transition to civilian healthcare post-discharge

Implications

The untimely or incomplete transfer of medical records reduces continuity of care from military to civilian healthcare systems and may decrease the efficacy of veteran interactions with healthcare professionals which may delay the provision of interventions for injured veterans, who may be living in pain for lengthy periods.

Injured veterans may find it logistically challenging and emotionally wearing to explain their complex medical histories repeatedly in the absence of their medical records and this may demotivate them from seeking necessary medical care.

Recommendations

Military and civilian medical providers: continue to advocate for the swift and consistent transfer of medical records from military to civilian healthcare systems across all regions of the UK.


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