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Future scenarios for mental health in the UK Armed Forces community

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Preface

This report examines plausible future scenarios for mental health in the UK Armed Forces community out to 2045, underpinned by an analysis of the evolving landscape of Armed Forces community mental health, including trends in support needs as well as the changing nature of mental health services and interventions. It has been prepared to inform stakeholders and decision makers about the future landscape of mental health within the Armed Forces community. In foresight research, future scenarios are structured analytical tools used to explore a range of plausible future outcomes. They are designed to examine possibilities, challenges and opportunities, rather than to predict or forecast what will definitively happen.

This research was commissioned by Combat Stress, a veterans' mental health charity, and funded by the Forces in Mind Trust (FiMT), an independent organisation dedicated to enabling successful transition to civilian life for service leavers and their families. The study was conducted by RAND Europe, a not-for-profit research institute committed to improving policy and decision making through evidence-based analysis.

We would like to thank FiMT and Combat Stress for their support and guidance throughout this project. Thanks are also due to everyone who participated in the opening roundtable and took part in interviews. Lastly, we are grateful to Dr Mary Keeling, William Philips, Dr Stephanie Stockwell, Dr Nick Fahy and Ruth Harris for their insightful feedback during the study. Recognising these contributions, the authors of this report are nevertheless accountable for its contents.

For further information about this study and the report, please contact:

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Forewords

Chloe Mackay, Chief Executive, Combat Stress

Combat Stress is delighted to have worked with Forces in Mind Trust to commission this study that focuses on the future of mental health for the Armed Forces community. We know that this research comes at a pivotal moment for Armed Forces' mental health as conflict around the World increases and the need for our Armed Forces grows. We also know that our society is changing, the need for mental health treatment and support is evolving rapidly and the ways people are accessing the services that they need is also changing fast.

The findings in this research offer valuable insight. They give grounded consideration into the future needs of the people we will serve, the pressures that services could face and, importantly, the opportunities to improve and develop how we deliver.

For Combat Stress and our sector, this document will help shape our strategic planning and future approach to care. It will ensure that we remain well-positioned to meet the mental health needs of veterans across the UK, now and in the years ahead. Ultimately, I expect it will be used further to support policy and decision making across Armed Forces mental health.

Michelle Alston, Chief Executive, Forces in Mind Trust

The Armed Forces community is currently navigating a period of uncertainty. An evolving Defence context, shifting societal dynamics and a changing mental health landscape are reshaping both need and the way in which support is delivered. This report therefore comes at a critical moment, offering a robust and credible foundation to help the sector think ahead with greater clarity.

Whilst we cannot know exactly what the future will look like, and this project does not attempt to predict it, it lays out a range of possible scenarios for the next 20 years. These can be used to challenge assumptions, inform strategic thinking and support more resilient decision making across policy and practice. Some of the scenarios are challenging, whilst others highlight compelling opportunities to improve mental health outcomes for the Armed Forces community. Together, they reinforce the importance of being proactive, as well as collaborative, in planning for the future.

The report offers a valuable and practical tool for organisations across the sector. It provides an opportunity to test organisational strategies, identify potential gaps and consider how services and systems may need to evolve. In doing so, the report can support organisations to remain resilient, adaptable and responsive to the changing mental health needs of the Armed Forces community.

This project sits at the heart of two of Forces in Mind Trust's strategic priorities: improving understanding of the unique impact of service on health and wellbeing and improving understanding of the changing nature and needs of the Armed Forces community. I encourage organisations across the sector, whether government, the NHS or the third sector, to actively use this report in their future planning, helping to ensure that mental health support for the Armed Forces community remains relevant and effective.

Summary

Objectives and research approach

The Armed Forces charities sector in the UK supports a sizeable community of Armed Forces personnel, veterans and families who can face unique risks and challenges to their mental health. Due to underlying trends such as the changing character of warfare, evolving societal attitudes towards mental health, and innovation in mental health interventions, the sector is facing a dynamic mental health landscape that necessitates forward-looking strategic responses. To effectively plan for the future, the sector requires a better understanding of what the future landscape of military mental health may look like.

RAND Europe was therefore commissioned by Combat Stress, with funding from the Forces in Mind Trust, to **develop a range of future scenarios for Armed Forces community mental health out to 2045**. This included identifying future trends and developments that are anticipated to impact provision and demand/need for mental health services among the UK Armed Forces community. The research did not aim to predict the future, but rather to explore a broad spectrum of future possibilities and thus help organisations within the sector consider and prepare for different future risks and opportunities.

The study employed a **structured scenario-planning methodology** comprising three phases:

1. The first phase focused on identifying relevant trends shaping the mental health landscape through an expert roundtable, a targeted literature review and 15 semi-structured interviews with subject-matter specialists across military, statutory, academic and third-sector domains. These activities generated a long-list of trends and factors expected to shape Armed Forces community mental health out to 2045.
2. In phase two, the long-list of trends and factors was analysed through expert engagement to identify the most impactful and uncertain factors for the military mental health sector, i.e. 'critical uncertainties'.
3. In phase three, the research team developed a range of plausible projections for each critical uncertainty and combined them to construct five coherent future scenarios. The scenarios were refined with expert consultations and validated through engagement with Combat Stress and FiMT.

Future trends impacting UK Armed Forces community mental health

The study identified several trends and potential future developments affecting the level and nature of demand for mental health support among the UK Armed Forces community. These are both a reflection of wider trends in UK society as well as factors that are unique to the Armed Forces:

- Over the past decade, **UK society** has experienced a marked increase in demand for mental health support, particularly

among children and young people. This rise in part has resulted from increased awareness and willingness to seek support, but also reflects the increasing prevalence of poor mental health, driven by factors such as loneliness and social isolation, growing social media use and socioeconomic inequality. While mental health-related stigma has decreased in UK society over the last few decades, there are signs of stagnation and possible future backsliding in terms of attitudes towards mental health. Looking ahead to 2045, climate change, political polarisation and economic disruption may present additional challenges for mental health across UK society.

- Within the **Armed Forces community**, mental health support needs are shaped by unique stressors associated with military service, including operational tempo, exposure to combat and the evolving character of conflict. There are significant concerns in the sector about geopolitical uncertainty and the potential for UK involvement in future large-scale conflicts. Climate change presents additional uncertainty regarding future operational demands, bringing distinctive psychological stressors for personnel. Mental health risks also stem from the integration of new technologies and hybrid warfare. From a workforce perspective, persistent workforce gaps and demographic trends (e.g. greater gender-, ethnic- and neurodiversity) may increase requirements for mental health support or add complexity to service provision.

Alongside these trends, the way mental health care is delivered in the UK is also seeing significant transformation:

- Structural challenges – such as workforce gaps, funding constraints and increased demand – have led to structural reforms in mental health care delivery, greater reliance on charities, and diversification of support providers.
- There has been increasing adoption of digital technologies and artificial intelligence (AI) in mental health services, underpinning a move towards more personalised and precise therapies. Out to 2045, digital tools, AI and other technologies such as virtual reality and biotechnology may offer additional benefits for mental health care. However, concerns remain about privacy and ethical implications as well as the efficacy of technology-enabled interventions.
- Healthcare practices have seen an increased focus on prevention, addressing the social determinants of mental health and maximising positive psychological outcomes. Therapeutic approaches have also been diversifying, offering a wider range of treatment choices for patients, while raising concerns about the proliferation of non-evidence-based or untested interventions.

Future scenarios

From a long-list of anticipated future trends and developments that may impact military mental health, the study identified 10 factors which represent 'critical uncertainties'. These were clustered in three categories:

The Defence environment:

Levels of operational tempo, the extent to which Armed Forces personnel are engaged in large-scale combat operations, Defence workforce shortages, and military entry standards.

The social environment:

The level of public spending on mental health, the risk of public health crises, and the nature of public perceptions of the Armed Forces.

How mental health care is delivered:

The level of technology use in mental health care services and the focus on social interventions in mental health care.

Based on different projections of how these factors may evolve in the future, five scenarios were developed, as summarised in Table 1 overleaf.

The five scenarios capture varied Defence and societal contexts which would exert different pressures on the Armed Forces mental health sector. Chapter 4 identifies the key implications of each scenario for the military mental health sector. These implications are not exhaustive, and support providers should undertake additional assessments to understand how the scenarios might impact their strategies and operations. Additionally:

- Stakeholders should consider how aspects of the scenarios may co-occur, to recognise how various pressure points on mental health services could be layered on top of each other. Although the scenarios present distinct dynamics, they are not mutually exclusive.
- Service providers should keep abreast of high-impact trends which are not captured in the scenarios due to their higher level of certainty. This includes population ageing and the increasing prevalence of poor mental health across UK society, particularly among children and young people.
- The sector should continue leveraging futures and foresight methods to help future-proof support strategies.

Table 1. Overview of scenarios

Scenario 1: Mobilising at scale		Scenario 2: The home front		Scenario 3: A climate of crisis		Scenario 4: Systemic fragmentation		Scenario 5: Building social foundations	
A **NATO-Russia conflict** in Eastern Europe requires large-scale mobilisation of Regular and Reserve personnel, with **economic fall-out** shaping the UK social context.		An **attack against mainland UK** triggers full-scale mobilisation and volunteer conscription. Adversarial disruption requires **low-tech, localised care** delivery.		**Unmitigated climate change** has led to recurrent **public health crises**. Military roles shift to humanitarian assistance and disaster relief. Health care delivery is **technology centric**.		The Armed Forces operate at **high levels of readiness** to manage **tensions in the Indo-Pacific**. Political change has led to **backsliding** in public attitudes and funding for mental health.		**Geopolitical stability** and sustained economic growth enable **substantial investment** in mental health. **Social determinants** are at the core of support provision.	
Operational tempo	↑↑	Operational tempo	↑↑	Operational tempo	↑	Operational tempo	↑	Combat	↓
Combat	↑	Combat	↑↑	Combat	↑	Entry standards	↑	Entry standards	↓
Workforce shortages	↑	Workforce shortages	↑↑	Public health crises	↑↑	Spending on mental health	↓	Spending on mental health	↑↑
Spending on mental health	↓	Spending on mental health	↓	Spending on mental health	↑	Public perceptions	↓	Public perceptions	↓
Technology in mental health care	↑	Technology in mental health care	↓	Technology in mental health care	↑↑	Social interventions	↓	Social interventions	↑↑

KEY

↑↑ Very high / significantly higher than today

↑ High / higher than today

↔ Unimportant / about the same as today

↓ Low / lower than today

Table of contents

Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
AI	Artificial Intelligence
CAMI	Community Attitudes to Mental Illness
D&I	Diversity and Inclusion
DMS	Defence Medical Services
FVMH	Future Veterans Mental Health
FiMT	Forces in Mind Trust
FPV	First-person view
HA/DR	Humanitarian Assistance and Disaster Relief
KCMHR	King's Centre for Military Health Research
MH	Mental Health
MHED	Mental Health Emergency Department
MHIS	Mental Health Investment Standard
MOD	Ministry of Defence
MST	Military Sexual Trauma
NAO	National Audit Office
NATO	North Atlantic Treaty Organization
NICE	National Institute for Health and Care Excellence
PTG	PostTraumatic Growth
PTSD	PostTraumatic Stress Disorder
RQ	Research Question
RD	Regular or Reserve Deployment
SME	Subject-Matter Expert
UKVFS	UK Veterans Family Study
VR	Virtual Reality
WHO	World Health Organization

Chapter 1. **Introduction**

1.1. Background

The UK Armed Forces community comprises a sizeable population of military personnel, ex-serving personnel and their families, and the bereaved. **While the majority of Armed Forces personnel and veterans do not report any poor mental health outcomes, there is a significant minority who do**.[1] Among the serving and ex-serving military, rates of common mental disorders, post-traumatic stress disorder (PTSD) and alcohol misuse are higher than among the general population.[2] Research also indicates that veteran families have higher rates of probable depression and anxiety in comparison to the general population.[3] In part, this reflects that military service and the nature of service life can present unique challenges and pose a risk to mental health (for a definition and conceptualisation, see Box 1).

Box 1. Conceptualising mental health and mental health support

In this report, we adopt a comprehensive perspective on mental health, which is defined as 'a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community'.[4] Mental health can be impacted by a complex set of factors at the individual, family, community and structural level. Support for mental health includes clinical and non-clinical services and interventions which seek to strengthen and improve an individual's mental health. This includes:

- Prevention and promotion of mental health by addressing its individual, social and structural determinants.
- Provision of clinical and non-clinical services and treatments, including community mental health, for those with mental health conditions.

Although the focus of this study is on mental health support provision for the Armed Forces community, it does not exclusively focus on services and interventions oriented at this community (e.g. Defence Medical Services, Op COURAGE[5]).

1 According to a cohort study of military personnel and veterans who deployed to Iraq and Afghanistan, 66.9 per cent of personnel and veterans do not report any mental health or alcohol misuse problems. However, 27.8 per cent report outcomes associated with common mental disorders, 9.4 per cent report probable PTSD, and 8.4 per cent report alcohol misuse (Sharp et al. 2024).

2 Goodwin et al. (2015); Rhead et al. (2020); Sharp et al. (2024).

3 Gribble et al. (2023).

4 WHO (2025a).

5 Defence Medical Services comprise military medical healthcare services for serving UK Armed Forces personnel. Op COURAGE is the NHS specialist veterans' mental health and wellbeing service.

In this context, mental health support remains a priority area for many organisations in the military charities sector. **It is widely recognised that requirements for mental health support provision are changing**. Demand for mental health services has been rising, due to multiple interacting drivers, such as changing societal attitudes and declining mental health-related stigma, and there are indications of rising levels of mental health problems among military populations and the general UK population.[6] However, military personnel and veterans are also increasingly experiencing more complex, interrelated conditions, such as anxiety, depression, trauma and chronic physical health problems.[7] Demographic change within the community, including rising levels of gender diversity, ethnic diversity and diagnosis of neurodivergence,[8] is also impacting mental health and support needs.[9]

As the Armed Forces sector adjusts to the changing profile of support needs among its community, it must also consider the shifting nature of mental health services and interventions. From a technological perspective, digital technologies are playing an increasing role across the spectrum of mental health support, from diagnosis to service delivery.[10] As technologies such as artificial intelligence (AI) mature, they may offer various opportunities as well as challenges and risks. Alongside technological innovations, service providers may be facing further uncertainty due to structural changes in mental health care delivery, such as the planned restructuring of the National Health Service (NHS) in England.[11] Though many of these issues are national in nature, additional specific challenges and developments may be taking place at the regional level, due to differences in healthcare systems in England, Wales, Scotland and Northern Ireland.[12] In the context of multiple unfolding changes within the military mental health landscape, the Armed Forces sector needs a comprehensive view of possible developments to effectively plan and develop resilient strategies for support provision.

1.2. Research objectives

This research has sought to develop a range of future scenarios for Armed Forces community mental health out to 2045. These scenarios are based on a comprehensive analysis of key future trends and developments that are likely to influence the provision of, and demand for, mental health services among the UK Armed Forces community over the next two decades. The aim of the research

6 For example, within the King's Centre for Military Health Research (KCMHR) cohort study, rates of probable PTSD have increased from 4 per cent in 2004/2006 to 6 per cent in 2014/2016 and 10 per cent in 2022/2023. Rates of common mental disorders increased from 20 per cent in 2004/2006 to 22 per cent in 2014/2016 and 28 per cent in 2022/2023. There are various potential explanations for this recorded increase, including a larger proportion of ex-serving personnel in the cohort study and wider societal trends (Stevelink et al. 2019).

7 Bond et al. (2022).

8 In this report we refer both to neurodiversity and neurodivergence. While neurodiversity is understood as the 'natural diversity in human brains', neurodivergence refers to 'when someone's brain processes, learns, and/or behaves differently from what is considered "typical"'. This includes neurodivergent conditions such as autism, Attention Deficit Hyperactivity Disorder (ADHD), dyslexia, dyspraxia and dyscalculia (Royal College of Nursing 2026).

9 Wong et al. (2024); Lam et al. (2017); Ramchand et al. (2016).

10 Bucci (2019); Gardiner & Mutebi (2025).

11 NHS Confederation (2025).

12 For example, the Scottish government has a distinct mental health and wellbeing strategy, which has included the introduction of new models for community mental health care, alongside other changes in healthcare delivery (Scottish Government & COSLA 2025).

and the scenario development was not to attempt to predict the future, but to explore a broad spectrum of future possibilities and thus help organisations within the sector consider and prepare for different future risks and opportunities that may impact them.

Specifically, the research addressed the following research questions (RQs):

- RQ1: What future trends and developments are anticipated to impact provision and demand/need for mental health services among the UK Armed Forces community out to 2045?
- RQ2: What are the most uncertain and potentially most impactful future trends and developments in these areas that may affect organisations providing mental health support to the Armed Forces community out to 2045?
- RQ3: How might the trends and developments identified under RQ2 evolve out to 2045 and how might they affect mental health provision?
- RQ4: What are the key implications, including risks and opportunities, stemming from the scenarios?

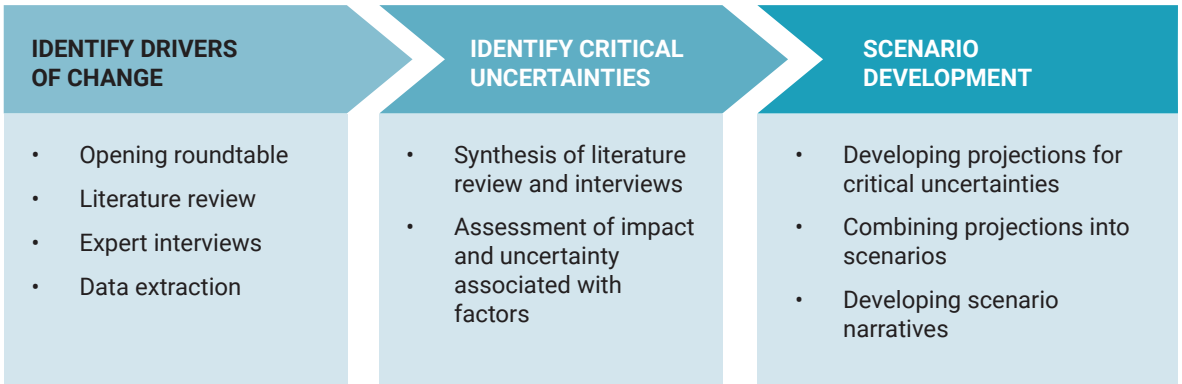
By focusing on the above questions, the study aimed to support long-term decision making and ensure that organisations in the sector can remain resilient, adaptive and responsive to the evolving context of UK defence and healthcare provision.

1.3. Methodology

The study followed a three-phase methodology, as illustrated in Figure 1, with an overarching scenario planning approach. Scenario planning is a participatory process that encourages diverse thinking and aims to help decision makers plan and strategise better in conditions of uncertainty. By engaging diverse perspectives on a given policy area, scenarios help to sensitise decision makers to the wide range of possibilities that the future may hold. This reflects that understanding both the breadth of possibilities and what might be the consequences of some specific main drivers and trends are key aspects contributing to a strategic perspective on shorter-term decisions.

In the first phase, the research team established a foundational understanding of the landscape through an initial expert roundtable, a review of current literature, and interviews with 15 subject-matter experts (SMEs). The initial roundtable brought together statutory and third-sector organisations as well as academic experts to encourage discussion

Figure 1. Overview of study methodology



about the future drivers of mental health within the Armed Forces community, thus helping to surface critical themes and uncertainties that the research should explore. The roundtable included representatives from key government bodies and support organisations, including the Office for Veterans' Affairs, the Ministry of Defence (MOD), NHS and Op COURAGE, Veterans Commissioners, and various third-sector organisations. Building on this roundtable, data on future trends and drivers of change was collected through two activities:

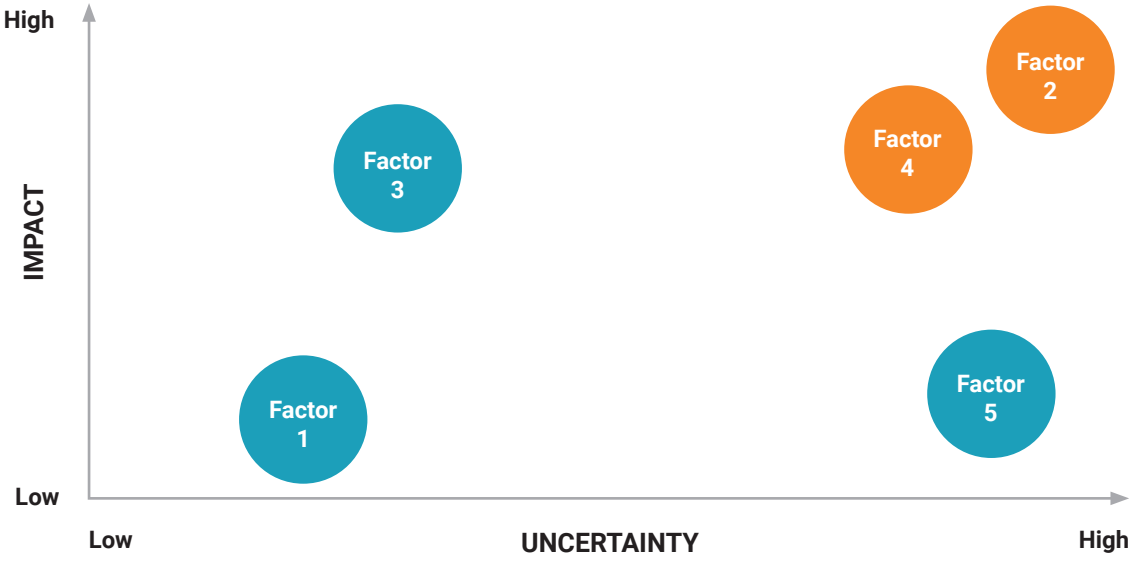
- Firstly, the team reviewed literature on trends within military and civilian mental health. This predominantly focused on identifying trends affecting the UK, but also captured some insights into similar national contexts (e.g. Canada, Australia, New Zealand). Academic and grey literature was sourced using targeted searches of online databases and institutional websites.[13] Each source was screened for relevance in relation to the RQs. Key insights were extracted, including observed trends in mental health needs or services, implications and contextual information.
- Secondly, the team conducted semi-structured interviews with SMEs and practitioners working within military mental health. A purposive sample of interviewees was identified based on interviewees' expertise and professional background. In total, 46 potential participants from the Armed Forces, statutory and third-sector organisations as well as academia were contacted, of whom 15 were interviewed (see Tables A.1 and A.2 in the report annex for a list of interviewees and sector breakdown). This sample enabled a balanced representation across both military and civilian domains, including statutory services (e.g. the NHS and in-house Defence medical support) and third-sector providers (such as charities and research institutes). The interviews followed a structured protocol, reflecting the research questions, to ensure consistency while allowing flexibility for depth of discussion. Key questions explored participants' current roles and perspectives on recent trends, the evolution of mental health needs and services over the past five to ten years, and expectations for future developments out to 2045.

Insights from the literature review and interviews were synthesised and consolidated into a long list of factors perceived or expected to shape the future military mental health landscape out to 2045. This process involved combining overlapping trends, clarifying definitions and consolidating insights to capture the most salient and evidence-based themes. Factors were categorised to identify whether they related to *supply, demand*, or *supply and demand* dynamics in relation to mental health, with sub-categories spanning economic, environmental, healthcare practices, social, technological, military and demographic domains.

The second phase of the research focused on identifying 'critical uncertainties' in the long list of identified factors. Identifying these critical uncertainties aims to capture critical issues that decision makers need to engage with to robustly plan for the future, as they are the

13 We used a combination of search terms relating to future armed forces community mental health, including future/trends/scenario/development, mental health/wellbeing and military/armed forces/armed forces community/veterans. Searches were conducted on Google, Google Scholar, the research database of the Centre for Evidence for the Armed Forces Community, and the websites of the Centre for Mental Health, Mind, the Mental Health Foundation and The King's Fund.

Figure 2. Illustration of critical uncertainties



most uncertain but also the most potentially impactful changes that decision makers may encounter.[14] The results of this analysis and all critical uncertainties are described in Chapter 4 of this report.

In the final phase, the identified critical uncertainties were used to develop plausible projections that informed the formulation of future scenario narratives. For each factor, three to five alternative projections were explored, based on how each factor might plausibly develop out to 2045. Typically, projections followed a 'high', 'medium' and 'low' pattern (e.g. high, medium and low levels of operational tempo). Each projection was accompanied by a concise description, contextual rationale and possible impact. To develop the scenarios in full, the projections were considered in combination, based on which were compatible and logically consistent. Following consultation with Combat Stress, Forces in Mind Trust (FiMT) and RAND experts, a set of five scenarios was developed, which represented different perspectives on what the defence environment, social context and nature of mental health care might look like. To develop full narratives for each scenario, we used the previously developed projections as well as AI tools (RAND Chat and CoPilot) to refine and expand projections.

Readers should note several caveats and limitations to this study, outlined in Box 2.

14 This scoring exercise was undertaken with RAND researchers with expertise in this field who independently assessed each factor against two criteria: impact and uncertainty. Impact was defined by the degree of change the factor could drive in the operation of the Armed Forces mental health support sector (low = little to no change; high = paradigm shift). Uncertainty reflected the confidence with which the factor's evolution could be predicted out to 2045 (low = predictable; high = highly indeterminate). Each factor was assigned a score from 1 to 3 on these scales.

Box 2. Methodology caveats and limitations

- **Future uncertainty:** The purpose of this study is to identify future trends and explore a wide range of scenarios relating to Armed Forces community mental health. As noted previously, the purpose of this analysis is to explore alternative futures and 'what if…' scenarios. Recognising the inherent uncertainty of the future, the analysis and findings should therefore not be interpreted as predictions of specific future developments.
- **Scope of expert and stakeholder engagement**: Due to the limited timeframe of the study, only 15 experts in Armed Forces community mental health were interviewed. While there was broader engagement with the stakeholder community through the opening roundtable, it is important to recognise that the study findings reflect the perspectives of a select number of relevant stakeholders.
- **Scope of literature review**: Due to resource and time limitations, the literature review informing development of the scenarios did not follow a systematic review methodology, but instead was targeted to capture key trends and developments in mental health. While triangulating the literature review with interviews aimed to ensure that all key trends and developments were identified, it is possible that some insights may have been missed due to the review's scope.
- **Limited analysis of scenario implications**: While the report reflects on the key implications of each scenario for the Armed Forces sector, the project's scope did not include stakeholder engagement to discuss implications in greater depth. As such, organisations working in the sector should critically reflect on the scenarios and identify additional, bespoke implications.

1.4. Structure of this report

The remainder of this report comprises four analytical chapters:

- Chapter 2 discusses ongoing and anticipated future trends shaping the level and nature of need for mental health support among the Armed Forces community.
- Chapter 3 focuses on trends in the mental health landscape from the perspective of services and interventions. It discusses technological and non-technological innovations and wider changes in mental health care systems and practice.
- Chapter 4 describes the identified scenarios for future Armed Forces community mental health that were developed on the basis of the scenario planning methodology.
- Chapter 5 summarises the research findings and reflects on key implications for the military mental health sector.

Chapter 2. Changing demand and need for mental health support

This chapter discusses current and future trends in demand for mental health support and the extent and nature of mental health-related support needs. It begins by exploring trends that concern broader UK society and may be reflected in the Armed Forces community, before turning to issues that are unique to the Armed Forces and the Defence landscape.

2.1. Mental health in UK society

Across the UK, **the past decade has seen a discernible rise in demand for mental health support, particularly among children and young people**.[15] NHS England has, for example, recorded a sustained and significant increase in poor mental health among young people, with one in five (20.3 per cent) children and young adults[16] recording a probable mental health disorder in 2023, up from 12.8 per cent in 2017.[17] Primary care and longitudinal data mirror this trend, with recorded cases of anxiety, depression and psychological distress among 15–20 year olds rising steadily between 2009 and 2019.[18] This sustained trend is likely to continue into the future, with younger cohorts carrying an increasingly heavy mental health burden into adulthood. Though this may in part reflect increasing awareness and diagnosis, younger people are expected to continue exhibiting elevated rates of depression, anxiety and related conditions into adulthood.[19]

Linked to these trends is the **notable rise in loneliness and social isolation** across society, particularly among young people.[20] As of 2024, approximately eight per cent of adults describe themselves as feeling lonely 'often or always', with a higher prevalence among those with disabilities, younger adults and individuals in deprived communities.[21] Increasing concerns over loneliness have been linked to various aspects of modern lifestyles, including greater physical mobility, smaller households and widespread use of digital technologies that connect on the surface but also deepen emotional distance and perpetuate exclusion.[22] Existing research indicates that the associations between loneliness, social isolation and mental health are multifaceted and contribute to a higher risk of depression,[23]

15 Interviewees 13 and 15.

16 Aged 8–25 years.

17 Newlove-Delgado et al. (2023).

18 Dykxhoorn et al. (2025).

19 Interviewees 13 and 15; Haidt (2022); Department of Health and Social Care (2025).

20 Hilliard et al. (2024).

21 Hilliard et al. (2024).

22 Interviewees 4, 5, 8, 9, 11 and 15.

23 Hilliard et al. (2024).

lower subjective wellbeing, reduced life satisfaction and lower levels of perceived meaning in life.[24]

While improved awareness and willingness to seek support have contributed to higher rates of poor mental health, the underlying drivers of these trends are more structural and multifaceted. Societal instability, including economic uncertainty, disruption in education and the residual effects of COVID-19 lockdowns have all had measurable psychological consequences.[25] A particular concern, however, has been **the growing use of smartphones and social media, particularly among children and young people.** Though the exact impact of smartphones and social media on mental health is disputed and complex, there is emerging consensus that increasing screen time and social media use (particularly heavy use, i.e. multiple hours a day), are linked to worse mental health among young people, particularly among girls.[26] Whilst social media platforms can enable connection, they also have the power to heighten social pressures and lower self esteem, increasing negative online experiences that result in anxiety and depression.[27] Additional risks to mental health may arise from digital threats enabled by smartphone use, including harmful content and cyber bullying.[28] As online platforms integrate more immersive technologies (e.g. AI), some mental health risks such as body image distortion, cyberbullying and harmful content exposure may intensify. As the nature of social media evolves, digital literacy and safe online environments are likely to become more essential aspects of managing psychosocial risk.[29]

Wide and growing socioeconomic inequalities across UK society are also contributing to an observable rise in demand for mental health services. Individuals from lower socioeconomic backgrounds are more likely to experience complex and chronic mental health problems, a pattern exacerbated by the increasing cost of living and persistent disparities in income, housing and education.[30] Economic projections highlight that the UK's wealth gap has grown by 50 per cent in the last eight years, and will continue to rise, evidencing this systemic issue impacting lower-income individuals.[31] Socioeconomic adversities such as financial instability, unsafe living conditions and adverse childhood experiences (e.g. addiction, domestic violence and neglect) are strongly associated with anxiety, depression and long-term psychological distress.[32] Evidence also suggests that lower social position, limited education and economic insecurity increase exposure to chronic stressors and reduce access to protective social support networks.[33]

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24 Mental Health Foundation (2022).

25 Between 2020 and 2023, the NHS recorded a 47 per cent increase in young people treated for eating disorders compared to pre-pandemic levels, reflecting a sharp rise in complex mental health presentations. Similar increases have been observed in self-report symptom data, which show average psychological distress rising by close to 20 per cent across the same period (WHO 2025b).

26 Interviewee 15; Haidt et al. (ongoing).

27 Haidt (2022); Plackett et al. (2023).

28 Ofcom (2022).

29 Interviewees 13 and 15.

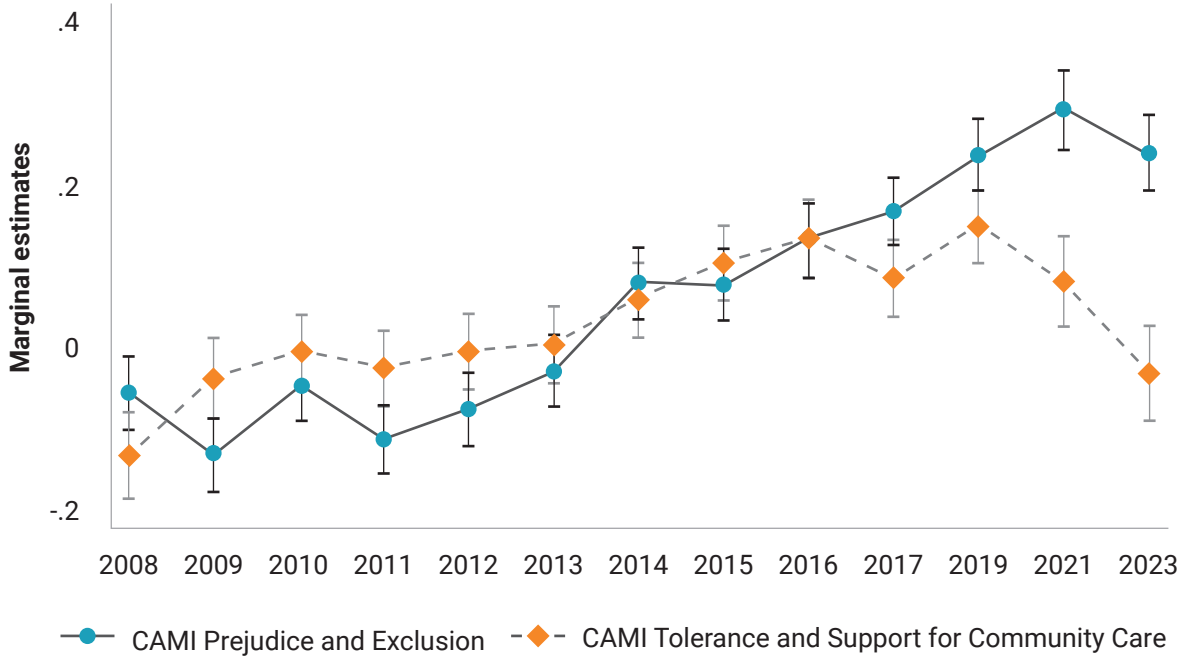
30 Interviewees 3, 4, 8, 9, 11, 12, 13 and 15.

31 Snell (2024).

32 Salem & Robenson (2025); Interviewees 13 and 15.

33 Salem & Robenson (2025).

Figure 3. Comparison of the Community Attitudes to Mental Illness (CAMI) prejudice and exclusion and CAMI tolerance and support for community care subscales



Source: Mind, KCL and Institute of Psychiatry, Psychology and Neuroscience (2023).

Hand in hand with growing concerns over mental health in UK society, **societal attitudes have been becoming steadily more accepting of mental ill-health, contributing to lower stigma associated with such conditions**, arguably influenced by major anti-stigma campaigns such as Time to Change.[34] This has facilitated higher rates of help-seeking and a corresponding surge in demand for services, as people access support more readily, moving beyond crisis-point presentations.[35]

However, progress in societal awareness and mental health attitudes has diminished in recent years, and some experts warn of a backsliding in mental health-related stigma.[36] This deterioration is fundamentally driven by a decline in support for community care and widespread 'therapeutic pessimism' regarding the effectiveness of available treatment (see Figure 3).[37] It is likely that the pessimism stems from the public experience of a struggling health care sector, but some experts warn that intolerance towards minority groups may also

34 For example, measures of mental health-related knowledge and intended social behaviour have retrogressed towards 2009 baseline levels, as evidenced by the Attitudes to Mental Illness survey and Scottish Mental Illness Stigma Study (Mind and Centre for Mental Health 2025).

35 Mind and Centre for Mental Health (2025).

36 Henderson & Ronaldson (2024); Mind (2024b).

37 Interviewees 5, 12 and 13; Mind (2024b).

enable further backsliding in mental health attitudes.[38] Attitudes towards mental health can also be shaped by distinct dynamics in the Armed Forces context, as discussed further in Section 2.2.

Looking out to 2045, **climate change is also likely to present a multifaceted challenge for mental health across the UK population**.[39] Climate-driven events such as heatwaves, flooding, droughts and ecological disasters are projected to increase in frequency and intensity, reinforcing climate anxiety and increasing the risk of social disruption that would substantially affect rates of mental ill health.[40] As awareness of environmental risks rises, communities are expected to face increased uncertainty and disruption across several domains (e.g. the economy and housing).[41] Such disruption might affect many social determinants of mental health, including housing security, physical and psychological safety, employment and financial security.

Apart from environmental degradation, interviewees also highlighted **political and socioeconomic instabilities as risk factors for future mental health**:

- Research indicates that intensifying political polarisation, marked by growing affective divisions between ideological groups, poses measurable risks to mental wellbeing. Studies from the United States indicate, for example, that antipathy towards people outside one's own political group is linked to increased stress, anxiety and self-reported declines in physical health.[42] Social media further amplifies this effect, blurring distinctions between personal identity and political ideology, and heightening emotional responses to national and international events. For veterans and military personnel, whose sense of identity is strongly tied to service, honour and national cohesion, these trends may affect mental health-related factors such as sense of belonging and social support networks.[43] The politicisation and weaponisation of national symbols, such as flags, may reinforce these effects.
- Some research also highlights the risk of future economic disruption, particularly as unemployment is consistently linked with heightened levels of anxiety, depression and psychological distress.[44] Although veterans generally have lower unemployment rates compared to the general population, they are not immune to the effects of future economic disruptions.[45] Research shows, for example, that sharp contractions in employment during the COVID-19 pandemic led to measurable declines in mental health among both veterans and

38 Interviewee 13.

39 Interviewees 5, 8, 9 and 13.

40 Public surveys already indicate high levels of concern about the climate crisis, with 74 per cent of British adults reportedly feeling worried about climate change in 2022. These concerns are mirrored internationally, with heightened eco anxiety, particularly among younger people and those with pre-existing mental health vulnerabilities (Gieve et al. 2024; Ball et al. 2022; Hickman et al. 2021; Interviewee 13).

41 Cianconi et al. (2020); Gieve et al. (2024); Interviewee 14.

42 Fraser et al. (2022); McMurtrie et al. (2025); Edinger et al. (2025).

43 Interviewees 8 and 9.

44 Interviewee 13; Arena et al. (2023); Olesen et al. (2013).

45 Office For National Statistics (2024).

civilians.[46] Additionally, future workforces are likely to see greater demands for retraining and skills adaptation due to the rapid pace of technological change, alongside increased risk of skills displacement.[47] These pressures can undermine work-life balance, contribute to stress (including 'technostress'),[48] risk of burnout, anxiety and chronic fatigue.[49] For the Armed Forces community, these stressors might be accentuated by the challenges associated with military-to-civilian transition.[50]

2.2. Current and future trends in Armed Forces community mental health

Although the Armed Forces community mirrors wider societal developments in mental health, there are also unique stressors associated with military service and service life that may impact future mental health in the community. Existing research and interviews highlighted six such military-specific factors:

- Level of operational tempo
- Engagement of military personnel in combat operations
- The evolving character and context of military operations
- Defence workforce gaps stemming from recruitment and retention challenges
- The changing demographic characteristics of the Defence workforce
- Prevalence of mental health-related stigma in military populations.

Geopolitical uncertainty and the potential involvement of the UK in future conflicts were leading concerns among many interviewed experts.[51] These concerns are embedded in a contested geopolitical landscape which has characterised the post-Iraq and Afghanistan eras, manifesting, for example, in Russia's ongoing war of aggression against Ukraine as well as hostilities between Iran, the United States and regional neighbours in the Middle East. Although UK Armed Forces operational requirements are already impacted by this landscape, any future escalations of direct threats against NATO or the UK would have significant implications for operational tempo and level of risk that personnel are exposed to, particularly in combat operations.

Level of operational tempo and combat exposure are considered key determinants of future support needs, due to their impact on psychological strain, mental exhaustion and the risk of various mental disorders among personnel.[52] Sustained exposure to combat and high-intensity operations, as seen during the Iraq (Op TELIC) and Afghanistan (Op HERRICK) campaigns, have been linked to various mental health stressors, including prolonged separation from family, sleep disruption

46 Note that this research did not account for some unobserved factors which may also have impacted veterans' mental health during COVID-19, such as fear of the virus and loss of loved ones (Burdett et al. 2022).

47 Brougham & Haar (2017); Sansovini & Magida (2025).

48 Technostress is defined as 'negative consequences on human actions, attitudes, and psychological functioning brought about by using technology' (Kumar 2024).

49 Sansovini & Magida (2025).

50 Owen (2022).

51 Interviewees 3, 5, 11, 12 and 14.

52 Interviewees 1, 2, 3, 5, 11, 12 and 14.

and exposure to traumatic events.[53] These stressors can in turn contribute to deteriorating wellbeing and increased rates of mental health conditions, particularly (complex) PTSD.[54] The impacts of combat exposure and operational engagements on Service personnel's mental health may be felt for many years or even decades, and thus also affect the ex-Serving community, alongside families of personnel.[55]

Concurrently, **the effects of climate change also increase uncertainty about future operational demands on personnel**. Climate change is anticipated to drive an increased need for military engagement for humanitarian assistance and disaster relief (HA/DR) operations, both domestically and overseas. Evidence suggests that such missions generate psychological effects that differ from those associated with combat exposure, including emotional distress caused by witnessing large-scale human suffering, destruction and social disruption, as well as feelings of helplessness and lack of control.[56] Although HA/DR deployments have been linked with lower levels of post-traumatic stress than direct combat operations, they still expose personnel to complex emotional stressors and moral challenges that existing clinical and welfare frameworks may not be fully equipped to address.[57] For serving personnel and their families, many of whom are mobile, stationed abroad or directly engaged in climate response operations, the psychological impacts of climate emergencies may be compounded by operational tempo, repeated relocations and exposure to humanitarian suffering.[58]

Additionally, the nature of warfare is continually evolving. Out to 2045, **armed conflict is anticipated to blend historical tactics with increased use of new technologies**, alongside non-kinetic interference across the cyber, electromagnetic and broader psychological domain in the form of hybrid warfare.[59] Some interviewees raised specific concerns about the integration of drones and other autonomous systems in warfare, which exerts unique psychological pressures for service personnel.[60] These pressures differ depending on the role that personnel carry out:

- For personnel deployed in ground operations, drone technologies can cultivate a pervasive sense of vulnerability and dread, as soldiers perceive themselves to be under omnipresent surveillance.[61] This can materialise as anticipatory fear when living or fighting under continuous aerial observation, triggering PTSD-like stress responses and hypervigilance.[62] Recent technological advances in

53 Sharp et al. (2024).

54 Sharp et al. (2024).

55 Gribble et al. (2023).

56 Cunha et al. (2017); Kim et al. (2017).

57 Cunha et al. (2017); Kim et al. (2017).

58 Interviewees 1 and 2.

59 Interviewee 12.

60 Interviewees 1 and 2.

61 For example, Ukrainian combatants exposed to FPV (first-person view) drones have reported extreme paranoia, avoidance behaviours and trauma-related anxiety, illustrating how modern drone warfare merges physical threat with enduring neuropsychiatric strain (Perdue 2025; Cox 2025).

62 Cox (2025); Interviewee 10; Saini et al. (2021); Norrholm (2023); Pino & Pettigrew (2024).

counter-drone weapons systems may help mitigate these impacts in the future.[63]

- Among drone operators, drone crews can experience 'psychological whiplash',[64] leading to emotional fragmentation, depersonalisation and difficulty processing moral conflict.[65] Empirical studies show elevated rates of depression, sleep disturbance and burnout among remotely piloted aircraft crews, driven by sustained vigilance, exposure to traumatic imagery and isolation from typical combat camaraderie.[66]

Additional challenges in future conflict dynamics may arise through growing erosion of compliance with the laws of armed conflict and international humanitarian norms. This may expose service personnel to greater moral and psychological risk. Operating in environments where adversaries disregard ethical and legal boundaries heightens soldiers' uncertainty about lawful conduct, treatment as prisoners of war and accountability for battlefield actions.[67] The International Committee of the Red Cross has also warned that selective or expedient interpretations of international humanitarian law are permitting deliberate attacks on civilians and medical facilities.[68] These factors may increase the risk of exposure to morally injurious events among personnel, which can lead to elevated anxiety, depressive symptoms and persistent stress among both deployed and returning personnel. Such challenges in modern warfare are intensified by the pervasive visibility of conflict on social media. This is seen as blurring the boundaries between private and professional spheres for service personnel, while also exposing veterans and family members to traumatic events with severe mental health implications.[69]

Alongside these trends, **the character of the Defence workforce is also changing substantially**, which has various implications for the mental health needs profile of the Armed Forces community. The size of the Armed Forces, as well as workforce gaps that emerge from a mismatch of this size with the nature of Defence demands, are the first important factors to note. As the 2025 Strategic Defence Review recognised, the UK Armed Forces are experiencing a 'workforce crisis' with increasingly acute workforce and skills shortages.[70] Although policy changes have helped to stabilise inflow, recruitment and retention remains fragile, and it is expected that workforce gaps will persist, particularly as personnel serve for shorter periods of time.[71] Underpinned by this, the Armed Forces are seen as doing 'more with less', with many personnel navigating rising workloads. As a result, some experts have stated that burnout

63 See, e.g., Allison (2026).

64 The abrupt transition from high-stakes virtual combat to ordinary domestic contexts within minutes.

65 Saini et al. (2021); Press (2022); Norrholm et al. (2023); Interviewees 1,2, 3, 4, 10, 12 and 14.

66 Saini et al. (2021); Norrholm et al. (2023).

67 Interviewees 1 and 2.

68 International Committee of the Red Cross (2024); Cathcart (2022).

69 For example, research shows that repeated viewing of graphic imagery activates fear circuits and amplifies post-traumatic stress responses, while the constant online depiction of ethical breaches fosters empathy fatigue and moral dissonance among personnel (Divon & Krutrök 2025).

70 Ministry of Defence (2025).

71 Interviewees 3, 4 and 14.

is the leading mental health concern for Defence in the current era.[72]

In part due to the need to recruit from a wider cross-section of society, **the Armed Forces have also become more demographically diverse, with a greater representation of women, ethnic minorities and neurodivergent individuals**. This increased demographic diversity of the Armed Forces, and the wider community, has had several implications for mental health support:

- Women serving in the UK Armed Forces remain at heightened risk of poor mental health, with elevated rates of depression, anxiety and complex PTSD linked to gendered experiences of discrimination and military sexual trauma (MST).[73] While operational experiences can be psychologically demanding for any service member, interviewees and recent UK studies highlight that gender-specific factors exacerbate these risks.[74] Experiences of gender discrimination, bullying and sexual harassment or assault are strongly associated with poorer mental health outcomes and reduced help-seeking among female personnel.[75] Interviewees also noted the scarcity of research on the mental health effects of serving in front-line combat for women, given their recent full integration into such roles.[76]
- Though research on differences in mental health between ethnic groups is scarce, international evidence points to higher rates of PTSD and depression among ethnic minority veterans due to discriminatory stress.[77] Evidence from the UK is more limited, but experiences of structural and interpersonal discrimination can undermine the psychological wellbeing of those from minority-ethnic backgrounds.
- Growing recognition and diagnosis of neurodivergent conditions such as autism, ADHD, dyslexia and dyspraxia has increased the visibility of neurodivergent personnel in the Armed Forces.[78] Evidence across occupational health research suggests that neurodivergent populations may have elevated risks of anxiety, depression and stress-related disorders when organisational support or flexibility is limited.[79] In the disciplined, high-demand environment of military service, these vulnerabilities may be amplified in some contexts, such as by sensory overload.[80] Interviewees emphasised that mental health support needs to be adapted for the increasing levels of recognised neurodivergence.[81] This,

72 Interviewees 1, 2, 5, 12 and 14.

73 Hendrikx (2021).

74 Interviewees 1, 2 and 12.

75 Morgan (2022).

76 Interviewees 1, 2, 10, 12 and 13.

77 McClendon et al. (2019).

78 Interviewees emphasised that this does not necessarily mean increased prevalence of neurodivergence within the Armed Forces, but may just reflect better diagnoses and decreasing stigma associated with neurodivergence (Interviewees 1, 2, 4 and 12).

79 Juškaitė et al. (2025).

80 Juškaitė et al. (2025).

81 Interviewees 1, 2, 3, 4, 8, 9, 13 and 14.

together with improved diagnosis, should help to proactively manage the mental health challenges that neurodivergent personnel may face, alongside unlocking organisational benefits.

Finally, **there remains concern about elevated levels of mental health-related stigma in the military**. Despite the broader societal trends discussed in Section 2.1 and substantial improvements in rates of help-seeking, research continues to find substantial stigma among military personnel.[82] This is rooted in the perceived risk of negative career repercussions, driven by the military's emphasis on continuous operational readiness, masculinity and self-sufficiency.[83] For example, a 2022 study found that 44.2 per cent of Armed Forces personnel still report fears that unit leadership might treat them differently if they seek help for a mental health issue, 42.9 per cent worry they may be seen as weak, and 33.4 per cent believe help-seeking would explicitly harm their career.[84] For ex-service personnel, other factors such as NHS waiting times may further impede help-seeking behaviours.[85]

82 Sharp et al. (2014); Alexander et al. (2022).

83 Interviewees 5, 11 and 12; Sharp et al. (2014); Alexander et al. (2022).

84 Alexander et al. (2022).

85 Interviewees 6 and 7.

Chapter 3. The evolving nature of mental health services and interventions

Alongside changes in the level and nature of support needs for mental health-related issues, the way that mental health care is provided is significantly evolving. This chapter discusses key trends and anticipated future changes in mental health services and interventions. We first discuss systemic changes in mental health care delivery, before moving on to the role of new and emerging technologies in mental health care, as well as broader non-technological innovations.

Unlike the previous chapter, here we do not describe trends in civilian and military or veterans' healthcare separately, as the latter closely mirrors the former. However, where military-specific trends have been identified, they are clearly delineated from wider developments.

3.1. The evolution of mental health care systems

Mental health care within the UK has undergone substantial transformation in recent years. A key impetus for this has been the **challenge of meeting the ever-growing demand on mental health services** (as discussed in Chapter 2) **in an environment of constrained NHS capacity**. These capacity pressures have been linked to several factors:

- Within the UK as well as in many other developed and highly industrialised economies, increasing life expectancy and decreasing birth rates are resulting in population ageing. Over the next 40 years, the number of 65–79 year olds in the UK is predicted to increase by nearly a third, and the number of those aged over 80 is expected to more than double, while younger generations shrink in size.[86] This trend is expected to exert more pressure on social and healthcare systems, as demand for services increases, more people present with complex healthcare needs, and services become more thinly stretched, affecting the accessibility and quality of public mental health services.[87] From a mental health perspective, however, population ageing also implies that greater attention is needed on understanding the mental health care needs of the elderly.
- Although the NHS has been able to grow its workforce in recent years, the rate of workforce growth and challenges with retention have resulted in workforce gaps and an inability to the meet evolving level of demand.[88] Such workforce issues have been identified across NHS England, NHS Wales and NHS Scotland,[89] and gaps are more substantial in mental health care than in the wider healthcare system. Recruitment, retention and skills

86 Centre for Ageing Better (2025).

87 Bucci et al. (2019); Uberoi (2025).

88 Gilburt & Mallorie (2024).

89 Gilburt & Mallorie (2024); NHS Scotland (2026); Health Education and Improvement Wales (HEIW) & Social Care Wales (2024).

development efforts have also been uneven across mental health services, meaning that certain sectors, such as old-age psychiatry and care for those with learning disabilities, are under greater strain.[90] Additionally, a higher proportion of NHS staff are newly qualified, resulting in the workforce skills mix being skewed towards those with more limited experience.[91]

As a result of these challenges, as well as rapid growth in demand, some experts have stated that mental health services in the UK have arrived at a 'breaking point', citing concerns over long waiting lists and quality of care.[92] Some have also warned about mental health conditions deteriorating among those who experience long waiting times for appointments and treatment.[93]

The ability of healthcare services to reverse these trends and better meet the mental health care needs of future generations is significantly dependent on spending and investment. While funding for mental health services has been rising, it is often argued that the increases have not been sufficient to meet the growth in demand,[94] and that the gap of unmet need is therefore expanding.[95] For example, although mental illness is assessed to account for over 20 per cent of the disease burden, less than 9 per cent of NHS funding in England and Wales has been dedicated to it in recent years.[96]

Looking out to 2045, the future of government spending on mental health is uncertain. In the short term, there has been a lack of clarity regarding the proportion of increases in NHS spending that will be dedicated to mental health services.[97] Changes in government policy have, for example, been perceived to weaken the Mental Health Investment Standard (MHIS), which has required integrated care boards in England to maintain a specified share of spending on mental health services.[98] In the longer term, some experts warn that barring radical changes, public services may never be able to meet the expected increases in demand for mental health support.[99] Funding pressures also not only affect public healthcare, but also third-sector services. Within the Armed Forces sector, many charities rely on fundraising and donations for their funding, which are undermined by limited public awareness and interest in Defence issues.[100]

Capacity challenges in the health and social care system have also had wider-ranging implications for the mental health landscape. In particular, long waiting times and the limited availability of public services have driven increasing reliance on third-sector support, which may increase in the future if capacity pressures persist or even increase (e.g. due

90 Gilburt & Mallorie (2024).
91 NAO (2023).
92 Centre for Mental Health (2025); Department for Health and Social Care (2024); NAO (2023).
93 Interviewees 8 and 9; Mind & Centre for Mental Health (2025).
94 Gilburt & Mallorie (2024).
95 Centre for Mental Health (2025).
96 Centre for Mental Health (2025).
97 Bell (2025); British Psychological Society (2025).
98 Bell (2025); Centre for Mental Health (2025).
99 Interviewee 5.
100 Interviewees 8, 11 and 12.

to population ageing).[101] The landscape of mental health support providers has also diversified, with a wider variety of stakeholders (including employers) becoming more active in mental health support.[102] Some interviewees expressed concern over the diversification of support providers and the growth of the 'wellness industry', particularly due to the proliferation of interventions which are not evidence based.[103] In the future, these concerns may be further amplified by technological innovations and the maturing of semi-automated or fully-automated interventions (e.g. AI 'therapists'; see Section 3.2).

Experts have emphasised the need for significant structural reforms within the NHS to enable more efficient delivery of services and to ensure that increases in funding can be translated into effective care.[104] Some reforms have already been outlined in the government's 10 Year Health Plan for England, such as the expansion of community care through a 'neighbourhood health service' and investment into dedicated mental health emergency departments (MHEDs).[105] Further changes in healthcare structures include the dissolution of NHS England, with functions absorbed into the Department of Health and Social Care, which may disrupt and increase uncertainty around planned reforms and programmes led by NHS England, including Op COURAGE.[106] Depending on how NHS restructuring unfolds, access to services for the Armed Forces community may be particularly impacted by workforce reductions that are planned to accompany the dissolution of NHS England.[107]

Structural reforms are also under way in the military mental health landscape. Of particular note is the VALOUR initiative, which aims to improve coordination of services for veterans at the local, regional and national levels, with new regional centres and field officer posts created to facilitate access to services.[108] The exact nature of VALOUR's structure, aims and activities is yet to be refined, and its implications for the delivery of mental health support is therefore highly uncertain. However, it signals a move towards a localised model of support in which services are embedded in local geographies; this appears to reverse the closure of many in-person support centres by large charities operating in the sector, which followed an increasing shift towards digital services.

3.2. Technological innovation in mental health care

The use of technology to treat mental health conditions has been a defining trend within mental health care in the 21st century. This has been spearheaded by investment in the digitisation of mental health services, partially motivated by efforts to address capacity constraints, but also to offer alternative options to medical treatments and expand

101 Interviewee 10.
102 Interviewees 6, 7 and 15.
103 Interviewees 1, 2 and 15.
104 Interviewees 6 and 7.
105 UK Government (2025).
106 Pinfold (2025).
107 NHS Confederation (2025).
108 Ministry of Defence and Office for Veterans' Affairs (2025).

access to mental health support.[109] To date, the adoption of digital technologies in the Armed Forces context has been slow (albeit accelerating) in comparison to the civilian sphere.[110] However, as digital technologies mature, the number of use cases has also expanded, offering a number of potential benefits for military mental health:

- From an accessibility perspective, digital technologies have facilitated easier and better access to therapies by mitigating logistical and geographical barriers to accessing care.[111] Although digital exclusion remains a concern among some communities, including the elderly, access to the Internet and digital tools has grown substantially, enabling mental health services to be accessed at a much greater scale.[112]
- Digital systems have enabled better data capture and data sharing to support better assessment, identification and early warning relating to mental illness.[113] Ultimately, this is supporting a greater focus on prevention and robust decision making about treatment options.[114] In the future, digital tools may enable more detailed tracking of patient behaviour through digital biomarkers, facilitating prevention or helping to signal when support may be needed before a crisis occurs.[115]
- Digital technologies have facilitated greater opportunities for self-management of mental health problems, which has been described as 'a cornerstone of [contemporary] mental health policy'.[116] As digital systems mature, they may further promote patient independence, including through self-guided psychological interventions and early sign-posting to suitable services.[117] Importantly – particularly within the Armed Forces context – this may also help mitigate the stigma associated with help-seeking for mental health difficulties, since digitally accessed and/or self-paced therapies offer more discreet treatment options.[118]

The use of digital technologies in assessment and treatment is driving greater personalisation of services as well as offering opportunities for more accessible, cost-efficient and prevention-focused care. However, **the evidence regarding the effectiveness of many digital mental health interventions is patchy, and several risks need to be considered with regards to future adoption within mental health care**. This applies both to interventions oriented at the Armed Forces community and those applied

109 NICE (2023); Gardiner & Mutebi (2025).

110 Leightley & Murphy (2024).

111 Bucci et al. (2019); Mohammadi et al. (2020).

112 NICE (2024).

113 This includes technology-assisted self-monitoring, which can enable patients to record and observe fluctuations in symptoms and aid in identifying options for self-regulation or intervention from professionals (Bucci et al. 2019; Mohammadi et al. 2020).

114 Bucci et al. (2019).

115 Leightley & Murphy (2024).

116 Bucci et al. (2019).

117 Bucci et al. (2019); Leightley & Murphy (2024).

118 Leightley & Murphy (2024).

in wider civilian healthcare. The rapid pace of technological development has meant that innovation is outpacing the evaluation of interventions and many digital services are thus not evaluated.[119] In addition, the lack of industry-wide standards to determine the effectiveness of digital tools means it is likely that some people in need may be accessing services that are ineffective or even detrimental for their mental health. Questions also remain regarding the potential cybersecurity and data protection risks associated with digital mental health services, alongside the risks of over-reliance on digital technology in providing care.[120]

Both the potential benefits and risks associated with digital mental health interventions have been amplified by the maturing of AI. Existing research on AI use within mental health care has highlighted a number of potential use cases and benefits, including improved diagnoses and triage, improved individualised risk assessment, personalisation of treatment (including through predictions of how individual patients may respond to different interventions), supporting treatment adherence and self-management, as well as improving training, operational support and organisational processes among healthcare providers.[121] However, not all these benefits may be realised.

With AI models rapidly maturing and access to AI tools democratising, experts have drawn attention to an important distinction between a) AI tools explicitly built to facilitate mental health care, with appropriate standards and regulatory approval, b) AI-enabled consumer products that are designed to support mental wellbeing, which may have less regulatory oversight, and c) the use of AI by individuals with mental health challenges that may not be designed for mental health care purposes.[122] There have been increasing warnings about the use of generic AI chatbots such as ChatGPT for therapy,[123] and with limited oversight and tailoring of tools to provide therapeutic support, experts warn that AI use may exacerbate mental health issues for those who are seeking help, including by providing incorrect or misleading information.[124]

Apart from AI, two other technological areas are gaining interest within mental health care:

- **Virtual reality (VR):** VR technologies simulate the images and sounds of real-life situations in the form of virtual environments, which may help immerse patients and enhance the effectiveness of assessment and treatment options (e.g. in relation to PTSD and severe phobias).[125] In the future, some advocates argue that VR technologies may enable fully automated mental health treatments, helping mitigate the shortages of qualified therapists that many healthcare systems are likely to experience as demand rises.[126] However, application of the technology has been limited thus far, partially due to the

119 Bucci et al. (2019); Crane et al. (2015).
120 Leightley & Murphy (2024).
121 Gardiner & Mutebi (2025).
122 Gardiner & Mutebi (2025).
123 Hall (2025).
124 Hall (2025).
125 May (2024); NICE (2024).
126 May (2024).

complexity of developing effective content for VR environments.

- **Biotechnology:** Biotechnologies incorporate biological research with advanced technologies, in innovations such as advanced pharmaceuticals, genetic testing and neurotechnologies. Advanced biomarkers have been of particular interest within mental health care due to the potential for enhancing the objectivity, reliability and efficiency of diagnosis.[127] Innovations in pharmacology are also signalling the development of new medications for treatment-resistant mental health conditions. If these innovations secure regulatory approval and are made more widely available, they may improve the options for those with complex, treatment-resistant issues.[128]

At the intersection of these various technological advances, mental health care is moving towards more personalised and precise therapies. In the future, advances in precision care may facilitate enhanced treatment effectiveness, longer-duration effects, reduced rates of hospitalisation and limited wastage of resources on ineffective treatments for specific patient profiles.[129]

Despite these imagined or anticipated benefits, **the degree and ways in which emerging technologies are incorporated into mental health services depends on various enablers and barriers**. Harnessing technological innovation in healthcare systems requires bodies such as the NHS to enable innovation ecosystems in a comprehensive manner. This includes investing in relevant data-sharing infrastructure, streamlining research and development approval processes, regulatory efficiency, better demand-signalling and prioritising investments in consideration of the levels of technology maturity and potential for impact over the next decade.[130] Workforce training, cross-sector collaboration and public engagement are also necessary to accelerate the adoption of novel treatments while addressing inequalities in access them. Public attitudes towards emerging technologies, such as AI, can also impact on the acceptability of technologies within healthcare, often reflecting concerns about privacy and the ethics of emerging technologies as well as bias towards existing or traditional services. How emerging technologies will be integrated in UK mental health services and impact support provision for the Armed Forces community remains highly uncertain, and few experts commented on them in interviews with the research team.

3.3. Changing healthcare practices

Alongside technological innovation, interviewees and existing literature pointed at several non-technological trends and potential future developments in mental health care practice. The first is the **growing diversity of therapeutic approaches**.[131] Across the public, private and third sectors, access to non-medical mental health services has been improved, particularly in relation to talking therapies such as dialectical behavioural, cognitive behavioural and analytical therapies. Across national borders, globalisation has

127 Rhind et al. (2020).
128 Marjanovic et al. (2025).
129 Priebe et al. (2019).
130 Marjanovic et al. (2025).
131 Lake (2019).

also enabled a blurring of boundaries between traditional Western medicine and other healing traditions. As this trend continues, those experiencing mental health issues may thus be able to access a wider range of treatment choices, such as mind-body and energy therapies, beyond established Western medical treatments.[132] This may increase treatment choices for patients, but it also enables the proliferation of non-evidence based or untested interventions. In such a context, there may be a greater need for service providers to help raise awareness and educate beneficiary populations about available treatments.

The second trend is an **increased focus on prevention**, shifting the focus to addressing the root causes of mental ill health instead of treating problems once they arise. Within the UK, this aspiration has been embedded within the government 10 Year Health Plan, which calls for an NHS that 'predicts and prevents ill health rather than simply diagnosing and treating it'.[133] The growing focus on prevention aligns with efforts to **increase emphasis on the social determinants of mental health** in how prevention and treatment are approached in the UK. While biological perspectives dominated the early medical understanding of mental illness, mental health is increasingly examined through social and psychological lenses.[134] This underpins a growing consensus that mental health has strong social determinants (e.g. poverty and the cost of living, social isolation, inequality and housing insecurity), and any attempt to tackle mental health challenges thus has to address those determinants and recognise their interconnections.[135] This includes extending mental health support into important social contexts, including communities and workplaces, rather than concentrating care in dedicated health institutions.[136]

Despite growing recognition of the importance of social determinants, there remain gaps in understanding ***how*** some determinants, such as social interactions and workplace environments, affect mental health.[137] Additionally, current healthcare systems still have a limited preventative and social focus. Looking into the future, experts envision that a significant shift towards prevention and the social determinants of mental health would require a paradigm mindset shift, underpinned by substantial investment and greater cross-government coordination to develop supportive environments for good mental health.[138] Boosting community assets and enhancing social support for communities, including through social action groups, could form part of such an approach.[139] Additional ways in which a social approach towards mental health could materialise are explored as part of the scenarios outlined in Chapter 4.

Together with a growing focus on prevention and social approaches, some experts also observe a third trend, namely an **increasing focus on maximising positive psychological**

132 UK Government (2025).

133 UK Government (2025).

134 Papadopoulos (2023).

135 Giacco et al. (2017).

136 Interviewee 14.

137 This applies to mental health among the general population, rather than the Armed Forces community specifically.

138 Interviewees 5 and 13.

139 Interviewee 13.

outcomes over pathology.[140] Research that adopts a positive psychology perspective, particularly in areas such as Post-Traumatic Growth (PTG), have been becoming more common in military settings.[141] This aligns with wider and growing recognition of the role of positive psychological functioning in preventing and treating mental illness. Correspondingly, military and civilian settings have seen an expansion of interventions focused on psychological resilience and mental 'fitness'. Some programmes have also linked psychological resilience to physical fitness, observing positive results in placing mental health in the context of physical activity and exercise.[142]

140 Interviewee 4.

141 Juškaitė et al. (2024).

142 Interviewees 5 and 10.

Chapter 4. **Future scenarios**

This chapter presents a range of future scenarios for what Armed Forces community mental health might look like out to 2045. The first section discusses which factors and trends were incorporated into the scenarios on the basis of the scenario planning methodology. The second section provides an overview of the characteristics of the scenarios, with each then described in narrative format.

We emphasise that the scenarios presented here are not designed to be projections of what the future will look like, but rather to raise thought-provoking questions about what the future might look like. The scenarios may not all be equally plausible or likely to materialise out to 2045. They are also not mutually exclusive, and aspects of multiple scenarios might co-exist in the future.

4.1. Critical uncertainties

As described in Chapter 1, we followed a structured approach to developing the scenarios, down-selecting critical factors from a long-list of trends that may be relevant for the future Armed Forces community mental health landscape. This down-selection aimed to capture factors that are associated with the most uncertainty out to 2045 and may have the most potential impact on the sector. Selecting these factors enabled us to incorporate the most interesting and thought-provoking futures into the scenario planning and to reflect on developments that may unfold in multiple different ways out to 2045.

Table 2 captures and defines the factors that were identified as critical uncertainties and incorporated into the scenario development. They broadly fall into three categories:

The Defence environment:

This captures military-specific factors that shape the level and nature of mental health support needs. Although the factors most directly impact mental health among serving personnel, they also have implications for military families and, in the longer term, veterans and their families.

The social environment:

This captures key aspects of the wider societal context in which the Armed Forces operate and which shape mental health in broader UK society.

How mental health care is delivered:

This category focuses on how mental health care is delivered, in two key dimensions: a) the level of technology use in mental health care, and b) the degree to which mental health services focus on and prioritise social interventions and addressing the social determinants of mental health.

The factors were selected through a scoring exercise with RAND experts, the full results of which are included in Annex B of this report. Because of the overlapping effects of some technological innovations on mental health services, we decided to combine advances

in service digitisation, AI and biotechnology into one critical uncertainty, i.e. the level of technology use in mental health care. Some factors which were not selected as a critical uncertainty (e.g. population ageing) have still been incorporated into some scenarios if they complemented the narrative.

Table 2. Definitions of critical uncertainties

Factor category	Critical uncertainty	Definition
 Defence environment	Operational tempo	Pace and intensity with which Armed Forces personnel are deployed and engaged in operations over time (including number, frequency and duration of operational deployments).
	Combat engagement	Degree to which Armed Forces personnel are engaged in combat operations.
	Workforce shortages	Size of workforce and skills gaps in the Armed Forces, a function of the extent to which supply of personnel meets Defence demands.
	Military entry standards	Specification of entry requirements to be able to join the Armed Forces, particularly the degree to which entry standards are maintained, loosened or strengthened.
 Social environment	Public spending on mental health	Level of public investment and funding for mental health services, including priorities for spending and how funding is being allocated.
	Risk of public health crises	Level of risk associated with significant events or recurrent events that severely threaten population health (e.g. emerging from infectious disease outbreaks, natural disasters or human-made catastrophes). Crises that affect physical as well as mental health are considered.
	Public perceptions of Armed Forces	Level of public awareness and support for the Armed Forces and nature of perceptions of the Armed Forces community, including veterans, in society.
 How mental health care is delivered	Level of technology use	Degree to which technologies (including digital tools, AI and biotechnology) are incorporated into mental health care, from prevention and diagnosis to treatment. This includes considering how technologies are used for different aspects of mental health care and what the level of acceptance of technology use is.
	Focus on social interventions	Degree to which mental health care focuses on addressing the social determinants of mental health.

4.2. Overview of scenarios

Based on projections developed for each critical uncertainty outlined in the previous section, as well as consultations with Combat Stress, FiMT and RAND experts, we identified five scenarios for Armed Forces community mental health out to 2045:


1) Mobilising at scale


2) The home front


3) A climate of crisis


4) Systemic fragmentation


5) Building social foundations

Table 3 overleaf provides an overview of the key characteristics of the scenarios. Scenarios 1–4 are driven by alternative projections for what Defence requirements and roles may look like, and what the corresponding social and mental health landscape is likely to be. In contrast, Scenario 5 envisions a paradigm shift in mental health care.

We aimed to develop scenarios that encourage reflection on different pressure points for mental health support providers. In the interest of keeping the scenarios strategic and brief, each is described in relatively broad terms. Although some underlying dynamics are discussed, we have focused on exploring broad trends rather than sequences of specific events, or how we might arrive at the future state that the scenario captures. Additionally, not all critical uncertainties are given the same weight in each scenario. Finally, it should be noted that while these scenarios are presented as distinct, they are not always mutually exclusive and may, in reality, co-occur. The implications of this are further discussed in Chapter 5.

Table 3. Overview of the scenario characteristics

Critical uncertainties		Scenario 1: Mobilising at scale	Scenario 2: The home front	Scenario 3: A climate of crisis	Scenario 4: Systemic fragmentation	Scenario 5: Building social foundations
Defence context	Operational tempo	↑↑	↑↑	↑	↑	↔
	Combat engagement	↑	↑↑	↔	↑	↓
	Workforce shortages	↑	↑↑	↔	↑	↔
	Medical / entry standards	↔	↓	↔	↑	↓
Societal context	Public spending on mental health	↓	↓	↑	↓	↑↑
	Risk of public health crises	↑	↑↑	↑↑	↔	↓
	Public perceptions of Armed Forces	↑	↑	↑	↓	↓
How MH care is delivered	Level of technology use in care	↑	↓	↑↑	↑↑	↑
	Focus on social interventions	↑	↑	↔	↓	↑↑

KEY

- ↑↑ Very high / significantly higher than today
- ↑ High / higher than today
- ↔ Unimportant / about the same as today
- ↓ Low / lower than today

Source: RAND Europe.

4.3. Scenario 1: Mobilising at scale

Scenario 1 characteristics					
Operational tempo	↑↑	Medical / entry standards	↔	Public perceptions of Armed Forces	↑
Combat engagement	↑	Public spending on mental health	↓	Level of technology use in care	↑
Workforce shortages	↑	Risk of public health crises	↑	Focus on social interventions	↑

Defence environment:

The UK Armed Forces operate in a contested strategic environment, chiefly characterised by persistent aggression from Russia in Eastern Europe. Initially this aggression is contained as cyber and hybrid warfare campaigns, but in the mid-2030s it escalates with Russia initiating a cross-border incursion into a NATO member state on its borders. This triggers Article 5 of the North Atlantic Treaty, asserting the need for collective defence.

As the NATO response is uneven across Allies, the UK emerges as a principal contributor to a Response Force and authorises several thousands of personnel to be forward-deployed. The force comprises land forces, air power as well as maritime presence, alongside cyber, intelligence and logistics specialists. UK personnel roles are focused chiefly on delaying, containing and reversing enemy advances, reinforcing local forces, and leading combat operations that re-establish NATO's territorial integrity and deterrence credibility.

In anticipation of potential escalating tensions with Russia, the UK Armed Forces have sought to reinforce recruitment and retention within both the Regular and Reserve forces for several years. This has included expansion of lateral entry routes into the Armed Forces and flexible zig-zag careers. However, the personnel requirements associated with the support mission, alongside growing numbers of casualties and the need to maintain homeland defence functions, means that the Regular forces need to be reinforced. Significant numbers of Reserve personnel are mobilised, with some forward-deployed to the support mission. As the conflict drags on and shows little sign of de-escalation, Regular and Reserve personnel are under growing strain, with many experiencing direct combat. An initial spike in casualties among deployed personnel stabilises, but growing pressure on the Armed Forces triggers a decision to mobilise limited numbers of Regular Reserves, chiefly recent Service leavers with call-out liability.

Social environment:

NATO's confrontation with Russia dominates public discourse in the UK, with public opinion at first characterised by strong solidarity with

the Armed Forces and positive perceptions of veterans and the wider Armed Forces community. However, as casualties mount and the conflict drags on, public opinion becomes more polarised, and the public shows growing signs of fatigue and discontent over the broader costs of the conflict.

These costs become increasingly pronounced across society as the economic impacts of the conflict deepen. With a surge in Defence spending, government funds are channelled towards Defence and broader national security priorities, which affects other government portfolios. The conflict also triggers worsening energy prices, inflation and supply chain disruptions across Europe, pushing living costs higher, while domestic growth slows. Over time, inequality, economic anxiety and social insecurity deepen across UK society due to the fiscal strain placed on households, and health and social care services face growing resource constraints.

How mental health care is delivered:

Mental health services operate within a resource-constrained environment due to the economic impacts of the ongoing conflict. In an effort to increase efficiencies and prioritise care for those most affected by the conflict, adoption of digital technologies in mental health services is accelerated, both within Defence and in the broader healthcare system. Mental health care provision focuses on delivering at scale through the expanded use of self-guided digital therapy, AI-supported triage tools and wearable technologies for real-time monitoring. Robust regulatory action in the years preceding the conflict has helped constrain available technology-enabled services to evaluated and evidence-based interventions.

Focus on social interventions in mental health care has stagnated, and limited progress has been made in prioritising prevention, in part due to the constraints on healthcare budgets. However, there is growing awareness of the mental health impacts of economic hardship, driven by the conflict. Government increasingly calls on the third sector, local communities and private donors to enhance the provision of interventions to stem economic, housing and food insecurity across UK society. The result is a more hybrid system which seeks to balance efficiency-driven technological innovation with a socially conscious approach to mental health care.

Key considerations for Armed Forces community mental health: In this scenario, organisations supporting the Armed Forces community have to scale up support for serving Regular and Reserve forces. Due to widespread mobilisation of the Reserves, support needs among the Reserve community are likely to increase. The scale of the UK's involvement in combat operations in the European East is likely to drive growing rates of combat-associated mental illness, including PTSD, the impact of which may be felt across the sector for several decades. Third-sector organisations have to balance support for serving and returning personnel with greater demand on charitable support from military families, who are increasingly affected by the economic fall-out, rising cost of living and social insecurity.

4.4. Scenario 2: The home front

Scenario 2 characteristics					
Operational tempo	↑↑	Medical / entry standards	↓	Public perceptions of Armed Forces	↑
Combat engagement	↑↑	Public spending on mental health	↓	Level of technology use in care	↓
Workforce shortages	↑↑	Risk of public health crises	↑↑	Focus on social interventions	↑

Defence environment:

In the early 2040s, amid increasing NATO–Russia tensions, the UK faces a growing number of cyber-attacks and influence campaigns that seek to undermine national resilience and preparedness. Following a widespread cyber-attack on financial networks, ports, energy grids and healthcare systems, Russian aggression escalates to kinetic missile and drone strikes against key military and communications infrastructure in mainland UK. A national emergency is declared, and Regular and Reserve personnel are mobilised in homeland defence functions and to secure critical areas across land, maritime and air domains.

NATO's collective defence clause is activated. However, fractured alliance dynamics mean support from Allies is limited, and the UK has to rely on its own forces to secure its territories. With the Regular and Reserve force quickly becoming thinly stretched, following sustained recruitment and retention difficulties, an emergency mobilisation programme is authorised which leads to the recall of substantial numbers of Reserves, with rapid retraining and integration into territorial defence and support roles. Simultaneously, an expedited volunteer intake is launched under special provisions that relax non-critical medical and entry standards, prioritising vital skills in engineering, cyber, logistics, communications and medical response.

Defence activity and the adversary's operations blend physical combat operations with extensive cyber, electromagnetic and information warfare. Autonomous systems are prolific across all domains, as are interference activities in the cyber and electromagnetic spheres. The psychological burden on personnel is multifaceted, with physical danger intertwined with the cognitive and emotional strain of managing overwhelming information flows, as well as moral pressures relating to operating autonomous systems. Disruption in communication networks means many personnel are disconnected from their families.

Social environment:

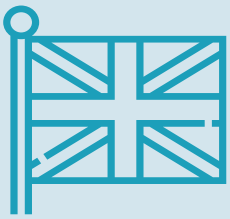
Society rallies collectively around the national defence effort. Community cohesion and morale initially strengthen as society

collectively mobilises. However, adversarial attacks on communication systems and other infrastructure, alongside widespread information operations, gradually sow seeds of doubt, deep uncertainty and panic about community safety. Among military families, uncertainty about the whereabouts and safety of personnel who are mobilised (or may be mobilised) is amplified by a messy information ecosystem, which is persistently polluted by mis- and disinformation. Over time, fatigue and displacement drive widespread psychological strain among the general population.

How mental health care is delivered:

As UK society reacts to the new reality of national survival, the NHS and Defence medical services are under increasing strain. Healthcare funding is channelled into emergency care and caring for a growing number of casualties, making services rapidly overstretched and unavailable for non-urgent care in most parts of the country. Due to the need to sustain both military and civilian healthcare provision, a healthcare workforce crisis quickly emerges, with insufficient numbers of healthcare workers.

Poor investment in healthcare system resilience and innovation has meant that systems are highly vulnerable to cyber-attacks and digital disruption, which further undermines the availability of healthcare services. This disruption also forces a return to low-tech, localised care delivery. As national spending focuses on mobilisation and maintaining essential and emergency services, most non-emergency mental health interventions are made unavailable. Mental health care becomes a patchwork of community responses, with third-sector organisations and volunteers filling gaps in state provision.



Key considerations for Armed Forces community mental health: This scenario is one of significant and multifaceted pressure on service providers from both a supply and demand perspective: the scale and nature of military operations, alongside the UK mainland's vulnerability, create new and complex dimensions of operational stress and injury, redefining the long-term mental health landscape. High levels of PTSD, burnout, moral injury and common mental disorders are likely to become quickly apparent and persist for a long time, due to concerns over the safety of local communities and the return of conflict. Mobilisation of volunteers and loosening of medical and entry standards is also likely to result in a demographically more diverse community of personnel and veterans, with some at greater risk of experiencing long-term psychological effects due to pre-existing vulnerabilities (e.g. adverse childhood experiences).

Disruption of communication systems and digital infrastructure also requires significant adaptation from service providers. Although the scope of psychological distress and injury in the community demands large-scale responses, technology-enabled solutions that could be quickly scaled up are vulnerable to disruption. This requires alternative, localised solutions involving local communities.

4.5. Scenario 3: A climate of crisis

Scenario 3 characteristics					
Operational tempo	↑	Medical / entry standards	↔	Public perceptions of Armed Forces	↑
Combat engagement	↔	Public spending on mental health	↑	Level of technology use in care	↑↑
Workforce shortages	↔	Risk of public health crises	↑↑	Focus on social interventions	↔

Defence environment:

Driven by the unmitigated impacts of climate change, the Defence sector and the Armed Forces are at the forefront of managing fall-out from environmental degradation and worsening resource scarcity. Increasingly, the Armed Forces are called upon to help respond to climate-driven emergencies, both domestically and internationally. Intense flooding, wildfires and unpredictable weather patterns have overwhelmed civilian agencies, prompting greater demand for the Armed Forces to expand their humanitarian assistance and disaster relief operations. While some personnel are focused on emergency response roles within the UK, others are mobilised to assist in disaster relief support to overseas partners. As conflict and instability over scarce resources proliferate, increased numbers of personnel are also deployed in multinational stabilisation operations.

This context exposes personnel to myriad psychological, physical and social challenges. The intensity and frequency of humanitarian operations, where personnel often witness large-scale displacement, community trauma and suffering, leads many to be exposed to morally injurious events, alongside deepening emotional fatigue. The demand for sustained readiness among Armed Forces personnel to respond to unpredictable events also increases rates of burnout and sleep disruption. The need for personnel to operate in extreme conditions (including extreme heat, wildfire zones and environmentally contaminated areas) adds extra strain on personnel resilience. The Defence workforce becomes more transient, as many personnel transition between military and civil defence roles, and climate hazards blur the line between defence and other national emergency agencies.

Social environment:

In this evolving national context, the UK faces a cascade of public health crises directly linked to climate change events and increasing the risk of epidemic outbreaks. National healthcare services struggle for capacity, with the need for prolonged, climate-related emergencies exposing deep structural weaknesses: overstretched staff, uneven regional preparedness, and limited coordination

between health, social, environmental and emergency services. Public spending is increasingly channelled into addressing the physical healthcare needs of communities and mitigating epidemic outbreaks. However, pervasive climate anxiety and social isolation resulting from recurrent measures adopted to manage national crises (including lockdowns) highlight that mental health costs cannot be overlooked in this environment. In anticipation of this, early investment in healthcare innovation bears fruit and helps strengthen the resiliency of mental health support.

Across the wider social landscape, the cumulative pressures of environmental degradation, economic instability and strained public services reshape everyday life in the UK. Communities wrestle with heightened social inequality as lower-income and rural populations bear the brunt of eroding public infrastructure, food insecurity and climate hazards. Public trust in institutions fluctuates, but perceptions of the Armed Forces are positive, recognising the military's contributions to disaster response, humanitarian relief and community protection.

How mental health care is delivered:

In anticipation of the extensive impacts of climate change, significant investment has been made in technological innovations in relation to mental health care services. Healthcare innovation has been channelled into technology-enabled services in order to safeguard practitioners' capacity for emergency response and limit the need for in-person engagement with healthcare providers. Supported by robust regulation, government-led initiatives have allowed for the development of digital and AI-enabled therapies, wearable technologies for the early detection of psychological distress, and immersive virtual reality environments for trauma and stress recovery. To maximise the efficiency of services, efforts have also been made to enhance precision care, which helps tailor interventions and optimise medication and therapy plans through predictive and data-driven analytics. However, access to such advanced technologies is unequal across society, with affluent communities benefiting the most.

Key considerations for Armed Forces community mental health: In an environment shaped by the pervasive impacts of climate change, mental health services have to address the complex psychological impacts associated with changing Defence roles and requirements placed on Service personnel. In the longer term, environmental degradation and epidemic outbreaks are likely to increase physical healthcare support needs among ex-Service personnel, which may amplify mental health challenges. Increasing social inequality also means that those from socially disadvantaged and rural backgrounds, including military families, may have greater support needs, particularly from the third sector if access to public and private care is limited. This scenario assumes that investment in innovation has enabled advanced technology to be harnessed for the management of extensive and recurrent public health crises; however, service providers equally have to consider a scenario in which such investment has not been made. In this case, services should consider how mental health support can be maintained when care for physical illness and injury requires greater urgency and prominence.

4.6. Scenario 4: Systemic fragmentation

Scenario 4 characteristics					
Operational tempo	↑	Medical / entry standards	↑	Public perceptions of Armed Forces	↓
Combat engagement	↑	Public spending on mental health	↓	Level of technology use in care	↑↑
Workforce shortages	↑	Risk of public health crises	↔	Focus on social interventions	↓

Defence environment:

Intensifying competition between China and the United States over freedom of navigation, Taiwan and emerging regional alliances drives a prolonged period of crisis in the Indo-Pacific. In support of its leading ally, the UK adopts a strategic Indo-Pacific tilt, deploying carrier strike groups, submarines and other capabilities to reinforce deterrence and demonstrate allied resolve.

While tensions are controlled and escalation is avoided, the Armed Forces face prolonged periods far from home ports and territories. Substantial numbers of Armed Forces personnel are held at elevated levels of readiness. A persistent risk of miscalculation and escalation keeps crews on continuous alert, turning deterrence and crisis management into core daily missions.

Alongside prolonged tension in the Indo-Pacific, the UK's domestic political landscape has shifted dramatically. A surge of isolationist sentiment and hard line socially conservative politics dominates in governmental circles, shaping both Defence and wider government policy, as well as the socio-cultural context. Within Defence workforce policy, diversity and inclusion (D&I) initiatives that once characterised UK Defence are scaled back. Military medical and entry standards are hardened, and physical standards are reinforced to underline the military's positioning as a symbol of the government's broader efforts to redefine British identity. The result is a leaner and more rigidly structured Defence workforce. Inside the Armed Forces, personnel with demographic minority characteristics face growing backlash, with instances of bullying, harassment and discrimination increasing in frequency.

Social environment:

Within the new domestic political climate, public discourse is highly polarised. Growing societal polarisation is reflected in increasing social fragmentation and low trust in institutions. The Armed Forces operate under sustained operational strain and political ambiguity – tasked with preventing escalation abroad while navigating a home front that

is divided over the UK's cultural ethos and values. Not immune to this sentiment, public attitudes towards Defence and the Armed Forces grow increasingly contentious, with some military personnel, veterans and families facing open animosity and online abuse. Similarly, UK society sees a substantial backsliding in public attitudes towards mental health. Underpinned by the conservative agenda, public mental health services are widely defunded, alongside programmes supporting socially progressive causes.

How mental health care is delivered:

As mental health services are widely defunded, public mental health services are scaled back and third-sector providers face a challenging funding landscape. Private technology companies fill market gaps in mental health services, with de-scaling of regulation enabling rapid innovation in technology-enabled mental health interventions. Those with mental health challenges seek out these alternative solutions, which include AI-enabled and algorithmically tailored counselling agents, virtual reality environments and pharmacological systems. Mental health support shifts from relational care to a commodified subscription model, where wellbeing is monitored, assessed and adjusted through digital interfaces with little clinical oversight. Scaling back of regulation and de-funding of public services means that few standards govern this industry, and understanding of the evidence underpinning many services is poor. In the Defence context, mental health support is limited to psychological resilience training and biological performance management.

Key considerations for Armed Forces community mental health:
Among Armed Forces personnel, high operational tempo and sustained readiness are likely to result in increased rates of burnout. Backsliding in public attitudes towards mental health, and a contentious political and socio-cultural landscape, are likely to hinder help-seeking among those experiencing mental health challenges, as well as to make the funding landscape highly challenging for third-sector partners. The impact of poor mental health may be exacerbated by an unregulated industry of technology-enabled self-help tools. Finally, the sector has to navigate the impact that social polarisation and fragmentation may have on how the Armed Forces community, particularly veterans, perceive themselves and their service.

4.7. Scenario 5: Building social foundations

Scenario 5 characteristics					
Operational tempo	↔	Medical / entry standards	↓	Public perceptions of Armed Forces	↓
Combat engagement	↓	Public spending on mental health	↑↑	Level of technology use in care	↑
Workforce shortages	↔	Risk of public health crises	↓	Focus on social interventions	↑↑

Defence environment:

The UK operates within a period of relative global peace and geopolitical stability. Major powers have found an equilibrium rooted in cooperation on climate action, technology governance and economic interdependence, while multilateral institutions are revitalised to support these agendas on a global scale. Defence priorities have shifted accordingly, with greater emphasis placed on peacekeeping, humanitarian support and fostering national resilience in collaboration with other government departments.

As the geopolitical climate stagnates, and national prosperity gains prominence in the public eye, public awareness and interest in Defence decline. Alongside this, the effects of population ageing and a shrinking working-age population increasingly limit the pool of available Armed Forces recruits. To sustain core defence roles, entry standards into the Armed Forces are loosened and the adoption of 'zig-zag' careers enables more flexible career pathways for Defence personnel.

Social environment:

The UK has entered a period of steady economic prosperity following two decades of sustainable growth and inclusive fiscal policies. Investment in sustainability and innovation, alongside regional development, have reduced unemployment and encouraged economic growth, allowing successive governments to reinvest budget surpluses into health promotion and prevention. With a deepening mental health crisis across the UK, particularly among children and young people, this investment is considered an increasing priority in the public eye. Public discourse also increasingly recognises social inequalities as key determinants of mental health and calls for ambitious social investment programmes.

How mental health care is delivered[143]:

Substantial investment allows for a significant focus on social interventions and improving mental health through the social context. Mental health funding is directed not only towards treatment but also towards reshaping the social environments that contribute to poor mental health, including housing insecurity, environmental degradation, unemployment, social isolation and community fragmentation. This drives an effort to closely integrate mental health services with other policy areas and places an impetus on cross-sector collaboration between local authorities, the NHS and third-sector organisations, alongside national government departments.

Mental health professionals work alongside social workers, educators and urban planners to implement interventions that strengthen social networks, improve the local environment, promote community safety and security, and enhance a sense of belonging. Wider social interventions are also integrated with mental health therapies, including parenting support, employment support and career development, to recognise that mental health and wellbeing is fundamentally dependent on social empowerment.

Additionally, increased emphasis is placed on prevention and service delivery through peer- and user-led services. Those with lived experience play a central role in designing and delivering services. As a standard, programmes are co-designed at a local level and treatment decisions are controlled by patients, with peer-to-peer delivery also increasingly prevalent. Use of technology in healthcare aligns with this new vision for mental health, with psychometric and social measurement tools developed to help track changes in social determinants of mental health, such as relationship quality, social networks and belonging, feeding into local government policymaking.

Key considerations for Armed Forces community mental health: In this scenario, providers have to align services and ways of working with a paradigm shift towards supporting mental health through social interventions. User-led and integrated service delivery become essential aspects of how mental health support is delivered. Alongside this, third-sector organisations focusing on the Armed Forces community may see fewer funding opportunities, as defence becomes de-prioritised in the public eye and awareness of the Armed Forces declines.

143 This projection incorporates existing scenarios for social approaches towards mental health care developed by Giacco et al. (2017).

Chapter 5. **Conclusions**

This research has sought to support the Armed Forces community sector in navigating an uncertain future landscape by developing a range of future scenarios for Armed Forces community mental health out to 2045. The aim of the scenario planning methodology used was not to predict the future, but to help support providers explore a broad spectrum of possibilities for what the future might look like. On the basis of a review of key trends shaping mental health support needs and services, and interviews with experts, we developed five scenarios (see Table 4) which exert different pressures on the sector.

Table 4. Summary and defining characteristics of scenarios

Scenario 1: Mobilising at scale		**Scenario 2: The home front**		**Scenario 3: A climate of crisis**		**Scenario 4: Systemic fragmentation**		**Scenario 5: Building social foundations**	
A **NATO-Russia conflict** in Eastern Europe requires large-scale mobilisation of Regular and Reserve personnel, with **economic fall-out** shaping the UK social context.		An **attack against mainland** UK triggers full-scale mobilisation and volunteer conscription. Adversarial disruption requires **low-tech, localised care** delivery.		**Unmitigated climate change** has led to recurrent **public health crises**. Military roles shift to humanitarian assistance and disaster relief. Healthcare delivery is **technology centric**.		The Armed Forces operate at **high levels of readiness** to manage **tensions in the Indo-Pacific**. Political change has led to **backsliding** in public attitudes and funding for mental health.		**Geopolitical stability** and sustained economic growth enable **substantial investment** in mental health. **Social determinants** are at the core of support provision.	
Operational tempo	↑↑	Operational tempo	↑↑	Operational tempo	↑	Operational tempo	↑	Combat	↓
Combat	↑	Combat	↑↑	Combat	↑	Entry standards	↑	Entry standards	↓
Workforce shortages	↑	Workforce shortages	↑↑	Public health crises	↑↑	Spending on mental health	↓	Spending on mental health	↑↑
Spending on mental health	↓	Spending on mental health	↓	Spending on mental health	↑	Public perceptions	↓	Public perceptions	↓
Technology in mental health care	↑	Technology in mental health care	↓	Technology in mental health care	↑↑	Social interventions	↓	Social interventions	↑↑

Throughout Chapter 4, we identified key implications for how each scenario is likely to impact mental health provision for the Armed Forces community. As evidenced by interviews with experts, the sector already anticipates the need to scale up support for serving and ex-serving personnel in the event of the UK's involvement in a major conflict. However, the scenarios illustrate that 'a major conflict' may take on multiple forms and dynamics and exert varied pressures on mental health care. The sector has to consider these different dynamics, recognising that conflicts are characterised by unpredictable economic, political and social developments which may also impact on the mental health landscape.

Support providers therefore need to think holistically about the evolving Defence and social environment and how it impacts mental health. **It is also essential not to regard the scenarios as mutually exclusive, but rather consider futures which may see various pressure points on mental health services layered on top of each other**. In particular, while we imagine the Defence environment to centre on different threats in Scenarios 1–4, it is plausible that these threats could all co-occur or unfold in quick succession. Support providers therefore have to consider how support could be sustained in contexts in which services are stretched very thinly or face multiple, diverse pressures.

The implications we identify for each scenario are intended to highlight key aspects of change for the sector and are by no means exhaustive. Indeed, **support providers should undertake additional exercises and assessments to understand how each scenario might impact their strategies and operations**. These assessments should critically reflect on how service providers operate, how the sector as a whole might adapt, and what kinds of support would need to be prioritised and de-prioritised. The latter question is essential for organisations to consider in order to robustly balance potential trade-offs that might need to be made in different future circumstances. Table 5 below includes some additional questions that support providers might want to consider when utilising scenario planning for their strategies.

Table 5. Guiding questions for assessing organisation-specific scenario implications

Scenarios	WHAT: How does this scenario affect what services we offer?	HOW: How does this scenario affect how we operate and deliver services?	WILDCARDS AND DEPENDENCIES: What additional factors and developments might play into this scenario?
 Scenario 1: Mobilising at scale	• What services need to be prioritised based on the expected level and nature of support needs? • What services may need to be de-prioritised? • What trade-offs need to be considered? • What are the potential gaps in support across the sector?	• What role does collaboration play in the scenario? What collaboration is possible or a priority? • What barriers might delivery face? How could these be addressed? • What resources (funding, workforce, data, tools, etc.) might be required to support an effective response in the scenario?	• What other events or developments might impact how this scenario unfolds and what impact it has? • Are there any untested assumptions? • What is an effective response in this scenario dependent on (e.g. wider policy, international partners)?
 Scenario 2: The home front			
 Scenario 3: A climate of crisis			
 Scenario 4: Systemic fragmentation			
 Scenario 5: Building social foundations			

As the scenarios are formulated at a strategic level, they do not consider the exact shape of the Armed Forces community support sector and how this sector might evolve in the future. However, it is clear that initiatives such as VALOUR and the re-structuring of the NHS will impact how the sector and individual support providers operate out to 2045. These shifts may need to be explored further through cross-sectoral engagement.

Additionally, it is important for service providers to consider high-impact trends which are not captured in the scenarios due to their greater level of certainty. This includes chiefly:

- **The impacts of population ageing on the capacity of health and social care services as well as wider societal dynamics** (e.g. anticipated increases in caring responsibilities, labour market impacts). From a support needs perspective, the mental health impacts of ageing and the support needs of older age groups may also need greater attention, recognising that the older Armed Forces community (older veterans and partners of veterans) will substantially shrink in size over the next 20 years.[144]

144 Galley & Slapakova (2026a and 2026b). This trend is due to the ageing out of the National Service generation of veterans.

- **The increasing prevalence of poor mental health across UK society, particularly among children and young people**. To a large extent, the Armed Forces, veterans and their families reflect and mirror broader society. The sector therefore should prepare for increasing numbers of personnel entering service diagnosed with pre-existing mental health conditions as well as greater support needs among the next generation of families.

To be able to navigate these trends effectively, and anticipate additional aspects of future change, it is essential for organisations working with the Armed Forces community to continue fostering collaboration with others within and outside the sector. While cross-sectoral engagement is key to help identify lessons-learned and coordinate responses, **it is important to recognise that many issues facing the Armed Forces community reflect broader societal trends**. Understanding and planning around these trends requires engagement with stakeholders who may not be focusing on the Armed Forces context but rather approaching key issue areas – such as mental health – from a wider, population-agnostic perspective.

Finally, **the sector should continue leveraging futures and foresight methods to help future-proof support strategies**. Despite recognition that the sector faces much uncertainty and that the landscape of support needs is evolving rapidly, the use of futures and foresight methods in Armed Forces community research remains limited. Exploring a broader range of methods, such as policy stress-testing,[145] back-casting or roadmapping,[146] and the Delphi method[147] would help further strengthen the sector's understanding of future trends and impacts on policy and practice. At an operational level, reflecting concerns over the possibilities of future conflict, the sector could also collaborate on conducting analytical games and table-top exercises to explore responses and the logistics of support delivery under more specific conflict scenarios.

145 Policy stress-testing evaluates the robustness of a specific policy or strategy by testing it against a range of future scenarios.

146 Back-casting and roadmapping are analytical techniques that explore specific desired end-states. In the case of back-casting, analysis starts with a clearly defined desirable future and working backwards to identify what actions or policies might need to be adopted to achieve that future. Roadmapping takes multiple perspectives to identify required actions, enablers, resources and potential barriers to achieve a future goal or end-state.

147 The Delphi method is a participatory methodology that uses a structured, iterative process to gather expert or stakeholder views on an issue, policy area or future development, seeking to identify consensus on those topics or associated courses of action.

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Annex A. Interviewee index

Table A.1. List of interviewees

Interviewee number	Name	Organisation
1	Anonymous	Single Services – Army
2	Amos Simms	Single Services – Army
3	Anonymous	Single Services – Air Force
4	Anonymous	Single Services – Navy
5	Huw Thomas	Single Services – Army
6	William Andrews	PTSD Resolution (Third Sector – Military)
7	Malcolm Hanson	PTSD Resolution (Third Sector – Military)
8	Anonymous	Help for Heroes (Third Sector – Military)
9	Isobel Thompson	Help for Heroes (Third Sector – Military)
10	Neil Kitchiner	NHS Wales (Statutory Sector – Civilian)
11	Jeremy Tuck	Chelsea Pensioners (Third Sector – Military)
12	Sonia Pythian	Combat Stress (Third Sector – Military)
13	Anonymous	Centre for Mental Health Stress (Third Sector – Civilian)
14	Nicole Sadler	Australian National Health Service and University of Melbourne (Statutory Sector – Civilian)
15	Carol Black	University of Cambridge (Third Sector – Civilian)

Source: RAND Europe.

Table A.2. Breakdown of interviewee sectors

Category	Number of interviewees
Third Sector (Military)	6
Single Services – Army	3
Single Services – Air Force	1
Single Services – Navy	1
Third Sector (Civilian)	2
Civilian Statutory Services (e.g. NHS)	2
Total	**15**

Annex B. **Factor scoring results**

Category	Factors	Description	Impact	Uncertainty	Combined
Supply factors	Level of public spending on mental health services	Level of governmental investment in public mental health services.	2.67	2.67	5.33
	Risk of public health crises	Level of risk associated with significant events or recurrent events that severely threaten population health (e.g. emerging from infectious disease outbreaks, natural disasters, or human-made catastrophes).	3.00	2.67	5.67
	Range of healing paradigms	Presence of alternative healing paradigms and traditions within the mental health care system.	1.33	1.33	2.67
	Understanding of military-specific risk factors	Strength of evidence about how different risk factors unique to the military and veteran population affect mental health.	2.00	1.33	3.33
	Focus on positive psychological outcomes	Degree to which mental health care services focus on positive psychological outcomes over pathology.	2.00	2.00	4.00
	Focus on social interventions	Degree to which mental health care services focus on social determinants of mental health and provide social interventions (e.g. addressing loneliness, social isolation and poverty).	2.33	2.00	4.33
	Public perceptions of the Armed Forces community	Level and nature of public perceptions of the Armed Forces and veterans.	2.00	2.00	4.00
	Biotechnology	Use of emerging bio-technological tools and techniques for diagnosis and treatment of civilian and military mental health.	1.67	1.67	3.33
	Digitisation	Use of mobile devices and mental health apps to facilitate and access mental health support.	2.33	2.00	4.33
	Artificial intelligence	Level and nature of AI integration in mental health diagnoses and treatments. Use cases include AI therapist avatars, clinical decision support systems, remote monitoring and wearables, VR therapies, non-pharmacological treatments.	2.67	2.33	5.00
	Innovation in pharmaceuticals	Innovation in medications to treat mental health disorders such as depression and alcohol addiction.	1.67	2.00	3.67

Category	Factors	Description	Impact	Uncertainty	Combined
Supply and demand factors	Defence workforce shortages	Size of workforce and skills gaps in the Armed Forces, a function of the extent to which supply of personnel meets Defence demands.	2.33	2.33	4.67
	Population ageing	Increasing proportion of older people within a population, driven by rising life expectancy and declining birth rates.	1.67	1.33	3.00
Demand factors	Demographic diversity in the Armed Forces	Proportion of women in the Armed Forces and in the veteran population who may have different levels of risk of mental health disorders and require different care.	1.67	1.33	3.00
	Neurodiversity in the Armed Forces	Prevalence of different forms of neurodivergence including ADHD, autism and dyspraxia in the Armed Forces and the community more widely.	2.33	1.33	3.67
	Economic conditions	Employment opportunities and risk of economic disruption.	1.67	2.00	3.67
	Climate change	Impact of climate change on military operations and societal perceptions of the climate emergency.	1.33	1.67	3.00
	Emerging technologies in military operations	Use of emerging technologies, particularly autonomous vehicles and drones, in military operations.	2.33	1.33	3.67
	Level of operational tempo	Level of operational engagement from UK Armed Forces personnel.	2.67	2.67	5.33
	Extent of personnel engagement in combat	Level of exposure that UK Armed Forces personnel have to combat operations.	2.67	3.00	5.67
	International laws of armed conflict	Degree to which parties in a conflict adhere to international human rights laws and the Geneva Conventions.	2.00	2.33	4.33
	Level of mental health stigma	Level of mental health stigma in the Armed Forces. This can be associated with concerns that poor mental health will have negative career consequences for military personnel, being seen as weak or an embarrassment, and being blamed by others.	2.00	2.00	4.00
	Military medical and entry standards	Nature of medical and entry standards to the Armed Forces, including physical and mental health conditions with which military personnel can be recruited.	2.67	2.00	4.67
	Domestic political discourse	The domestic political climate, including level of polarisation in society.	2.00	2.67	4.67
	Social media use	Level of social media use among young people, the implications for mental health, and access (or lack thereof) to social media among military personnel.	2.33	1.67	4.00