

H **LP** for **HEROES**

CHAMPIONING CHANGE
FOR VETERANS

2021/22

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ABOUT HELP FOR HEROES

WE GIVE STRENGTH TO THOSE WHO GAVE FOR US.

Help for Heroes enables wounded veterans to live secure and healthy lives with purpose.

Every day, men and women have to leave their careers in the Armed Forces as a result of physical or psychological wounds; their lives changed forever.

We give them the strength to recover, by providing physical, psychological, financial and welfare support – when they need it and for as long as they need it. We also support their family members because often, they too are affected by their loved one's wounds.

At the same time, we amplify the voices of our wounded and their families, by championing their needs to Government and fighting for what we believe they deserve. We do this by working with politicians, healthcare providers and welfare services to raise the profile of the issues affecting them. We also carry out our own research and deliver hard-hitting campaigns that inform, educate and challenge myths around the needs of our Armed Forces community. Our aim is to improve Government policy and help deliver the fair deal our heroes need.

We receive almost no Government funding, which means we rely on the spirit and generosity of the great British public, our partners and volunteers to keep going.

So far, we have supported more than 26,500 people, but we know that many more still need us.

We will not stop until every wounded veteran gets the support they deserve.

For information on this document please email:
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FOREWORD

On behalf of the nation, we made a promise to support wounded veterans and their families for as long as they need us.

As well as delivering life-changing support services, we campaign relentlessly to bring to light veterans' needs which are not currently being met by the Government, because we believe it should accept its responsibilities towards those who have served our country. We also campaign to change public perceptions about veterans, disability, mental health and other societal issues affecting our Armed Forces community.

Steps are being made in the right direction. We welcome the fact that the Government is starting to take a more active role in the provision of services for our wounded, and its ambition to make the UK the best place in the world to be a veteran. This has been demonstrated in the recent establishment of the Office for Veterans' Affairs (OVA), and a commitment to enshrine the Armed Forces Covenant further into law – both of which were prompted by our successful Veterans Pledge campaign in 2019.

We continue to be actively engaged with politicians, the OVA, the Ministry of Defence (MOD), the NHS and Government bodies to address vital gaps in care provision for wounded veterans and their families.

However, demand for our services isn't going away and it has become clear that the coronavirus pandemic has had a significant impact on those we support. It has brought focus to areas that urgently require the collective attention of the Government, public and third sectors.

Our recent priority has been to work with the MOD to ensure it gets the **Armed Forces Covenant legislation** right and we will continue to scrutinise these proposals as the Armed Forces Bill makes its way through Parliament.

We have also been working with stakeholders within Government and the NHS to identify and **improve care pathways for those with complex rehabilitation needs** – and to create a consistent approach in the delivery of this care across the UK. We have formed a multi-agency working group and hope to present formal proposals to the UK Government and devolved administrations later this year.



We also continue to see an increasing number of veterans with complex mental health issues requiring support. That is why we are calling for the Government to urgently **address gaps in the medical discharge process** and to do more to **prevent veteran suicide**, which is as vital as ever.

And finally, we have presented the case to Government, in partnership with Blesma, The Limbless Veterans charity, to **ensure the future of the Veterans Mobility Fund** by securing long-term funding and guaranteeing that this support will not be removed from veterans injured in service.

We hope our recommendations will be considered by policymakers and parliamentarians alike – but there are many other areas in which we will continue to have our shoulder firmly to the wheel on behalf of our veterans, and we will continue to play our part in making sure the voices of those who need and deserve these services are heard.

A handwritten signature in black ink that reads "Melanie Waters". The signature is written in a cursive, flowing style.

Melanie Waters
CEO, Help for Heroes

SUMMARY OF RECOMMENDATIONS

- 1 STRENGTHEN THE ARMED FORCES COVENANT IN LAW TO FULLY DELIVER ON ITS PROMISES**
- 2 IMPROVE CARE PATHWAYS FOR THOSE WITH COMPLEX REHABILITATION NEEDS**
- 3 COMMISSION AN INDEPENDENT REVIEW OF THE MEDICAL DISCHARGE PROCESS**
- 4 PREVENT MORE VETERAN SUICIDES BY SUPPORTING LOCAL SUICIDE PREVENTION PLANS**
- 5 ENSURE THE FUTURE OF THE VETERANS MOBILITY FUND**



WE MUST

1 STRENGTHEN THE ARMED FORCES COVENANT IN LAW TO FULLY DELIVER ON ITS PROMISES

The Armed Forces Covenant has been in existence across the UK at local level for nearly ten years, with every local authority in Great Britain having made pledges of support. As a result, we have seen a significant improvement in the understanding of how service life can impact on the men and women of our Armed Forces, and how best to improve their day-to-day experiences to ensure they are not disadvantaged in accessing public or commercial services.

While the principles of the Covenant were enshrined in law in 2011, until recently there have been no consequences for public bodies disregarding these. That is why we campaigned on this issue in 2019, as part of the Veterans' Pledge, to ensure that any future Government would make a key commitment to legislate and further enshrine the Covenant into law.

Since then, the Government's aim has been to build on what the Covenant has achieved to date, by providing a legal basis for the principle that serving personnel, veterans, and their families should not be disadvantaged as a result of their military service. Legislation has now been created which places a legal duty on specified public bodies, including local authorities, to have due regard to the principles of the Covenant – to ensure it carries enough weight and stature as part of the Armed Forces Bill 2021. However, this new duty only places a focus on housing, health and education, and does not extend to the full range of issues affecting those in the Armed Forces community, omitting important areas such as social care, employment, pensions, compensation, criminal justice, and immigration.

While the aim of the Government to consolidate the commitments set out in the Covenant have been commendable to date, we want it to go much further, as we believe in its current form, the proposed legislation is inadequate and risks creating a two-tier approach. We want to see a commitment that the future scope of the legislation will be widened to address all of the issues critical to veterans, and to ensure that legislation truly benefits all members of our Armed Forces community.



RECOMMENDATIONS

- **The principles of the Covenant should be protected in legislation**
- **The legislation should apply to all public bodies at both national and local level**
- **The UK Government should conduct an annual consultation on the scope of the Act and report to Parliament**

WHAT THE ARMED FORCES COVENANT MEANS TO OUR WOUNDED

“It is the Government’s duty to do right by the people who have given their service to this country.

“Many veterans don’t ask for much, are fiercely independent, and too often put up with the disadvantages their circumstances leave them with as a result of their service. There is already a great disparity in the health and social care provision available to them, and a lack of understanding of pathways and organisations with the right skills and expertise to support, in some cases, complex needs.

“What is currently proposed is a hollow shadow of the Veterans’ Pledge, and if it is not fully realised then that feels like a betrayal. There is a chance now to level up the playing field and give our veterans the care they deserve.”

David Dent, veteran



WE MUST

2 IMPROVE CARE PATHWAYS FOR THOSE WITH COMPLEX REHABILITATION NEEDS

Every veteran supported by Help for Heroes has a unique recovery journey. For some, recovery from an injury requires lifelong, complex rehabilitation. We work alongside local and national healthcare providers, and other charities, to meet these individual needs, so that anyone affected by their service in the Armed Forces can live a fulfilled and independent life.

Our Clinical Health Team acts as a point of contact for veterans with serious complex injuries, helping them navigate the healthcare system and access the right treatment. We understand the circumstances of each veteran's injury or illness and we are here to guide these individuals to the most appropriate care or support to achieve their goals. Indeed, we have supported hundreds of individuals with different, sometimes complex, rehabilitative needs, as well as a small cohort of very seriously injured (VSI) personnel who require round-the-clock care.

Currently, we believe there are vital gaps in the rehabilitation provision for veterans with complex needs, and who need access to specialist equipment and facilities that will enable a greater quality of life.

We want all veterans to have access to the best possible care and intensive, specialist treatment, which is currently only available at the point of injury and to serving personnel. To achieve this, our focus has been to work with the Government, NHS England and NHS Improvement to identify and

improve pathways of care for those with complex rehabilitation needs, and to create a consistency in approach in the delivery of this care across the UK.

Last year, we established a Working Group with representatives from Help for Heroes, NHS England and NHS Improvement, the MOD, the Department for Health and Social Care and the Office for Veterans' Affairs, to help us provide a clearer picture of the optimum pathways of care for those with complex rehabilitation needs, and we are working to identify any gaps in provision which need to be addressed.



RECOMMENDATION

For the Government to acknowledge any gaps identified by the Working Group and to act on any recommendations it may put forward.

CASE STUDY:

ANT'S STORY

Ant's life changed forever when he was injured by a roadside bomb at the age of 22. He lost both legs above the knee, suffered significant injuries to his brain and hands and is now registered blind.



Ant, who uses a wheelchair, had dreamt for a long time of being able to stand on prosthetic legs. Despite struggling to mobilise on them since he left the Defence Medical Rehabilitation Centre at Headley Court in 2014, he became determined to achieve his goal during the Covid-19 lockdowns.

We funded a rehabilitation programme for Ant which included regular sessions with a physio, who worked in coordination with the team at the Specialist Mobility Rehabilitation Centre in Preston to strengthen his posture and stamina. Our community nurses and occupational therapists worked with locally funded care teams and managers to support his holistic needs. We also worked closely with the charity Blind Veterans UK to give Ant a safe environment in which to rehabilitate.

Being able to stand and walk has not only had a huge impact on Ant's quality of life, it also means he is at reduced risk of the co-morbidities associated with long-term wheelchair use. He already suffers with some wear and tear issues in his upper limbs associated with self-propelling wheelchairs. But Ant has made

great strides in his recovery journey and can once again do the things so many of us take for granted, such as standing up to cook for himself and doing his own shopping.

There is still a long road ahead. Ant will continue to need intense therapy and access to a pool but he worries about whether his local authority-issued funding package will be able to support this.

If Ant had been allowed to continue accessing the expertise and rehabilitation facilities like those at the Defence Medical Rehabilitation Centre Stanford Hall, his quality of life could have been restored six years ago. Instead, he and his family are dependent upon his own determination and the financial support of charities like Help for Heroes.

This is why we are working with the Government, NHS England and NHS Improvement to give veterans like Ant their independence back.

WE MUST

3 COMMISSION AN INDEPENDENT REVIEW OF THE MEDICAL DISCHARGE PROCESS

In the last 20 years, almost 40,000 men and women have had to leave the Armed Forces due to injury or illness¹. This number grows daily, with an average of three people medically discharged every day².

We have been supporting ex-service personnel since 2007, many of whom will be living with the impact and consequences of their injuries for life. We often hear how, for many, the medical discharge and transition process was not satisfactory, and that they did not feel adequately supported or prepared to re-enter civilian life.

That is why, in 2018, we carried out a survey to examine the Ministry of Defence's (MOD's) current support offering for those being medically discharged. Almost 70 per cent of veterans we support said they had a negative or very negative experience of transition following their medical discharge. Furthermore, more than 60 per cent of our respondents felt they did not receive enough support while transitioning out of the Armed Forces³.

Our findings revealed major inconsistencies and gaps in the MOD's support for those being medically discharged. Specifically, we found that:

- Men and women are being medically discharged with a physical injury before receiving a full diagnosis for mental health conditions
- There is little mental health support through transition for those being discharged
- Those being discharged are not properly signposted to the courses available to help them

- The time given to transition after medical discharge varies hugely between services and individuals
- Compensation awards are often not being disclosed until after service personnel have left the military
- Individuals who are medically discharged often do not receive their full medical history documents for many months after leaving the military⁴.

Since then, we have been fighting to ensure these gaps are filled and are continuing in our efforts to campaign for the Government to commission an independent review and audit of the medical discharge process. The review should view the process from the experience of serving personnel and consider consistency across all three military services. This will ensure that those forced to leave the military as a result of their injury or illness are provided with the best possible opportunity to transition well into civilian life.

As the coronavirus pandemic further exposes the scale of need for those seeking mental health support, the need for a review of the discharge process is becoming ever more critical.

Social isolation and loneliness have led to a significant rise in the number of veterans who feel their mental health is suffering. This highlights the urgency for the provision of more support for those leaving the military, to help prevent the progression into more complex and chronic psychological conditions later in life⁵.

RECOMMENDATION

We believe the Government should commission an independent review and audit of the medical discharge process, with a priority focus on improving the mental health support available to those leaving the military.

CASE STUDY:

NICK'S STORY

Months after finishing his initial training, former British Army Major Nick, then aged 26, was on the front line in Afghanistan. He was deployed to the north of Helmand Province. Just ten weeks into his tour, he was severely injured when his unit came under grenade attack while out on patrol.

"A rocket propelled grenade exploded just in front of me," he explained. "A fragment of shrapnel caused a lot of damage to my upper body and my left lung collapsed. I had a life-saving operation and medical treatment on the ground before I was flown back to the UK."

Nick then spent a month in an induced coma in Selly Oak Hospital in Birmingham fighting for his life. After six weeks he was transferred to the Defence Medical Rehabilitation Centre Headley Court, where he first encountered Help for Heroes, which assisted in his recovery.

For many, it would have been the end of their career. But Nick's determination saw him back at work within seven months of being airlifted out of Afghanistan. After a brief deployment to Canada, he was heading back to the war zone.

He joined Operation Herrick 15 for a seven-month tour and was part of Operation Herrick 20 – the last tour his unit carried out in Afghanistan. He was subsequently decorated for leadership and gallantry.

But his service career was about to come to an abrupt end.

Although he hadn't seen a doctor for some time, Nick was still having regular physio treatment for his injuries. He started doing more physical activity, but an endurance event proved too much for his body.

A medical board declared him medically unfit as a result of his injuries and, within just six weeks of seeing the physio, he was told he was no longer required.

Nick said: "I was surprised at how efficient the system could be when it wants you out. You are immediately replaceable and you are gone. To be in the middle of a job that I had been doing for 18 months, writing my handover notes on a Monday morning and finding somebody else sitting at my desk on the Tuesday afternoon. The machine just carries on.

"I was a physically fit, physically able British Army Major but was told I was surplus to requirements and I needed to go on and do my next thing."

He feels he received little support during this challenging time. He is also waiting to hear whether his pension will be reviewed following his medical discharge, as it was more than ten years after he sustained his injuries in Afghanistan.

Discussing the support he did receive following his medical discharge, Nick said: "Help for Heroes was an organisation that cared and wanted me to transition in a productive manner for the good of me and my family. The chance to speak to people who understood my position was invaluable."

WE MUST

4 PREVENT MORE VETERAN SUICIDES BY SUPPORTING LOCAL SUICIDE PREVENTION PLANS

We believe suicide is preventable, and we believe that by listening to the mental health issues faced by veterans and their families, we can tackle this important and sensitive issue.

However, up until now, suicide data for veterans of the UK Armed Forces has not been captured by the UK Government, which has severely limited its understanding and the scale of this issue⁶. We know that many veterans suffer from a range of mental health conditions, and service-related physical injuries comorbid with mental health conditions, which can contribute to the risk factors associated with suicidality. We also know that many of the indicators associated with increased risk of suicide or suicidal ideation across the general population apply to the veterans we support⁷. A number of studies also show that younger veterans who have served for less than four years are most at risk⁸. It is unclear whether this reflects pre-service vulnerabilities rather than factors related to service experiences or discharge, including access to healthcare services. What is clear is that every veteran needs to be supported to feel that suicide is never their only option.

The Government has made few specific policy promises on tackling veteran suicide, but has committed to investing in mental health support for those serving in the Armed Forces, delivering

Op Courage services for veterans, improving data and undertaking research to understand and tackle the causes of suicide among those who have served.

We are developing an educational programme that will empower those in the community to be able to spot emotional changes and take supportive steps when they are worried about someone to drive earlier help-seeking, particularly amongst veterans. This will be as vital as ever as the long-term impacts of the coronavirus pandemic become apparent and mental health crisis services face increasing pressure.

As part of this effort, we are engaging with local authorities to create 'suicide safer' communities and to encourage greater support for veteran mental health within their communities. Our aim is to help improve local data collection, increase local authority engagement with veteran charities and promote early help-seeking behaviours – and ultimately ensure this is embedded within each multi-agency Integrated Care System.

Although local decision making is a vital part of developing local suicide prevention action plans, there is also a role for national governments in ensuring that the intended policy of their national strategies has an impact in all areas of the country.

RECOMMENDATION

We recommend that the UK Government and devolved administrations make it a mandatory requirement for local authorities to:

- **Identify veterans as a 'high-risk' group when developing local suicide prevention action plans, to ensure that tailored approaches are taken to support veterans with specific characteristics.**
- **Engage with veteran charities/representatives to help inform their overall action plan, including a commitment by each Armed Forces and Veterans Champion to take the Help for Heroes online Suicide Prevention training course once it is launched in 2022.**
- **Have clear signposting for local veteran-specific support services, such as mental health services and bereavement support.**

CASE STUDY:

MIKE'S STORY

Mike spent 36 years in the Army working mainly in the ammunition and explosives field. Working in high pressured and challenging Explosive Ordnance Disposal jobs, the adrenaline was always pumping, the stress unrelenting. Stress that built up over years and nearly cost him his life.

Mike's high pressured, non-stop work was hiding the devastating impact on his mental health. The brake was finally applied when he was assigned to Cyprus in a different field, 28 years after he first joined the Army.

Finally slowing down, the depression started to kick in and he began having panic attacks. He couldn't understand why. His life was good; he had a wife and kids and lived in a great place. But his mental health wasn't in a good place. He reached out for help, but it was short-lived. He was soon deployed to Germany and back in a high pressured role.

He began to self-harm and had dark thoughts of ending his life. He spent extended periods at a local railway bridge, a notorious suicide spot, staring at the tracks. During walks he'd plan how he would escape to the dark, quiet place he longed for.

But he didn't understand why he had these feelings. He tried to bury them, but it was getting increasingly difficult to mix with crowds or people he didn't know. His family life was seriously affected. He was illogical, argumentative and had severe mood swings and anxiety attacks.

He wasn't eating or sleeping properly and only left the house to go to work.

Things came to a head just months before he was due to leave military service. He was found by two police officers concerned for his safety. He had spent hours sitting on a bench in a shopping centre just staring into space. It was at this point his wife insisted in no uncertain terms that medical staff had to intervene. He got the chance to speak and got answers. He was diagnosed with complex post-traumatic stress disorder (PTSD) and was medically discharged.

Mike was put in touch with Help for Heroes and things started to turnaround. He joined our woodworking course – which he credits as saving his life. It stopped him from self-harming and gave him his first hobby. It was also a safe place for him to interact with strangers. He enrolled on a course which helped him identify opportunities for the future.

Mike says he has spoken to many veterans who have similar stories. While some have made it through, others have not, and he has lost a close friend and mentor to suicide.

We want to help create suicide safer communities, where veterans and families feel they can speak up as soon as they start to struggle.

WE MUST

5 ENSURE THE FUTURE OF THE VETERANS MOBILITY FUND

Mobility issues are among the biggest challenges faced by our injured veterans. In fact, one of the most common cause of medical discharge from the Armed Forces is due to either musculoskeletal disorder or injury⁹.

The Ministry of Defence (MOD) has measures in place to ensure service personnel who have suffered a serious physical injury as a result of service have the right specialist wheelchair, mobility aids or orthotic equipment, complete with a five-year warranty, when they are discharged.

Those who fall outside the MOD's provision, or whose warranty has expired, rely largely on support from the NHS. However, the NHS tends to offer the most basic and least technologically advanced mobility equipment available. While this equipment may be sufficient for some, veterans wounded for life often have more bespoke needs due to the nature of their traumatic injuries, and as such require more advanced specialist equipment than is available on the NHS.

The Veterans Mobility Fund was created in 2015, following a £3 million commitment over five years from HM Treasury – using income generated from LIBOR rate fixing fines to fill this gap and provide specialist and high-specification mobility equipment for veterans who have been seriously physically injured during service. It has so far supported 219 veterans through the funding of 275 separate awards. However, based on our projections with our partners Blesma, The Limbless Veterans charity, we estimate that an additional 400 separate awards will be needed over the next five years, due to the complexity of each applicant's needs.

The original LIBOR funding ended in February 2021, however, the Government is yet to commit to any continuation of the programme. We believe that additional funding will be essential if we are to keep this vital avenue of support for veterans open.



RECOMMENDATION

To ensure the future of the Veterans Mobility Fund by committing long-term funding and guaranteeing that this support will not be removed from veterans injured in service.

CASE STUDY:

PAUL'S STORY

Paul knew from a young age that his goal was to follow in his brother's footsteps and serve: "Joining the Army was everything, it was who I wanted to be".



As a physical trainer in the Royal Corps of Signals, sports-loving Paul regularly took part in endurance marches and fitness training. But early on in his career, Paul sustained a traumatic ankle injury, damaging ligaments, tendons and cartilage during a training exercise. It was to have enduring consequences.

The severity of Paul's ankle injury, which also involved nerve damage, meant he was referred to the Veterans War Injury Clinic in Salisbury Hospital, which is supported by the Help for Heroes Clinical Team. The team assists with travel to and from the hospital and accommodation for clinics and surgical procedures. It also supports the veterans and their families with advice and any clinical equipment or housing adaptations they might need.

Following various operations, Paul was advised to wear a specialist leg brace to support his ankle and leg. The brace is an innovative custom carbon fibre Ankle Foot Orthosis (AFO), designed for patients with debilitating foot and ankle injuries. The unique design and carbon fibre construction is lightweight yet strong, making it ideal for both daily use and high impact activities.

These braces reduce pain and enable greater mobility, improving veterans' independence and quality of life. They cost on average £5,000, with additional fitting and rehabilitation requiring specialist physiotherapy at £1,400, but this is not available on the NHS. Although prosthetic limbs are funded, most orthotics (leg braces) are not.

Previously, Paul's leg brace would have been covered by the Veterans Mobility Fund. The cost of providing this life-changing mobility equipment now falls to military charities.

On being fitted with his new leg brace, Paul said: "I may still be living with pain, but I am over the moon with having my can-do attitude back. I can sleep, I can run for short periods and I can carry on being me.

"As a Physical Training Instructor, the fire to train will always need to be burning for me and you have allowed it to keep on burning bright. So many doctors gave up on me, but you stuck beside me and, in some people's eyes, delivered the undeliverable."

CLOSING SUMMARY

We fight to keep the needs of veterans in the public eye and deliver meaningful change for those who have given their all in service of our country.

When we began our mission in 2007, the needs of our wounded were at the forefront of the public's mind. Large numbers returned from the conflicts in Iraq and Afghanistan with physical and mental wounds affecting not just the sufferer, but their loved ones too. Fast forward 14 years, and while the needs of our wounded and their families have not diminished, these needs are perhaps less prevalent in people's minds.

Our job is to ensure our wounded continue to have a voice; to champion their needs to Government and to do all we can to give them the futures they deserve. While we are known predominantly for the delivery of our recovery services, so much of what we do also goes on behind the scenes. We lobby and advise national and local Government on issues related to the needs of the veteran community. We regularly contribute to Government reviews, Parliamentary Committee inquiries and respond to a wide variety of consultations.

We base all our work on the latest evidence and views from the veteran community, leading research and clinical experts. We also work in partnership with other organisations and external partners to ensure that the needs of wounded veterans and their families are heard – and that efforts are complimented and not duplicated.

Our 2022 Manifesto is a nationwide call for better support for all veterans, and their families, and we hope MPs and policymakers take our recommendations in this paper on board. Because no veteran should be left behind.

To keep up to date with our latest lobbying activity, visit helpforheroes.org.uk/news and follow us on Facebook, LinkedIn and Twitter.

“It means so much to know Help for Heroes really does care.”

Paul Colling, veteran

REFERENCES

¹ Data gathered from Ministry of Defence publications, Ministerial responses and Freedom of Information requests: 1999–2001; 2001–2003/4; 2004/5; 2005/6–18/19.

² Ministry of Defence Medical discharges among UK service personnel statistics, financial year 2020/21: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001267/UK_service_personnel_medical_discharges___financial_year_2020_21.pdf

³ Results of survey by Help for Heroes conducted between 19 and 30 August 2019 using a sample of 403 veterans who have been medically discharged from the British Armed Forces and are supported by Help for Heroes.

⁴ Ibid.

⁵ In 2020, Help for Heroes carried out a beneficiary survey to ask them about their experiences. Out of more than 1,400 responses, we found that, since the start of the pandemic:

- There had been a 50 per cent increase in the number of veterans and service personnel struggling with their mental health.
- There had been a 48 per cent increase in the number of veterans and service personnel struggling with their physical health.
- 40 per cent of veterans and service personnel had reported a delay in accessing NHS services and treatments.
- Those whose medical treatment has been delayed say they have experienced a negative impact on their mental and physical health.

⁶ In September 2021, the UK Government announced that it would be working to develop a new method for recording and reporting cases of suicide within the veteran community in England and Wales. In 2023, the ONS will undertake analysis to compare the health of the veteran population, including the number of veterans with long-term health conditions or disabilities, with the general population. This analysis will also include suicide-related deaths of veterans. <https://www.gov.uk/government/news/veteran-suicide-figures-to-be-recorded-for-the-first-time>

⁷ In relation to suicide risk, we have been tracking a significant increase in the incidence of suicidal ideation reported through our safeguarding monitoring system and in the number of third-party concerns being raised. Added to the analysis referenced above, we can therefore reliably predict numbers of veterans, eligible for our services, matching against high-risk indicators:

- Males in the 45–49 age group where rates are highest
- 25–44 age group where rates are increasing fastest
- Living in the highest risk areas: Yorks & Humber, South West, North East and Wales

⁸ A 2009 study carried out by the University of Manchester found that early service leavers below the age of 24 were three times more likely to take their own lives than their civilian counterparts. (Kapur et al, 'A cohort study of suicide in the UK armed forces and in ex-service personnel', 2009)

⁹ Ministry of Defence Medical discharges among UK service personnel statistics, financial year 2020/21: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001267/UK_service_personnel_medical_discharges___financial_year_2020_21.pdf

HELP for
HEROES
SUPPORT FOR OUR WOUNDED

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Published by Help for Heroes, a charity registered in England and Wales (1120920) and Scotland (SC044984), and limited company registered in England (6363256).