

A photograph of a family walking away from the camera on a path in a park. The mother is on the left, pushing a stroller and holding the child's hand. The father is on the right, holding the child's other hand. The child is in the middle, wearing a dark coat. The background shows trees and a cloudy sky. The entire image is overlaid with a dark blue filter.

FALLING THROUGH THE GAPS

**Reforming the UK military's
medical discharge process**

HELP for
HEROES

Policy paper – September 2025

EXECUTIVE SUMMARY

Every year, around 2,000 members of the UK Armed Forces are medically discharged due to injury, illness, or mental health conditions sustained during service.¹ For many, this marks the beginning of a challenging and often under-supported transition into civilian life.

This paper sets out the urgent need for reform of the medical discharge process, highlighting systemic failings, inconsistent application of standards, and poor long-term outcomes for veterans. Drawing on new data, lived experience, and insights from across the sector, it reveals that:

- Veterans face an inconsistent and often unclear discharge process, with varying levels of support across different statutory services and military units.²
- Mental health is now a leading cause of discharge, yet many veterans leave without a formal diagnosis or clear route into civilian care and support.³
- Poor transitions have lasting consequences. Veterans report feeling discarded, facing financial uncertainty, and struggling to access employment, housing, and healthcare.

Recent survey findings also show that medically discharged veterans consistently report lower life satisfaction, higher anxiety, and less sense of purpose than their peers or the general population.

The solutions are within reach. This paper outlines a set of practical, evidence-based policy recommendations, including:

- Standardised discharge pathways across all three branches of the Armed Forces.
- A pre-discharge mental health assessment and warm handover to civilian support, i.e. a personal and timely introduction to the next service.
- Timely access to compensation, medical records, and post-service entitlements.
- A holistic, veteran-centred model of support through transition to civilian life.

We are calling on the UK Government to commission an independent review of the medical discharge process, with lived experience at its heart. Injured and ill veterans deserve a system that recognises their sacrifice and sets them up for life beyond service, not one that adds to the distress they have already endured.

¹ MOD Medical Discharge Statistics, 1 April 2020 to 31 March 2025 (published 17 July 2025 – “gov.uk/government/statistics/uk-service-personnel-medical-discharges-background-quality-report/uk-service-personnel-medical-discharges-background-quality-report-2025”)

² Help for Heroes Medical Discharge Survey, 2019

³ MOD Medical Discharge Statistics, 2025.

INTRODUCTION: THE CASE FOR CHANGE

In 2024/25, nearly 2,000 service personnel were medically discharged, an average of five people each day. The majority were discharged due to mental and behavioural disorders or musculoskeletal injuries.⁴ Veterans who are medically discharged are more likely to struggle with a successful transition to civilian life.

It's important to acknowledge that not all medically discharged veterans will require significant support. Many will go on to lead healthy, fulfilling lives after service. While this paper highlights common themes and systemic gaps, it does not suggest that all veterans experience the same challenges. In fact, emerging reforms may already be improving outcomes for some. However, our findings – drawn from recent data and lived experience – point to persistent issues that continue to affect a significant number of veterans, often surfacing years after medical discharge. These insights should be viewed as part of a broader picture, with a focus on identifying where systems still fail and where policy can go further.⁴

Since 2007, Help for Heroes has stood alongside veterans through times of conflict and peace. One of the most consistent and urgent challenges we see is the experience of those who are medically discharged and forced to leave service due to illness, injury, or psychological trauma. Many are left navigating a system that is confusing, patchy and inconsistent, and often traumatising in its own right.

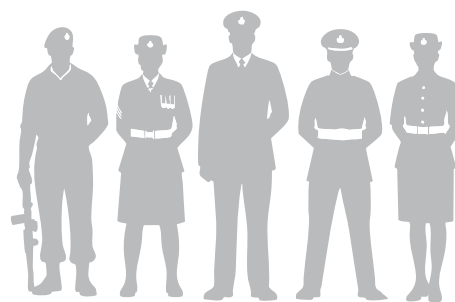
These individuals did not leave because they chose to, but because their injury or illness sustained during service had left a lasting impact on their health. Their transition out of the military should be the point at which the system steps up, not steps away.

New survey data from 2025 from Help for Heroes shows that medically discharged veterans report significantly lower wellbeing than other veterans and the general UK population, across life satisfaction, happiness, and anxiety indicators.⁵

And yet, the medical discharge process remains under-prioritised in

national policy, even as political interest in veterans' welfare continues to grow. While initiatives like VALOUR⁶ and the Veterans' Strategy refresh signal welcome attention, they do not go far enough to address the systemic failures that have persisted for years.

This paper forms part of our wider call to the nation to sign the People's Promise⁷, a campaign grounded in the belief that as the UK strengthens its defences, we must also strengthen the systems that care for those who've already served. We cannot afford to repeat the complacency of the past.



FIVE SERVICE PERSONNEL

**are medically discharged
every day – nearly 2,000
in total during 2024/25.**

⁴ MOD Medical Discharge Statistics, financial year 2024/25, published 17 July 2025.

⁵ Veterans and Families Needs Survey, Help for Heroes (2025). National survey of 941 veterans, including 119 who were medically discharged. Not limited to help-seeking respondents

⁶ gov.uk/government/news/thousands-of-veterans-to-benefit-from-new-uk-wide-support-network

⁷ This paper forms part of our wider call to the nation to sign the People's Promise to Veterans - our pledge to ensure every veteran receives the support they deserve act.helpforheroes.org.uk/peoples-promise

SECTION ONE: INCONSISTENCIES AND SYSTEMIC GAPS

People's experiences of medical discharge from the UK Armed Forces vary significantly. Too often, it fails those who need the most support. Some personnel receive timely referrals, holistic care, and a structured transition plan. However, many are left without guidance, are given little notice of their impending discharge, and face long delays accessing the support they're entitled to.

KEY ISSUES

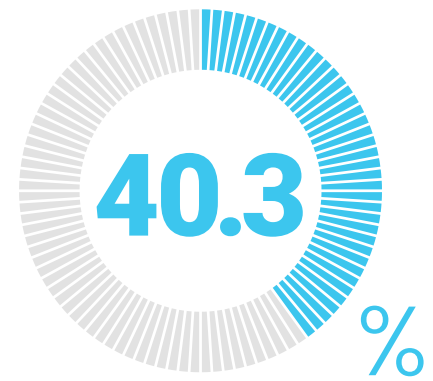
- **Inconsistent transition pathways:** There is no standardised process across the three branches of the Armed Forces (Royal Navy, British Army and Royal Air Force). Access to support depends heavily on the culture of the military unit, individual line managers, and whether someone is referred to the Defence Transition Services (DTS), Personal Recovery Units (PRUs), Personal Support Groups (PSGs), or the Veterans Welfare Service (VWS).
- **Breakdown in communication:** Many personnel are discharged with minimal warning, giving them little time to prepare for civilian life. The quality of communication during the discharge process is highly variable, leaving some veterans unaware of key next steps they should take or entitlements.
- **Delayed access to medical records and compensation:** Personnel can often wait months, or even years, to receive full medical documentation, complicating the handover to civilian healthcare⁸ and delaying applications for Armed Forces Compensation. Interim awards are sometimes issued but are often inadequate to meet immediate needs, especially considering people are looking for somewhere new to live.

These are not isolated issues. They are the result of a fragmented and under-resourced system that lacks accountability and consistency.

⁸ Often ongoing treatment cannot be delivered until the records are received

“
We discover people at Help for Heroes
who've not had a single conversation
about their transition.”

Julie Thain-Smith, Head of Clinical Services at Help for Heroes



40.3 per cent of those medically discharged reported feeling unprepared or very unprepared for civilian life.

EVIDENCE

Recent survey data and lived experience research continue to highlight serious challenges for medically discharged veterans. In our 2025 Veterans' and Family Needs Survey, over two in five medically discharged veterans (40.3%) reported feeling unprepared for civilian life, with more than half of these (57.6%) citing not knowing where to access support as a key reason.⁹ This echoes patterns seen in previous surveys and our Veterans Living Well studies, where poor communication, lack of guidance, and uneven support pathways were commonly reported.¹⁰

Stakeholder engagement and lived experience reinforce this picture. As Julie Thain-Smith, Head of Clinical Services at Help for Heroes explains:

"Some people are referred to a personal recovery unit, or a personal support group... but there are others

who aren't assigned to either of those things, and others who haven't even heard of them. It's so inconsistent. We discover people at Help for Heroes who've not had a single conversation about their transition."¹¹

The 2022 Office for Veterans' Affairs Veterans Survey found that 56.8 per cent of medically discharged veterans turned to the charity sector for help, clear evidence of gaps in the statutory support system.¹²

Veterans have told us directly that uncertainty about finances, lack of medical records, and poor communication left them feeling "discarded" at a time when they were most vulnerable. Delays in sharing medical histories also prevented them from registering with GPs and accessing treatment, worsening health outcomes.¹³

- 9 Help for Heroes, Veterans' and Family Survey 2025
- 10 Help for Heroes, Veterans Living Well 2024
- 11 Internal Help for Heroes testimony. February 2025
- 12 OVA (2022) Veterans Survey, ONS - The Veterans' Survey 2022 reached 28,957 veterans across England and Wales, asking about help-seeking, preparedness for leaving service and more
- 13 Help for Heroes, Veterans Living Well 2024 - This was in-depth qualitative research with n=22 help-seeking veterans across 3 weeks with the aim of understanding transition, family, community and visions for future wellbeing. We wanted to listen and learn from veterans from across the UK about what needs to change and what living well looks like. N=9 veterans had been medically discharged. This research was supported by a veteran who helped us shape questions and interpret themes

POLICY RECOMMENDATIONS

To address these systemic gaps, we are calling on the UK Government to:

- 1. Ensure a consistent baseline of care and support across all three branches of the Armed Forces**, while allowing flexibility to meet the individual needs of each person being medically discharged.
- 2. Mandate referrals** to key support services, such as Defence Transition Services, Personal Recovery Units, or the Veterans Welfare Service as part of a formal discharge pathway.
- 3. Ensure full medical records are released within one month** of discharge, to facilitate continuity of care and enable access to benefits, housing, and compensation.
- 4. Provide all medically discharged personnel** with clear, written information about the organisations who can support them and their families, ensuring this is part of a consistent and briefed handover process.

The standard of a medical discharge should not depend on where someone served, who their Commanding Officer was, or which form they managed to complete. Veterans deserve a system that provides clarity, compassion, and a clear plan for life after service.

EMILY'S STORY

From battlefield to breaking point – and back again.

When Emily joined the Queen Alexandra's Royal Army Nursing Corps in 2005, she knew exactly where she wanted to be: in Accident and Emergency.

"I'd always wanted to be an A&E nurse," she says. "It's where you can make the biggest difference, the quickest."

Over the next decade, she would dedicate herself to saving lives – but her own story would later reveal deep inadequacies in the military's medical discharge process, leaving her feeling as if she didn't matter, had no purpose, and had lost her identity.

Emily worked not only in busy NHS departments but in some of the most challenging environments imaginable. She served in Afghanistan, working in the military's A&E department there, deployed to Belize supporting an infantry battalion doing jungle training, and went to Sierra Leone during the Ebola crisis to help set up a hospital.

But behind the uniform and the professional pride, Emily would discover how quickly that sense of purpose could be stripped away when injury and bureaucracy collided.

AN INJURY THAT CHANGED EVERYTHING

In 2015, everything changed during an Army snowboarding expedition. Emily fell and injured her shoulder – badly. What followed was years of misunderstanding, misdiagnosis, and multiple surgeries that left her with less function, more pain, and a battle not just to recover, but to be heard. Her story reveals how poorly managed medical discharges can leave service personnel abandoned at their lowest point.

The injury was rare: a humeral avulsion of the glenohumeral ligament (HAGL lesion), repeatedly mistaken for a frozen shoulder.

Her first surgery was followed by six weeks' immobilisation, then slow rehab. "I didn't regain anywhere near as much function as I had before. I had a lot of pain," she says. "Turning up in my green kit, looking fit and well – but not actually being fit and well – was exhausting. People would ask, 'Why aren't you doing PT

(physical training)?' and you're battling to justify yourself every day."

Further surgeries and manipulations brought no improvement. Instead, pain worsened, function diminished, and Emily's mental health began to unravel. "By September 2017, I went to the med centre and I was absolutely miserable, but I didn't realise it was anxiety and depression," she says.

Signed off work in 2018 as unfit both physically and mentally, Emily spent a year and a half largely isolated at home. "I felt not good enough. I felt dismissed," she says. "I'd never said no to anything before – always able to deploy, go on exercise. I'd lost who I was. I couldn't be a nurse; I couldn't be in the Army. What was I?"

Welfare contact was minimal. "In that whole time, I had a female Padre visit me twice. No one knew what was going on day-to-day. I could have been living in squalor and no one would have known."

Despite ongoing surgeries and rehab needs, Emily was repeatedly given

“

I felt not good enough. I felt dismissed. I'd never said no to anything before – always able to deploy, go on exercise. I'd lost who I was.”

discharge dates before treatment could be completed. "I refused. I said, 'I'm not leaving until I'm in the best place possible to start civilian life.'"

Transition support, when it came, was generic and ill-timed. "I kept being told, 'You need to do courses.' I wasn't physically or mentally fit to think about that. If your health isn't right, how can you move forward with everything else?"

THE RIGHT SUPPORT

Emily first connected with Help for Heroes before she was discharged, through the charity's mental health service Hidden Wounds and direct support from a veterans community nurse. "One hundred per cent things started to get better after I got in touch with Help for Heroes," she says. "I was getting physical and mental health support and getting help to get on the NHS pathway. It was the first time someone was taking me seriously and joining the dots."

Through Help for Heroes, Emily secured referrals to specialist NHS orthopaedics, a pain clinic, and a pain psychologist. In 2024, she received a spinal stimulator implant. "It's been the best thing ever. Don't get me wrong, I still get pain, but it's given me some control. For the first time in several years, I'd been listened to."

"The support from my Case Manager and Veterans Clinical Advisor at the Charity really helped me so much."



FINDING PURPOSE IN HELPING OTHERS

In January 2021, Emily began a role as a community nurse with Help for Heroes, supporting other veterans. "I thought, 'I've got worth again.' It's been therapeutic to help other people, to recognise what they're saying and suggest things that might help."

Her lived experience has reshaped her practice. "It's changed the way I work as a clinician. I can engage differently because I've been through it."

Today, Emily lives with permanent loss of movement in her shoulder, chronic pain, disrupted sleep, and the ongoing need for mental health support. But she's in a far stronger place than during those isolated years.

"I don't want to say I'm fortunate to have gone through it – but it's changed me. It's made me value listening, really listening, to what people are saying," she reflects.

MAKING THINGS BETTER

Her message for improving the system is clear: "Acknowledge isolation. Don't wait for people to come to you – go and see them, in their home environment. Give people the right information early. Tailor transition support to where someone is in their recovery, not just tick boxes. And never discharge someone in the middle of treatment."

Emily's journey shows the profound difference the right support can make – and the cost of getting it wrong. "Help for Heroes joined the dots for me," she says. "They got me into the right pathways, at the right time. Without that, I honestly don't know where I'd be now."

SECTION TWO:

MENTAL HEALTH – A HIDDEN WOUND

Mental health is now one of the most common causes of medical discharge across the UK Armed Forces, yet it remains one of the most poorly handled aspects of the discharge process. Veterans are leaving the military without a diagnosis, a plan, and the support they need to recover and rebuild their lives.

KEY ISSUES

- **Mental health as a leading cause of discharge:** Mental and behavioural disorders are now among the top reasons personnel are medically discharged, particularly from the British Army and RAF.¹⁴
- **Lack of formal diagnosis:** Some individuals are discharged without a proper mental health diagnosis. This severely limits their ability to access civilian mental health services or benefits, as eligibility often depends on clinical documentation.
- **Disjointed transition to civilian services:** The handover from military organisation the Departments of Community Mental Health (DCMH) to NHS services is inconsistent and often poorly coordinated. In England, services like Op Courage are intended to provide dedicated veteran support, but referrals are not always made and when they are, the process is not always completed consistently, leaving veterans without the support they need. In the devolved nations, equivalent services are still emerging and provision can be even more limited, leaving many veterans to fall through the cracks without a proactive, personal handover or continuity of care.
- **Access thresholds remain too high:** Even when veterans are aware of services like Op Courage, many can struggle to meet strict clinical thresholds or find support that feels relevant to their experience.

Mental health is often invisible, but its impacts are profound. When the transition system fails to recognise and treat psychological conditions with the same urgency as physical ones, the consequences can be life changing.

14 MOD Medical Discharge Statistics, 2025

“

Mental health is still a hidden problem for veterans... they don't fit thresholds and they fall between gaps.”

Roundtable participant

EVIDENCE

In 2022, Help for Heroes convened a roundtable with other leading military charities, academic partners, and government officials to examine mental health in the discharge process.¹⁵ The consensus was clear: the current approach does not work.

“Mental health is still a hidden problem for veterans... they don’t fit thresholds and they fall between gaps. Even when they access services, the standards between DCMH and Op Courage vary hugely.” – Roundtable participant

Research from King’s Centre for Military Health Research (KCMHR) and University of Central Lancashire (UCLan) found that veterans who were medically discharged, especially on mental health grounds – faced the most difficult transitions and were at greater risk of PTSD, unemployment, and isolation.¹⁶

Our Veterans Living Well insights reinforced this. Veterans repeatedly called for earlier access to mental

health support and a smoother path between military and civilian services:

“Mental health care should be another immediate action... veterans should be given this check over on discharge and the service made easier to get into.”¹⁷

We believe this remains a significant issue for medically discharged veterans. Findings from our recent Veterans’ and Family Needs Survey highlight interconnected concerns around preparedness, mental health support, and transition. Among medically discharged veterans specifically:

- **Diagnosis Gap:** 26 per cent said they felt unprepared due to not having a mental health diagnosis to access the right support.
- **Treatment Gap:** 13.6 per cent were not in treatment at the time of discharge, and 18.2 per cent did not know how to continue treatment post-discharge.¹⁸

While the sample size for this group is relatively small, these findings reinforce longstanding concerns about mental health care gaps and the impact of unstructured transitions on those discharged due to illness or injury.

15 In October 2022, we brought together stakeholders from leading Armed Forces charities, the KCMHR, the OVA, the MOD, and the DHSC to discuss a cross-sectoral approach to addressing gaps in provision for those with mental health conditions who are medically discharged

16 KCMHR Report, 2021; UCLan Study, 2022. KCMHR Report, ‘Military and demographic predictors of mental ill-health and socioeconomic hardship among UK veterans’ (2021); and FIMT-commissioned research (UCLan & University of Salford), ‘Lives in Transition: returning to civilian life with a physical injury or condition’ (2022)

17 Help for Heroes, Veterans Living Well Project, 2024

18 Veterans and Families Needs Survey, Help for Heroes (2025). National survey of 941 veterans, including 119 who were medically discharged. Not limited to help-seeking respondents

POLICY RECOMMENDATIONS

To ensure no veteran is left behind when it comes to mental health, we recommend the UK Government:

1. **Introduces a pre-discharge mental health assessment** as standard practice across all services, ensuring diagnoses are recognised and recorded before transition.
2. **Funds and enforces a thorough and timely handover** from DCMH to NHS services, including Op Courage, to ensure continuity of care.
3. **Launches a national awareness campaign** to improve understanding and visibility of Op Courage and equivalent services in devolved nations, with a focus on reducing stigma and improving access.

Mental health needs to be treated as a priority, not an afterthought. Service personnel and veterans should not have to fight another battle just to be seen, heard, and supported after they’ve already given so much.

BETH'S STORY

Proud to have served; then pushed out the back door.

A former RAF nurse who was medically discharged after developing long COVID has shared her story about the “brutal and confusing” way she was treated, saying it left her feeling “useless and unwanted”.

Beth, who served for 13 years and rose to the rank of sergeant, built a proud career caring for ill and injured personnel. She worked in hospitals and GP-style practices, served in the Falklands and Ascension Island, and was once runner-up RAF Sportswoman of the Year, competing in high level triathlons.

“I had a great career and I’m proud of all I achieved,” she said. “It was more than a job. I worked with some amazing people and did some really good things.”

FROM ATHLETE TO PATIENT

Everything changed after she caught COVID-19 in her role in early 2020. At first, she wasn’t worried.

“I thought it was good to get it early,” she said. “I didn’t think it would be serious.”

Instead, the illness became long-term and debilitating. Despite a stint in rehab at Stanford Hall, Beth never

fully recovered. The fatigue was relentless. Her concentration vanished. Driving became unsafe.

“At first, I started back working an hour a week from home. But trying to go back to work just wasn’t safe. I remember struggling to drive home after a only a couple of hours, realising it wasn’t working. I couldn’t even follow a Teams call. But I was trying so hard to hang on to my career.”

Eventually, she was sent to a medical board. A damning report from her boss left her feeling written off. Though granted a short extension, by late 2022 it was clear she couldn’t return to full-time duties.

MISJUDGED AND MISUNDERSTOOD

The RAF medically discharged her under Tier 1 – a classification for those deemed unfit for military service but supposedly able to work with no restrictions in civilian life. Beth said that label didn’t reflect reality.

“I couldn’t even work two hours a day without getting worse,” she said. “Driving was hard. Concentrating was nearly impossible. Yet they decided I could just walk into an NHS role. It was nonsense and invalidating. It left me desperately searching for jobs, which made me further unwell.”

Tier 1 also meant no medical pension – just a one-off lump sum. It took nearly two years, with her husband’s help and support from the Veterans Advisory and Pensions Committees (VAPC), to get it upgraded to Tier 2, which recognises that long COVID can be long-term or permanent and would impact on her ability to work.

“They said they couldn’t give me Tier 2 because they didn’t know if long COVID was permanent. But they were discharging me medically. It made no sense,” she said. “You have to fight so hard for proper support. Most people won’t even realise they can challenge it.”

“

No one should have to fight for years just to be believed. Just to be supported. Just to get what they’re entitled to. That’s not how we should treat people who’ve served. ”

NO CONTACT, NO CLOSURE

Beth felt unsupported during the discharge process. The person supposed to be supporting her, based in Somerset, never met with her face-to-face. That absence of personal contact added to her sense of isolation.

"That made a huge difference. It shouldn't be a postcode lottery based on who is in that role."

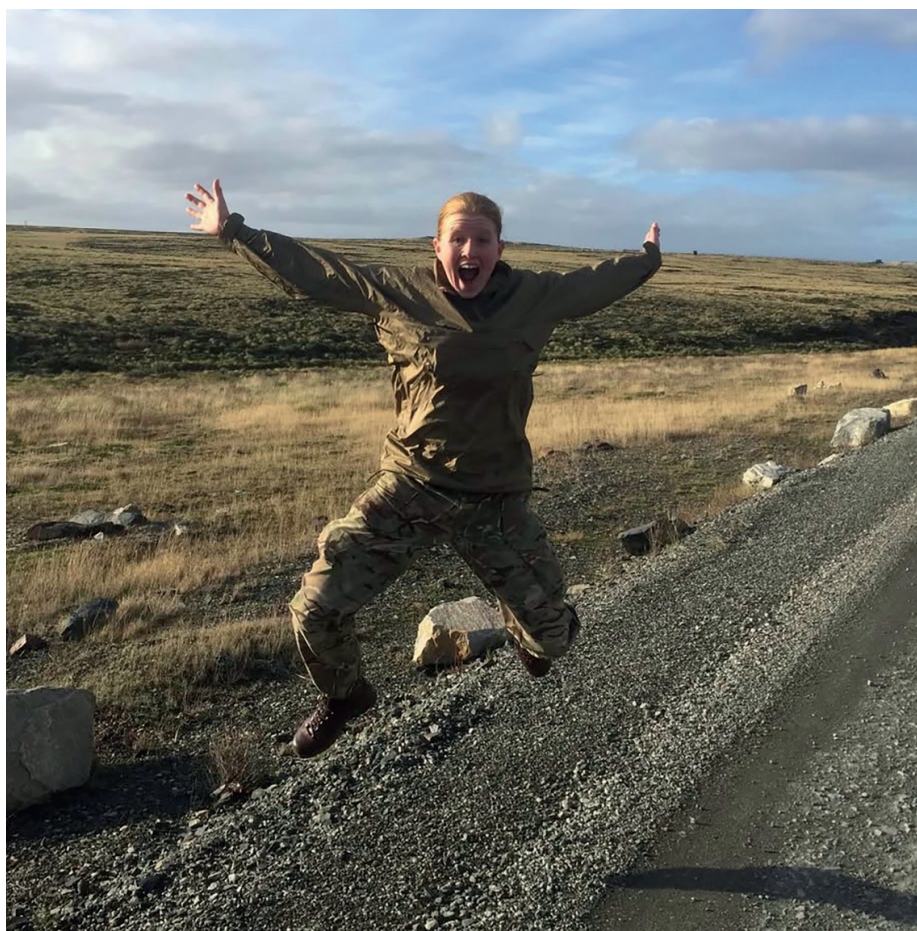
Leaving under those circumstances was more than a career shift – it was a painful loss of identity.

"If I'd left normally, I probably would've dined out at the Sergeants' Mess. Instead, I just dropped off my laptop. No goodbyes. No closure. It felt like I was pushed out the back door."

She received a certificate and a pin badge, but no real recognition for 13 years of service. "The doctor at the med board said, 'Thank you for your service,' and that meant something. But from my unit? Nothing."

Her husband, still serving in the RAF, also received no support during the process, despite Beth's cognitive difficulties.

"He tells me I wasn't well at all that first year. I don't remember much of it. No one ever phoned him to ask how he was or explain what was happening. There was just no support."



REBUILDING AND SPEAKING OUT

After her discharge, Beth turned to Help for Heroes for both emotional and practical support. She attended our Sport Series, which are taster sessions for adaptive sports, and reconnected with a part of her past she thought was gone.

"It was adapted cycling and wheelchair sports – stuff that felt fun and inclusive. My husband and I used to train together, so doing that again, even differently, really helped. And the evenings, chatting with other veterans and families, were a lifeline. We realised we weren't alone."

She also was supported by the Charity's Hidden Wounds mental health team.

Beth now campaigns for better cycling infrastructure and serves on her local community partnership board.

"I'm finally feeling grounded. We moved into what we hope is our forever home. I've invested in the

local community, and that's helped me build a new identity."

But she says more needs to be done to understand the impact of long COVID – and to ensure service personnel are better supported when their careers are cut short.

"There's this myth that if you get ill in the military, they'll look after you. That wasn't my experience. They said I was fine to work, when I couldn't even drive safely. That's not just wrong – it's dangerous. And most people don't know they can challenge that Tier 1 ruling."

For Beth, sharing her story is about pushing for change.

"I've come to terms with where I'm at," she said. "But no one should have to fight for years just to be believed. Just to be supported. Just to get what they're entitled to. That's not how we should treat people who've served."

SECTION THREE:

THE HUMAN COST OF POOR TRANSITION

For some medically discharged veterans, leaving service is not just the end of a job, it's the loss of a way of life, home and support network that is like a family. When the system fails to support their transition, the consequences extend far beyond the individual. The emotional, financial, and social costs are immense, and society often ends up picking up the pieces.

KEY ISSUES

- **Loss of identity and purpose:** Veterans describe feeling “discarded” after service, particularly when medical discharge is abrupt or poorly managed. This sense of abandonment can exacerbate existing mental health issues and erode self-worth.¹⁹
- **Financial instability:** Delays in compensation, lack of clarity around pensions, and an absence of financial advice, leave many veterans struggling to plan for life post-service. Some leave without knowing what income they'll have in a week's time.
- **Difficulty accessing housing, healthcare, and employment:** Veterans report barriers navigating civilian systems, such as registering with a GP, accessing mental health support, or understanding benefit entitlements. Employment support is often generic, not tailored to veterans' skills or health limitations.
- **Strain on families and public services:** The impact of poor transitions ripples outward – placing pressure on NHS services, local authorities, housing support, and families trying to fill the gaps.

Emerging insights also suggest medically discharged veterans may be particularly vulnerable to social isolation, alongside those living alone or managing chronic pain, highlighting the need for transition models that account for both physical and social wellbeing.

These are not just teething issues of adjustment, they are indicators of a system that is not fit for purpose when it comes to preparing and supporting medically discharged personnel for life beyond service.

19 Veterans Living Well Project, 2024

“

You're not just losing a job. You're losing your house, your medical care, your pension, your whole lifestyle. And it feels like they've just cast you aside. ”

Veteran, Veterans Living Well

EVIDENCE

Help for Heroes' recent 'Veterans Living Well' project surfaced deep feelings of disconnection and disillusionment. Veterans described the transition as a cliff-edge, with little flexibility to accommodate complex needs. As one put it:

"You're not just losing a job. You're losing your house, your medical care, your pension, your whole lifestyle. And it feels like they've just cast you aside."

Another participant said: "I was the main wage earner about to be discharged and lose all income... we had to sell our house before we lost it."

Our Veterans' and Family Needs Survey highlighted issues of employment readiness – 69.7 per cent felt unprepared due to not having a job lined up at medical discharge, the highest across all discharge types.²⁰

Anecdotal evidence from Help for Heroes' recovery teams reveals that many veterans leave without ever speaking to Defence Transition Services or the Veterans Welfare Service, even though policy says they should.²¹ Indeed, our Veterans' and Family Needs Survey found

30.3 per cent cited a lack of support from their chain of command as a barrier to a successful transition.²² These harmful gaps are avoidable.

Independent research outlines the wider impact this has on the individual outcomes:

- Studies commissioned by Forces in Mind Trust and King's Centre for Military Health Research link poor transition to higher rates of unemployment, PTSD, and housing instability.²³
- UCLan's longitudinal work highlights long-term mental

health impacts of unplanned discharge due to physical injury.²⁴

The Government's own data highlights how widespread this problem is: 56.8 per cent of medically discharged veterans turned to a charity for help.²⁵ Veterans should not have to rely on overstretched charities to fill the void left by the state.

20 Help for Heroes, Veterans' and Family Needs Survey, 2025

21 Internal Help for Heroes Casework Testimony

22 Help for Heroes, Veterans' and Family Needs Survey, 2025

23 FiMT, The Transition Mapping Study research Series (2016–2023); Understanding 'Negative Transitioning' in British Ex-Service Personnel", Queen's University Belfast (2022); Lives in Transition: returning to civilian life with a physical injury or condition (2022); N. T. Fear et al (2021) 'Military and demographic predictors of mental ill-health and socioeconomic hardship among UK veterans', KCMHR

24 UCLan Impact Study, 2022 – 'The impact of in-service physical injury or illness on the mental health of military veterans' is a longitudinal study which interviewed 22 veteran participants who had been discharged from service within the last eight years

25 OVA Veterans Survey, 2022

POLICY RECOMMENDATIONS

To reduce the harm and long-term cost of poor transitions, we recommend that all branches of the UK military:

1. **Embed flexibility into the transition process to reflect individual needs**, recognising that some medically discharged personnel will require more time, support, or tailored planning than others.
2. **Embed tailored employment, housing, and financial advice** within the discharge process – delivered by professionals trained to understand veterans' needs.
3. **Promote and guarantee access to Defence Transition Services (DTS) and the Veterans Welfare Service**, including self-referral and third-party referral options, with clear accountability for follow-up. This must be backed by clear, timely communication, including detailed information on the organisations and services available to support veterans and their families post-transition, so they know how and when to engage.
4. Provide veterans and families with detailed information on organisations who can support them post transition.

Transition from the Armed Forces should be a carefully managed process, not a freefall into uncertainty. The cost of getting it wrong is paid not just by the veteran, but by families, communities, and the wider public sector.

CRAIG'S STORY

Isolated, unwanted, forgotten: Craig's experience of medical discharge.

Craig loved Army life and felt like an 'invincible soldier'. Being in the military was all he'd ever wanted to do.

He spent 15 years as a Royal Engineer and achieved the rank of Lance Corporal.

"As a child, I used to say to my mum and dad 'I don't really need school, because I'll be going in the Army.' I didn't ever want to do anything else. So, it was a kick in the teeth, to be told I couldn't do it any longer."

Problems began for Craig when he broke his wrist playing rugby for his regiment.

The injury was initially missed. As Craig continued to work and exercise, it got worse. Further tests revealed it had become a serious and complex break.

After major reconstruction surgery, Craig was sent home to recover.

Complications meant recovery took longer than expected. Further surgery was required.

I WAS NO LONGER INVINCIBLE, I WAS BROKEN

"For 14 to 15 months, I was left completely isolated at home. I barely spoke to my unit. I was forgotten."

"Before the injury I was a 'can do anything invincible soldier'. After the injury I couldn't even do basic household and garden tasks."

"I felt useless and a burden to my wife who had to pick up all the jobs I would normally do, plus all the driving."

"I was no longer invincible, I was broken."

With little support with his recovery, Craig was then faced with the prospect of being medically discharged from the Army.

"I thought I'd recover and return to work, but then they said I had to go to a medical board. I was still having operations and on a high dose of morphine. After the time alone at home, they asked if I still felt like a soldier. I said, 'I don't think I am one anymore – I haven't been to a military establishment for two years.' Reflecting back, it felt like a leading question, when ultimately they made the decision for me."

I FELT LIKE I'D NEVER EXISTED

"I was medically discharged in November 2018. By the next morning, I wasn't a soldier anymore."

"When I handed back my kit, most people had moved on. Very few people in the squadron knew who I was. I felt like I'd never existed."

"The entire discharge process made me feel isolated, unwanted and unimportant after giving 15 good years to the Army."

"Even now, years later, I still feel like I was let down. The way they discharge injured soldiers needs to change. No one should be made to feel like they don't matter."

"I was given just three months to prepare for my military career being over – when most people leaving the Armed Forces get 12 months. I was still receiving treatment, still in pain, and had no idea what came next."

"It took months for my first Army pension payment to come through. Without my family, I don't know what I would have done. I can see how so many veterans end up homeless."

HELP FOR HEROES WERE THERE WHEN I NEEDED THEM

As well as the pain from his wrist injury, Craig was suffering with post-traumatic stress disorder (PTSD) from his time in combat.

Craig said: "I had a diagnosis from the military for PTSD. I was referred to the NHS, but it's so overwhelmed with mental health issues."

"So when I left the military I had four sessions with the NHS over the course of six months, but it's people like Help for Heroes I've had the most support from."

"I've received support from the Charity for my injury in the form of pain management information, occupational health support and a specially designed splint. I also have regular treatment with the Hidden Wounds mental health team."

Help for Heroes' Hidden Wounds service provides tailored counselling, therapy and psychological education to veterans and their families.

Craig's experiences leaving the Army left him feeling bitter and angry towards the institution he served for

“
The process and system must change to help keep families together and off the streets.”

Craig's wife Georgina

15 years, something he's addressed through counselling and courses with Help for Heroes.

"I've benefited from courses like You, Me and Anger and have been referred to the Knowing Your Pain course. My experience so far with these courses has been really positive and helped equip me with practical advice and coping mechanisms that are tailored to military personnel.

"Help for Heroes are always there when I need them. But charities shouldn't have to pick up the pieces after you've given the best part of your adult life to something."

Craig has since retrained as an electrical engineer.

"I still have concerns the injury could prevent me from being able to work with my hands and putting me in a position of having to reinvent myself for a third time."

HIS SENSE OF IDENTITY WAS STRIPPED AWAY

The medical discharge was also tough for Craig's wife Georgina. The couple have two young children together.

She said: "Craig's medical discharge was and still is an incredibly emotional rollercoaster. Firstly to watch the person you love in pain is awful, particularly when there is very little you can do to help. To then watch them go through the



uncertainty and lose the one job they have ever wanted is horrific. His sense of identity was stripped away in a matter of months with very little support for what was to come next.

"There was then a significant amount of pressure on me to support him through the pain, the transition to civvy street and provide for our household.

"The rug can quite literally be pulled from underneath an individual or family with devastating consequences at a time when service personnel are at their most vulnerable. The process and system must change to help keep families together and off the streets.

"Craig has had to rebuild everything. His mental state, his physical ability, who he is as a person, his career. The Army was a huge influence on him as a person and his lifestyle. He was lost for such a long time without any kind of purpose or sense of direction. I am incredibly proud of how he has persevered and fought for himself and our family."

DON'T BE AFRAID TO ASK FOR HELP

Craig has this advice for anyone facing the end of a military career.

"Make sure you have a good support network around you. I wouldn't be where I am today without mine. Make a plan A and B.

"Reach out to Help for Heroes or other charities and see what support is available. I'm only in the position I am in now because my support network pushed me to take the initiative or helped me to find support in other areas where the military lacked.

"Most importantly don't be afraid to ask for help. Everyone needs a little support from time to time."

SECTION FOUR: SOLUTIONS ARE WITHIN REACH

Despite the clear and ongoing challenges facing medically discharged veterans and the profound impact they're having; the solutions are within reach. Across the Armed Forces, government departments, charities, and communities, there is a shared willingness to do better. What's needed now is the political will and coordinated action to turn intent into impact.

A successful system for medical discharge would be consistent, compassionate, and veteran-centred – one that recognises the life-changing impact of service-related illness or injury and sets individuals up for long-term wellbeing and contribution to civilian life. Above all, it must be simple, easily understood, and clearly briefed to those going through it – with every veteran knowing what to expect, what support is available, and how to access it.

A better system would include:

- **A standardised discharge framework** across all three branches of the military, ensuring every veteran receives the same baseline level of care and support, regardless of rank, unit, or condition.²⁶
- **Early intervention and coordinated transition support**, including mental health screening, housing advice, employment planning, and welfare guidance – starting well before the discharge date.
- **A seamless transfer into civilian systems**, with thorough and timely handovers into NHS mental health services, full access to medical records, and practical help navigating benefits and community support.²⁷
- **Veteran-defined good practice**: Access to funds, a peer mentor, career advice that reflects their health needs, and having a say in how services are designed.
- **Fair, timely compensation and financial clarity**, removing uncertainty and reducing stress in the immediate post-service period.

²⁶ Help for Heroes Clinical Recommendations, 2025

²⁷ Help for Heroes, Veterans Living Well, 2024; Help for Heroes Stakeholder Roundtable 2022; Help for Heroes Service Feedback

“
Trying to give people a joined-up help process,
not lagging behind, so they can get on with
the life in whatever shape you have left. ”

Veteran, Veterans Living Well



VETERANS DESERVE TO BE SET UP FOR SUCCESS, NOT LEFT BEHIND.

At its best, a reformed discharge system would not only reduce hardship but unlock potential. Veterans would be able to move forward with dignity, purpose, and stability, carrying their skills, resilience, and values into new roles within society.

“Trying to give people a joined-up help process, not lagging behind, so they can get on with the life in whatever shape you

have left.” – Veteran, Veterans Living Well

This vision is not unrealistic. It’s entirely achievable with modest investment, better coordination, and a genuine commitment to fix what’s broken.

Help for Heroes is ready to work with government and partners across the sector to make this a reality. But we cannot do it alone.

That is why we’re calling for an independent review of the medical discharge process – one that’s shaped by people who have been through the process and focused on creating a fairer, more effective system for those who are forced to leave service due to illness or injury.

BARRIE'S STORY

“Thrown to the wolves”: Why the MoD must fix the medical discharge process.

When Barrie joined the Royal Air Force at just 18, he had no idea it would give him not only his career but almost all his adult life.

Over 34 years, rising to the rank of Group Captain, he served around the world, enjoyed postings that shaped him, and forged friendships that would last a lifetime. “I would do it all again in a heartbeat” he said.

But in his later years of service, everything changed. A spinal injury during a weighted march marked the beginning of the end of his career.

It was painful for months, but you carry injuries all the time. Six months later, I noticed that I had lost feeling below my waist.”

An emergency operation prevented paralysis, but the damage – physical and mental – was done.

Although Barrie could still contribute in senior roles, he could no longer serve in the way he defined himself. “I’ve always been high-achieving, and I’d overcome mental health challenges before, but this... it stripped away everything that defined me in the military.”

Depression, stress, and a collapse in self-esteem followed. “It was the mental health impact more than the physical injury that led to my medical discharge.”

Today, Barrie is an Ambassador for the Charity. He regularly hears stories of people who have recently gone through the medical discharge process. Many of the same problems he faced are still happening.

Medical discharge should be a carefully guided transition from service to civilian life. Instead, Barrie says, it’s often chaotic, inconsistent, and lacking empathy

– delivered at the very moment a person is least able to cope.

“It comes at a time when your world is in turmoil,” he says. “Suddenly, you’re told the way of life you’ve known for decades is ending. You’re given a date – and after that, you’re no longer in the care, pay, or support of the organisation. You’re just thrown to the wolves.”

Barrie is quick to acknowledge his privilege. As a senior officer with decades of service, he had contacts who would listen. Even then, he says, the process was “shock and awe”. He remembers being handed a five-page, haphazard list of things to do, without clear order, completeness, or guidance. “There was no mapped-out process. No coherent checklist. No one from the RAF taking ownership of my process.”

He points out that the RAF – like the other services – excels at inducting and training people, but fails to devote the same commitment to “preparing you to leave well.” Personnel Recovery Units were meant to help, but often they were staffed by people on their own final posting before discharge, distracted by their own departure.

According to Barrie, the quality of someone’s discharge experience depends almost entirely on the individual assigned to them. “Some had excellent personnel recovery officers – people who took a personal interest and guided them. Others were forgotten about. Nobody took ownership.”

That patchiness leaves many service personnel – especially younger and lower-ranked – without the tools to manage basic but essential civilian tasks: registering with a GP or dentist, securing housing, applying for benefits. The lack of reliable financial information is another common stressor. “Even after 33 years’ service, I had no idea what my income would be after discharge. For junior ranks with shorter service, that uncertainty is terrifying.”

The impact on families, Barrie stresses, is largely ignored. “They live the medical discharge too – they’re the first line of support – but they’re given no help, no courses, no preparation.”

THE HUMAN COST

“You go from being part of a team that achieves great things, to feeling unloved, expendable, on the scrapheap,” says Barrie. “In the military, there’s always someone to ask. Outside, you’re in an alien world – and if you have an injury or poor mental health, it’s overwhelming.”

That sense of lost identity is profound. “For a long time after leaving, people would ask, ‘What do you do?’ and I’d say, ‘I used to be in the military.’ Everything that defined me was gone. My confidence, my self-esteem – all shattered.”

Poorly managed discharge also affects employability. “You’re not in the right frame of mind to sell yourself. You see yourself as broken. And if you feel the system doesn’t care, it’s hard to see a future.”

“

You go from being part of a team that achieves great things, to feeling unloved, expendable, on the scrapheap.”

WHAT NEEDS TO CHANGE

Barrie is clear that reform is neither complicated nor expensive – but it does require commitment and accountability from the Ministry of Defence.

- **A standardised, mapped-out pathway**
“We all have to do the same core things – apply for a pension or compensation, find housing, register with a GP. These should be in one coherent, personalised checklist, with dates, so nothing is missed.”
- **Dedicated case managers**
A single, responsible individual should guide each person through the process – answering questions, finding answers, and keeping them on track. “When you’re not firing on all cylinders, you need someone walking beside you.”
- **Family support**
Families need preparation, training, and resources to cope with the change. “They are critical to a veteran’s recovery and stability, yet they’re left to fend for themselves.”
- **Accurate, early financial information**
Discharged personnel should be told what income they can expect before they leave, so they can plan housing, employment, and family needs.



- **Flexibility on discharge dates**
Medical treatment and resettlement courses must be factored into the timeline, rather than forcing personnel to choose between their health and their future.

WHY THIS MATTERS

When the system fails, charities like Help for Heroes, local authorities, and the NHS are left to pick up the pieces. “That’s not right,” says Barrie. “The MoD has used these people – they have a duty to ensure they leave well. It’s in their own interest too – to be able to say, hand on heart, they’ve done all they can to support these people who have served our country.”

Barrie knows some will point to his case as a “success story” – but he insists that’s only because he fought for himself. “If I had to fight this hard, what happens to those without a platform? I still hear the same horror stories today: housing crises, benefit delays, people simply forgotten.”

A CALL TO ACTION

Barrie’s message to the MoD is direct: “Map the process. Make someone accountable. Put the right people in the right roles. Support the family. Give financial clarity. This is not rocket science – and it doesn’t cost the earth. But it will transform lives. It will stop people falling on the scrapheap after serving their country.”

helpforheroes.org.uk
pressoffice@helpforheroes.org.uk
0300 303 9888

 /HelpforHeroesOfficial

 @HelpforHeroes

 @HelpforHeroes

 HelpforHeroesTV

Help for Heroes, 14 Parkers Close,
Downton Business Centre, Salisbury, Wiltshire SP5 3RB

**HELP for
HEROES**



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