



**James  
Lind  
Alliance**  
Priority Setting Partnerships

# Top 10 UK research priorities for veterans' health

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# Executive summary

**The majority of veterans transition from serving in the armed forces to civilian life successfully, but some require support towards their physical and mental health. Supporting someone who has served in the UK armed forces can also impact on the health and wellbeing of family members and carers. To ensure that people who have served in the UK armed forces, as well as their families and carers, get the support they need, a James Lind Alliance (JLA) Priority Setting Partnership was set up to identify the top 10 unanswered questions about veterans' health.**

The JLA's robust and well-established processes for setting the top 10 priorities were followed. A steering group was set up to set up the project and oversee all stages. Over 1,000 veterans, carers, family members from all four UK nations and various age, gender, ethnic and service backgrounds, and healthcare professionals told this PSP the questions and comments that mattered to them about the physical and mental health and wellbeing of veterans and their families and carers, in two national surveys. These questions and comments were then combined and shortlisted and with the support of 28 people including veterans, family members and carers, healthcare professionals and charity representatives. The questions were then prioritised in a workshop, forming the final top 10 priorities for veterans' health research.

The top 10 priorities call for those working in the veterans' health field to come together to address the areas which are crucial to improving veterans', their family members' and carers' health and experiences. Several actions will be needed to address the priority areas and improve veterans' and their families' and carers' health.

- To ensure progress is made on these priorities, a volunteer committee will be formed from the steering group who will meet six-monthly for two years initially, and who will review efforts to work on these priorities by engaging with various organisations in the field of health and research.
- The research literature around each priority area will need to be reviewed, and where available the evidence should be synthesised so that clinicians and policymakers have access to a robust overview of what is already known.
- Where research is already available, or practical solutions can be identified that could benefit veterans, their families and carers, the priority is on ensuring that this existing information informs policy and service delivery to bring about improvements. Connection and collaboration between services, such as clinical and charity support, is an integral element in improving veterans', families' and carers' health.
- Where research is not already available, concerted efforts by research funders, researchers and charities are needed to make sure insight into the problems that veterans, their families and carers face, as well as most feasible solutions, becomes available to veterans, their families, clinicians and policymakers.

## Top 10 research priorities for veterans' health

1

How can access to urgent mental health care be improved for veterans experiencing a mental health crisis?



2

What kinds of treatment and support would benefit partners, children and other family members caring for veterans?



3

How can NHS and charity services work more collaboratively to provide joined-up care that better meets the needs of veterans?



4

How can veterans be encouraged to recognise they need help and to ask for the help they need, especially for mental health problems?



5

What additional steps could better prepare people for leaving military service, and avoid or reduce the health problems they may experience as veterans?



6

What are the best ways to treat and manage addictions in veterans, including alcohol and drug misuse, and gambling?



7

What are the best ways to treat and support veterans who experienced bullying, abuse or military sexual trauma during their military service?



8

How can veterans' mental health problems (e.g. PTSD) be detected earlier and with greater accuracy?



9

How can health services better meet the needs of female veterans?



10

What can be learnt from the veterans who have good mental health even after experiencing trauma? How might this help the veterans who do not do well?



# Why set priorities for veterans' health research?

In 2021, 1.85 million UK armed forces veterans were living in England and Wales, and in 2022 176,100 were living in Scotland (data for Northern Ireland is not available).<sup>1 2</sup> The majority of veterans transition from serving in the armed forces to civilian life successfully, but some require support towards their physical and mental health.

Supporting someone who has served in the UK armed forces can also impact on the health and wellbeing of family members and carers. With an ageing veteran population (more than half of veterans in Great Britain are now 65 or older), the balance of veterans' health and support needs is changing as health needs associated with older age increase.<sup>3 4</sup> At the same time, armed conflicts have become more complex, placing additional demands on mental and physical health that could change the needs of younger veterans and those who will exit the UK armed forces in years to come.

The UK government has committed to ensuring that veterans have access to mental health support and support for other issues they may have, and is committed to building a health service fit for the

future. To achieve this, the best, high-quality research needs to be available to inform policy making and evaluation for government, research funders, researchers and charities. Priorities for data and research need to be identified in collaboration with veterans and their families and carers, as well as healthcare professionals and charities who work with veterans.

“The JLA PSP engagement process reveals an interesting insight into what veterans, their families and their carers believe to be the areas of greatest import to improve their health and experiences of the health system. Work now needs to begin on ensuring the stakeholders required engage fully to ensure each priority receives thorough consideration of what further research, policy, service change or awareness raising campaign may be necessary to ensure veterans, their families and their carers are able to access and experience appropriate (veteran aware) health care, with evidence-based treatment and support to the optimum standard possible.”

– **Kirsteen Waller, Health Programme manager, Forces in Mind Trust**

1 Office for National Statistics (ONS), ‘UK armed forces veterans, England and Wales: Census 2021’, statistical bulletin, ONS website (released 10 November 2022)

2 National Records of Scotland, ‘Scotland’s Census 2022-UK Armed Forces Veterans’, Scotland’s Census website (released 13 June 2024)

3 Office for National Statistics (ONS), ‘UK armed forces veterans, health and unpaid care, England and Wales: Census 2021’, article, ONS website (released 9 November 2023)

4 National Records of Scotland, ‘Scotland’s Census 2022-UK Armed Forces Veterans’, Scotland’s Census website (released 13 June 2024)

# The Veterans' Health Priority Setting Partnership

Members at the Office for Veterans' Affairs and key stakeholders agreed that it was important to gain a better understanding of the health needs of veterans in the United Kingdom. To ensure that people who have served in the UK armed forces, as well as their families and carers, get the support they need, OVA approached the James Lind Alliance to set up a Priority Setting Partnership to identify the top 10 unanswered questions about veterans' health.

## **About the James Lind Alliance**

Established in 2004, the James Lind Alliance (JLA) is a non-profit making initiative that brings together people with lived experience and healthcare professionals in Priority Setting Partnerships (PSPs). These PSPs identify and prioritise the unanswered questions that are the most important for research in their topic area.

## **About the Office for Veterans' Affairs**

The UK government's Office for Veterans' Affairs (OVA) champions veterans of the UK armed forces and their families and ensures they can thrive in civilian life and continue to make brilliant contributions to society after leaving the armed forces.

At the heart of the OVA's principles are ensuring that the best evidence is available to guide policy-making and collaborating with veterans' organisations and other partners. The JLA PSP was part of this work.



## Scope of the Veterans' Health PSP

The aim of the Veteran's Health PSP was to make sure that researchers and research funders are aware of the issues that matter most to veterans, their families, their carers, and the health and care professionals that work with them from the perspectives of these very groups. This is to help to ensure that future research is targeted to where it is most likely to make a real difference to the lives of these individuals.

The objectives of the PSP were:

- to work with advocates of and individuals from the following groups to identify uncertainties about physical and mental health and wellbeing:
  - former service personnel, with physical or mental health challenges
  - families, friends and carers of veterans
  - professionals involved in treating, supporting and caring for veterans and their supporters
- to agree by consensus a prioritised list of those uncertainties for research
- to publicise the results of the PSP and process
- to take the results to research commissioning bodies to be considered for funding

In this report, we use 'former service personnel' and 'veteran' to mean any person who has served in the regular or reserve UK armed forces. This includes all former UK service personnel who have served for one day or more. It also includes merchant mariners who have seen duty on legally defined military operations. It does not include anyone currently serving in the regular or reserve UK armed forces as the focus of this work is on those who no longer have access to the military support services available to people still in service.

The scope of the Veterans' Health PSP was:

- all aspects of physical and mental health and wellbeing for anyone who has previously served in the UK armed forces, regardless of where they were born or where they now live
- a focus on the research opportunities that will influence UK-based health and care services
- questions that relate to the physical and mental health and wellbeing of family members and carers of veterans

The PSP excluded from its scope any questions about:

- veterans of non-UK armed forces
- people currently in military service

## The Veterans' Health PSP steering group

The PSP was led by a steering group of veterans, family members, charity representatives, and healthcare professionals and chaired by a James Lind Alliance Adviser. Members of the steering group brought a wealth of knowledge of veterans' health, whether from lived experience or work-related experience, and an understanding of the people that the PSP needed to hear from. The PSP is extremely grateful for their input and for the many other people who shared their experiences and insights in this important work, whether by responding to the PSP surveys, circulating surveys to friends and colleagues, or by attending the priority setting workshop.

### Steering group 2022 to 2023

#### Veteran and carer representative/s:

- Andrew Huggins, representing veterans.
- Heledd Kendrick, [Recruit for Spouses](#), representing veterans.
- Jo Luhman, representing carers.
- Katie Watson, representing veterans.
- Kayam Iqbal, [The OppO Foundation](#), representing veterans.
- Paul Rennie, representing veterans.
- Paula Edwards, [Salute Her UK](#), representing veterans.
- Tony Wright, [Forward Assist](#), representing veterans.
- Liz Brown, Former Head, Northern Ireland Veterans' Support Office.
- Zoe Morrison, representing carers.

#### Clinical representative/s:

- Dan Barnard, Consultant Clinical Psychologist. Clinical Lead Ex-Armed Forces MH (Midlands Op COURAGE), Stratford Healthcare.
- Gwen O'Connor, Highly Specialised Clinical Psychologist, Veterans NHS Wales.
- Jonathan Leach, NHS England Associate Medical Director for Armed Forces and Veterans Health. General Practitioner, Davenal House Surgery Bromsgrove. Jonathan is a veteran.
- Shehan Hettiaratchy, National Specialty Advisor, Armed Forces Health. Chair, Armed Forces Clinical Reference Group. National Clinical Lead, Veterans Trauma Network, NHS England & NHS Improvement. Shehan is a veteran.
- Sue Ferrier, Consultant Clinical Psychologist. Head of London NHS Operation Courage Veterans' Mental Health and Wellbeing Services. Partnership Lead NHS Veterans' Mental Health and Wellbeing Services – London and South East. Armed Forces Clinical Lead, Camden and Islington NHS Foundation Trust.
- Peter Le Feuvre, Professional Development Officer (Critical Care) Physiotherapy, Royal Centre for Defence Medicine, Oxford. Peter is a veteran.

#### Charity representative/s:

- Kirsteen Waller, Health Programme Manager and veteran, [Forces in Mind Trust](#).
- Rachel Price, Former Programme and Cluster Manager, [Cobseo: The Confederation of Service Charities](#).

### **Government / NHS representative/s:**

- Alison Treadgold, Head of Armed Forces Health (Operations), NHS England.
- Official from Person Centred and Participation Unit, Directorate for Healthcare Quality and Improvement, Scotland.
- Official from Armed Forces and Veterans Health, Department of Health and Social Care.

### **James Lind Alliance Project Co-ordinator:**

- Caroline Whiting.

### **Office for Veterans' Affairs Project Leaders:**

- Sam Tillotson, Deputy Director.
- Four Office for Veterans' Affairs officials with expertise in veterans' research, data and health.

### **James Lind Alliance Adviser and Chair of the steering group:**

- Suzannah Kinsella.

### **The Information Team:**

- Kristina Staley, Information Specialist.
- Beverly Bergman, Honorary Civilian Consultant Advisor (Army) for Veterans' Health and Epidemiology, Scottish Veterans Health Research Group. Beverly is a veteran.

“I found the JLA priority setting process to be a robust and inclusive process to bring some objective order to a vital, often emotionally charged topic area. At the end of the process, I cannot think of anyone that took part (I was in the clinician group) who felt anything other than satisfied that a thorough job had been done and a legacy achieved that can bring the field forward by steering research bids into the areas that we need.”

– **Dan Barnard, Consultant Clinical Psychologist, Clinical Lead Urgent and Non-Urgent Pathways, Midlands Op COURAGE, Stratford Healthcare**



# Involving veterans, family members and carers

Over 1,000 veterans, carers, family members and healthcare professionals told this PSP the questions and comments that mattered to them about the physical and mental health and wellbeing of veterans and their family, friends and carers.

Their contributions were gathered in three phases:

- an initial Survey, the responses to which were then combined into a list of summary research questions
- a second Survey, which asked respondents to select the questions that they felt were most important (based on their experience) from the combined list of summary research questions
- the final phase, where veterans, family members, carers, healthcare professionals and charity representatives from around the UK were invited to a workshop in Whitehall, London (September 2023) to discuss and agree the final order of priority for the research questions



## Step 1: Gathering questions about veterans' health

A first Survey opened online from 28 February 2023 to 30 April 2023 to gather questions and concerns from veterans, family members, carers and health and care professionals about the physical and mental health and wellbeing of veterans. This Survey 1 was promoted widely by steering group members through their networks, including charities which support veterans and their families, networks of healthcare professionals, Department of Health and Social Care, Office for Veterans' Affairs and policy networks, and on social media.

We monitored the types of people responding so that we could check that we were hearing from a wide range of people and make more efforts to reach those we were not hearing from. In total, 1,052 people responded to Survey 1 to give us their questions and concerns (details in Appendix 1). They were from England, Wales, Scotland and Northern Ireland as well as other locations, and veteran participants were broadly similar in gender and ethnicity to the total population of UK veterans, while being on average younger in age. Many more of the people responding were veterans than healthcare practitioners or people working for veteran charities – this is because there are many more veterans in the UK than health and care professionals working with veterans. The people who took part were:

- 886 Veterans of the UK armed forces
- 75 family members/carers
- 65 healthcare professionals
- 26 who described themselves as 'other' – this included charities and people who wanted to say that they were both veterans and healthcare professionals

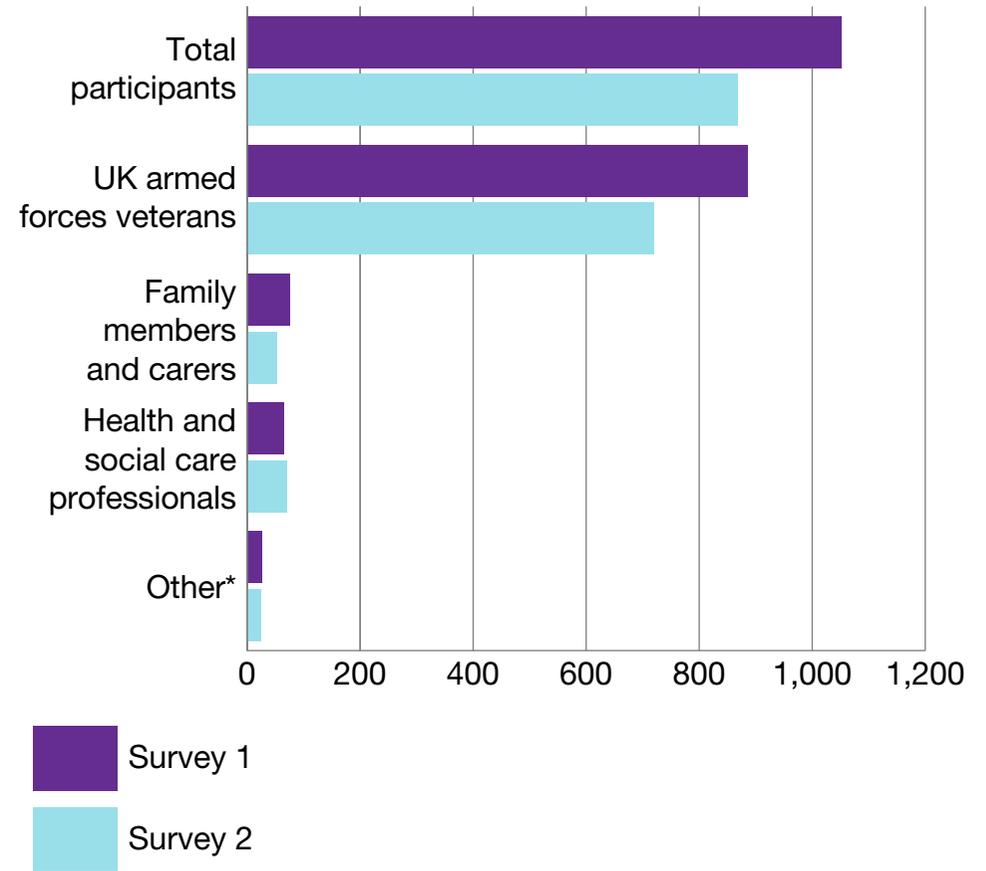
## Step 2a: Refining the questions

Based on the responses from 1,052 people to Survey 1, summary research questions were created by the PSP's information specialist and reviewed by the steering group, ensuring that they accurately reflected what survey respondents were concerned about. This was done by grouping together questions about the same topic, removing duplicates, summarising and refining the questions, and taking out questions that were not within the scope set out by this PSP. This led to a list of 57 summary research questions. The Information Team then checked existing research evidence to find out whether any of the questions had already been fully answered by prior research. For this, only research that was peer-reviewed and that used the method of a systematic review was included. One question was removed from the list. This question was: "How do veterans' experiences of trauma and mental health problems impact on the mental health of their partners and families?" as the steering group and families and carers agreed that the main issue here was support being available for partners and families, which is already covered by another priority question: "What kinds of treatment and support would benefit partners, children and other family members caring for veterans?"

## Step 2b: Shortlisting the questions

From 3 July to 28 August 2023, a second shortlisting Survey was launched, which included the 56 unanswered research questions based on the responses to the Survey 1 (details in Appendix 2). Veterans, family members and carers, health and care professionals and others who support veterans were asked to choose the 10 most important questions based on their experience. In this Survey 2, there were a total of 868 respondents. Figure 1 provides an illustration of who took part in Survey 1 and Survey 2, further details can be found in Appendix 1.

Figure 1: People who took part in the survey



\*Charities, people who were in more than one of the above groups

Figure 2: Area of residence of respondents to Veteran Survey 1 and Veteran Survey 2

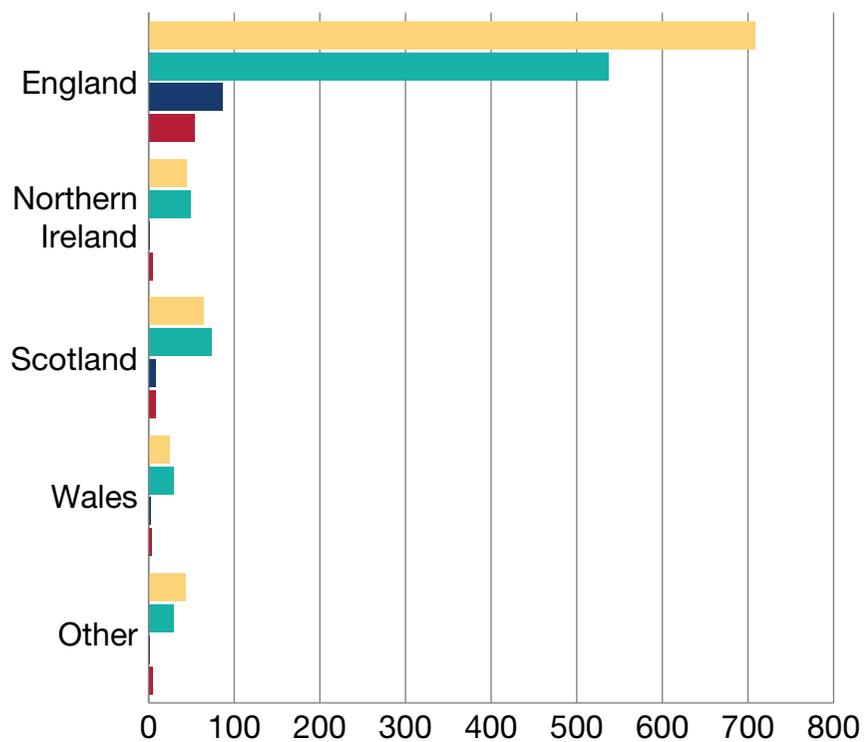


Figure 3: Age of veterans who took part in Veteran Survey 1 and Veteran Survey 2

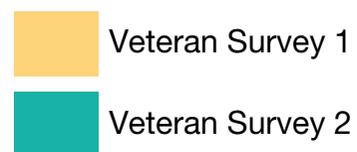
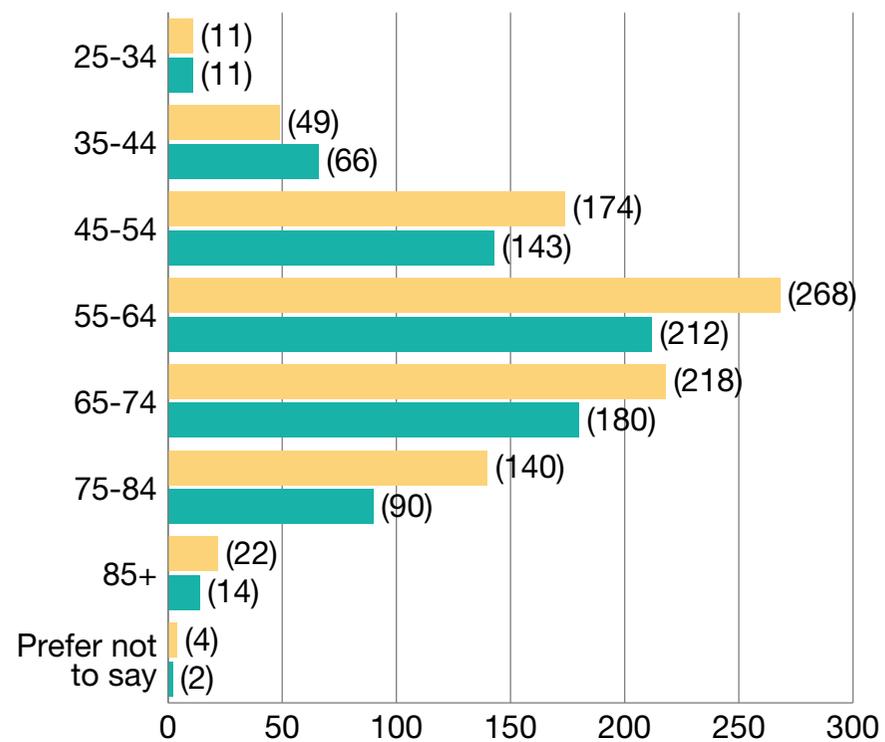


Figure 4: Service before leaving of veterans in Veteran Survey 1

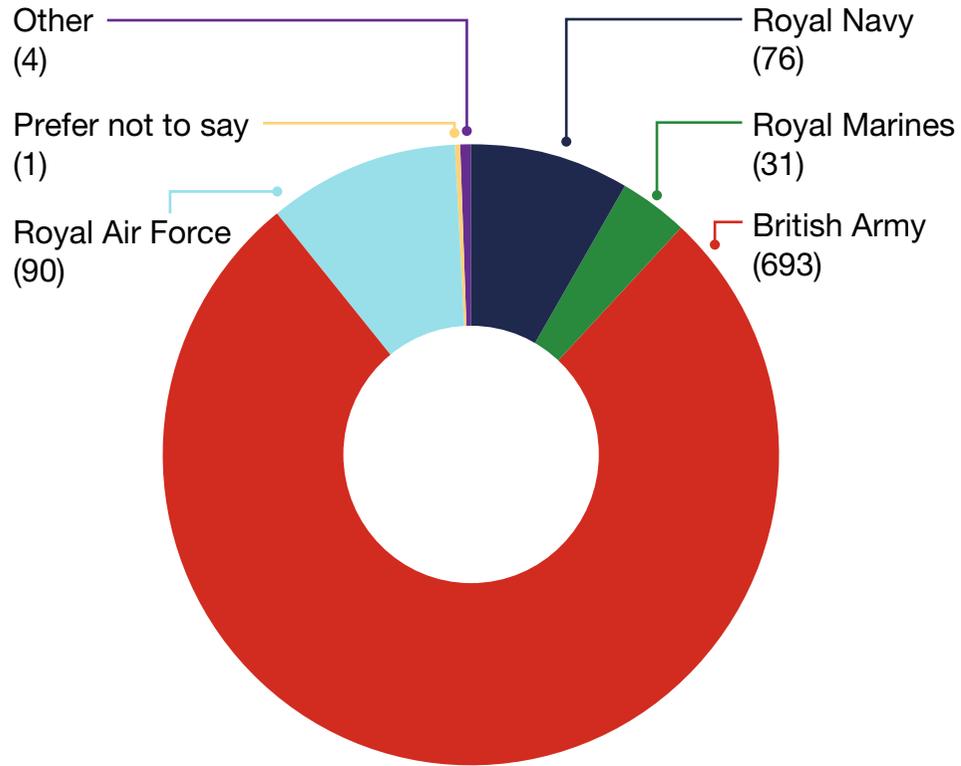
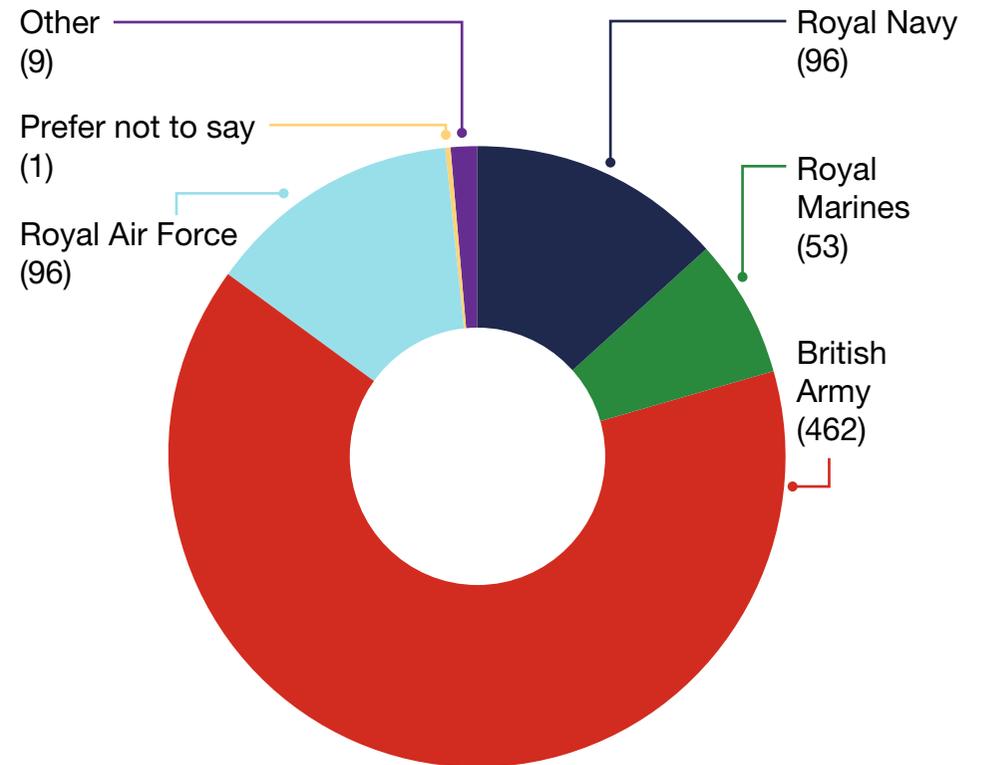


Figure 5: Service before leaving of veterans in Veteran Survey 2



## Step 3a: Prioritising the questions

The responses to the Survey 2 were checked, leading to a shortlist of 26 questions (see Appendix 3, 16 questions prioritised in addition to the top 10). The PSP made sure that the list of 26 questions represented those that were important to veterans, to families and carers, and to healthcare professionals. Importantly, the PSP also ensured that the 26 questions represented those that were important to female veterans, those who did not identify as straight or heterosexual and those who described themselves as non-white. This was done by reviewing the ranking of questions by the different groups.

## Step 3b: The final workshop

On 7 September 2023, a final in-person workshop was held in London to discuss the shortlist of 26 questions and agree the final order of priority. Twenty-eight people were invited. The breakdown of the 28 workshop participants were:

- three female veterans, five male veterans
- four family members/carers
- eleven healthcare professionals
- five people representing charities

Six of the health and social care professionals and one charity representative who attended the workshop declared they were also veterans, and four of the veterans attending declared they were also involved in supporting other veterans, so there was crossover within groups of people attending.

During the workshop, people worked together in small groups, facilitated by JLA Advisers. The workshop attendees shared their experiences and the questions that were more and less important to them. They came back together as a large group to review each group's discussions and came to an agreement on the top 10 questions and the order of priority of all 26 questions.



Here is what two of the workshop participants said about the workshop:

“This was a fabulous workshop, and so great to hear all the different voices from professionals – lived experience, within the group agreeing, and sharing their experiences and ideas, with the whole of the armed forces community at the heart of this workshop. As a participant with lived experience this workshop was extremely validating of our experience and inspiring for the future progress.”

**– Family member/carer who attended the workshop**

“The day was truly memorable for me, and it was an honour to be part of such a crucial decision-making event. At moments, the magnitude of the occasion did feel intense and overwhelming. After previewing the attendee list, I had some initial reservations, wondering if individual motivations might dominate. However, the reality was much different. It was heartening to witness the collective desire to prioritise the entire veteran community and further research on their behalf. I must also commend you and your team. The balance you maintained in ensuring every opinion was considered, without any overshadowing others, truly speaks volumes about the integrity of the JLA.”

**– Veteran who attended the workshop**

# Research priorities for veterans' health

1

How can access to urgent mental health care be improved for veterans experiencing a mental health crisis?



2

What kinds of treatment and support would benefit partners, children and other family members caring for veterans?



3

How can NHS and charity services work more collaboratively to provide joined-up care that better meets the needs of veterans?



4

How can veterans be encouraged to recognise they need help and to ask for the help they need, especially for mental health problems?



5

What additional steps could better prepare people for leaving military service, and avoid or reduce the health problems they may experience as veterans?



6

What are the best ways to treat and manage addictions in veterans, including alcohol and drug misuse, and gambling?



7

What are the best ways to treat and support veterans who experienced bullying, abuse or military sexual trauma during their military service?



8

How can veterans' mental health problems (e.g. PTSD) be detected earlier and with greater accuracy?



9

How can health services better meet the needs of female veterans?



10

What can be learnt from the veterans who have good mental health even after experiencing trauma? How might this help the veterans who do not do well?



## Exploring the top 10 priorities

### Priority 1.

## How can access to urgent mental health care be improved for veterans experiencing a mental health crisis?



### Why does this priority matter?

It is essential that anybody experiencing an urgent mental health crisis, as well as those who seek support for them such as family members, knows where to turn, and feels comfortable doing so. Clear, accessible pathways are of the utmost importance in this context. This priority highlights the need to ensure that appropriate services are in place for our veterans, that veterans and their family members are aware of those services, know how to access them, and they feel comfortable accessing them.

Some research suggests that mental health problems occur at higher rates in veterans than in the general population,<sup>5</sup> and that veterans are less likely to use mental healthcare services.<sup>6</sup> A recent study (Campbell et al. 2024) suggests that veterans are, as a result, waiting to reach out for support until they reach crisis point,<sup>7</sup> and at that moment they do not know how to access the care that they need. Research suggests that suicide risk becomes a particular concern when someone reaches a crisis point. While data suggests that suicide rates in veterans are broadly comparable to the rest of the population, rates were higher in male veterans under 25 (data covering 1996 to 2018).<sup>8</sup>

5 Rhead, Rebecca, et al. 'Mental health disorders and alcohol misuse among UK military veterans and the general population: a comparison study', *Psychological medicine* 52.2, pages 292-302 (2022)

6 Randles, Rebecca, and Alan Finnegan. 'Veteran help-seeking behaviour for mental health issues: a systematic review', *BMJ Mil Health* 168.1, pages 99-104 (2022)

7 Campbell, Gavin M., et al. 'Veterans in crisis: Describing the complexity of presentations to a mainstream UK Veterans' mental health service', *Journal of Military, Veteran and Family Health* 10.1 pages 62-72 (2024)

8 Rodway, Cathryn, et al. 'Suicide after leaving the UK Armed Forces 1996-2018: A cohort study', *PLoS Medicine* 20.8, e1004273 (2023)

More recent analysis carried out by ONS based on census 2021 data in England and Wales showed that male veterans aged 25 to 44 years were at a higher risk than the general population.<sup>9</sup>

Further exploration of effective interventions could support both policy makers and health service providers to ensure that mental health crisis support meets the needs of our veteran population. Insight into trends in mental health crises plays an important role in this. On this topic, ONS and OVA are endeavouring to repeat the analyses of suicide rates in veterans in the future so that developments over time can be monitored.



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<sup>9</sup> Office for National Statistics (ONS), 'Suicides in UK armed forces veterans, England and Wales: 2021', ONS website, statistical bulletin (released 5 April 2024)

## Priority 2.



# What kinds of treatment and support would benefit partners, children and other family members caring for veterans?

## Why does this priority matter?

Partners, children and family members are an important part of the veteran community and are uniquely impacted by the lived experiences of supporting a serving person, adapting to family life during transition, and post-service family life. Service life may have involved a number of relocations, meaning that family members will have had changes in home, school, employment and social networks. These regular changes may have a longer-term impact on the future wellbeing, education and careers of partners and children. When a person leaves service, this transition to civilian life and a different family dynamic will also be a big change for family members.

Further, if a veteran has health issues relating to their service, this will have an impact on their family, particularly in relation to more serious physical or mental health needs, and they will need to be cared for or supported by their family members.<sup>10</sup> An overview of the literature on veteran families indicated that research in this area has mainly focused on families as support for veterans, suggesting that little is known about the health and wellbeing of family members themselves.<sup>11</sup>

It is important that more research is done to understand the impact of service life and caring for a veteran on family members, as there is currently limited understanding of this. Families are a vital part of the support networks for veterans, and as such their health and wellbeing needs must be considered.

<sup>10</sup> Gribble, Rachael, et al. 'The UK Veterans Family Study: Psychological health, wellbeing, and social support among UK veteran families', (2024)

<sup>11</sup> Gribble, Rachael, et al. 'The UK Veterans Family Study: Psychological health, wellbeing, and social support among UK veteran families', (2024)

## Priority 3.



# How can NHS and charity services work more collaboratively to provide joined-up care that better meets the needs of veterans?

## Why does this priority matter?

Treatment and support for veterans' health is provided by both NHS services in England, Wales and Scotland and HSC and VWS NI services in Northern Ireland, as well as a wide range of different charities across the UK. While they all provide much-needed support for veterans, there are many different providers and it is important that veterans can navigate their way to the right support.<sup>12</sup> This priority underlines that it is crucial that health services and charity services collaborate in caring for veterans so that veterans do not need to repeat their story and are able to get support from those providers best equipped to meet their needs.

A study by Bacon et al. (2022) suggests that the overall impact of NHS and charities working together on veterans' health and the ways that work best is not yet clear, in particular with changes in NHS provision at present making impact difficult to determine. The study stresses the importance of collaborative working and referral from the NHS to charities, in particular for mental health services.<sup>13</sup>

Further insight into the best ways of working together collaboratively and giving holistic support could improve veterans' health, by helping healthcare professionals and policymakers understand the best ways of organising support, and ensuring that veterans get the healthcare they need in a timely manner. While work on improving collaboration between NHS/HSC and charities for veterans' health needs is underway, continuing to gather insights into what works and encouraging further efforts at improving collaboration will be important in supporting veterans' health.

<sup>12</sup> Ministry of Defence, 'The independent review of UK government welfare services for veterans', Available at: [www.gov.uk/government/publications/the-independent-review-of-uk-government-welfare-services-for-veterans](https://www.gov.uk/government/publications/the-independent-review-of-uk-government-welfare-services-for-veterans)

<sup>13</sup> Bacon, Andrew, et al. 'National health service interventions in England to improve care to armed forces veterans', *BMJ Mil Health* 168.1, pages 95-98 (2022)

## Priority 4.



# How can veterans be encouraged to recognise they need help and to ask for the help they need, especially for mental health problems?

## Why does this priority matter?

Most veterans and serving personnel enjoy positive mental health and wellbeing, but it is important that those veterans and serving personnel who have mental health problems (at any stage) seek help promptly to help prevent escalation to crisis level by receiving the right support early.

Research suggests that some mental health problems occur at higher rates in veterans than in the general population – in particular common mental disorders, PTSD and alcohol misuse,<sup>14</sup> with particularly high rates of PTSD in veterans in Northern Ireland,<sup>15</sup> yet veterans are less likely to use mental healthcare services than the general population.<sup>16</sup> Research has also found that the life experiences of having served in the military, challenges of transitioning to civilian life, and post-service life could increase the risk of serious mental health conditions.<sup>17</sup>

Research has been done into help-seeking by veterans for mental health issues, and what hinders (i.e. barriers) and helps (i.e. facilitates) this. Barriers include stigma around help-seeking, a military culture of self-reliance, confidentiality concerns, as well as concerns around personal security particularly in Northern Ireland, and veterans' perceptions that clinicians may not understand their experiences. Facilitators included awareness campaigns to normalise help-seeking, as well as training military leadership on mental health support and training clinicians on veterans' experiences.<sup>18</sup> Several of these facilitating approaches are being used currently. Continuing to explore approaches to improve help-seeking, while being mindful of structural and political local contexts, and conducting research on what works could help inform policymakers and healthcare professionals to understand what the best things that can be done about this are. This means they can best support veterans in seeking mental healthcare before problems escalate, benefiting veterans and their families.

14 Rhead, Rebecca, et al. 'Mental health disorders and alcohol misuse among UK military veterans and the general population: a comparison study', *Psychological medicine* 52.2 pages 292-302 (2022)

15 Spikol, Eric, et al. 'Hitting the wall: the impact of barriers to care and cumulative trauma exposure on PTSD among Northern Ireland veterans', *Journal of Military, Veteran and Family Health* 10:3, pages 121-134 (2024)

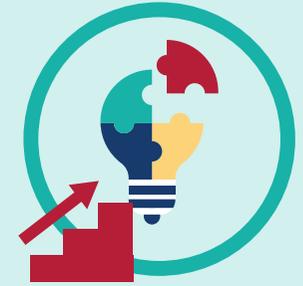
16 Randles, Rebecca, and Alan Finnegan, 'Veteran help-seeking behaviour for mental health issues: a systematic review', *BMJ Mil Health* 168.1, pages 99-104 (2022)

17 Randles, Rebecca, and Alan Finnegan, 'Veteran help-seeking behaviour for mental health issues: a systematic review', *BMJ Mil Health* 168.1, pages 99-104 (2022)

18 Randles, Rebecca, and Alan Finnegan, 'Veteran help-seeking behaviour for mental health issues: a systematic review', *BMJ Mil Health* 168.1, pages 99-104 (2022)

## Priority 5.

# What additional steps could better prepare people for leaving military service, and avoid or reduce the health problems they may experience as veterans?



### Why does this priority matter?

While most service personnel transition successfully after leaving military service and thrive, it is important that those who might find transition difficult get the best support.

Research indicates how veterans can best be supported to reintegrate successfully into society, which lends insight into which challenges veterans sometimes face, and suggests that evaluations of which interventions are likely to be successful have been less researched.<sup>19</sup> Research suggests that key groups such as early service leavers, those medically discharged, and those discharged in an unplanned way may need more support in transition to help them manage the challenge of creating a new civilian life with little notice. In addition, those who leave service with an injury or illness may also need further support, as they may struggle with transitioning, which can last beyond the initial transition period and over time can have a negative impact on their mental health.<sup>20</sup>

Finding what works best to prepare people leaving military service can help policymakers and those working with serving personnel before, during and after transition to ensure that health problems are prevented from arising or reduce problems that do occur with the right help. Preparing serving personnel for leaving service long before they initiate a formal transition process is important here. Continuing to build on current programmes to improve preparedness for life after service is also important (e.g. the Defence Holistic Transition Process, the Careers Transition Partnership, and other targeted resettlement programmes and support). This can also help to prevent additional problems from arising, for example in finding and maintaining suitable employment after service.

<sup>19</sup> Elnitsky, Christine A., et al. 'Military service member and veteran reintegration: A critical review and adapted ecological model', *American Journal of Orthopsychiatry* 87.2, page 114 (2017)

<sup>20</sup> Herritty, H., M. Hudson, and M. Letts, 'Health, welfare and social needs of the Armed Forces community: a qualitative study', The Royal British Legion (2011) Available at: [https://www.britishlegion.org.uk/docs/default-source/campaigns-policy-and-research/welfare\\_2010\\_qualitative\\_study.pdf?sfvrsn=b533fa83\\_2](https://www.britishlegion.org.uk/docs/default-source/campaigns-policy-and-research/welfare_2010_qualitative_study.pdf?sfvrsn=b533fa83_2)

## Priority 6.



# What are the best ways to treat and manage addictions in veterans, including alcohol and drug misuse, and gambling?

## Why does this priority matter?

It is important that veterans who have an addiction get treatment when they need it. This includes that veterans who need it seek help and keep engaging with treatment. Research has indicated that effective support for addiction may help improve physical health and reduce other mental health conditions.<sup>21</sup>

Some research suggests that having an addiction is more common among veterans than among the general population and suggests that it can have an impact on families' health and wellbeing.<sup>22</sup> While a lot of research has been done on the best ways to treat addictions in the general population, some research suggests that veterans who suffer with addiction may have additional challenges including higher levels of alcohol use being perceived as more

normal during service than perhaps elsewhere which may require different modes of treatment, and which if not supported could lead to disengagement from standard healthcare services.<sup>23</sup>

Brief alcohol interventions exist to help recognise, manage and treat alcohol misuse, an example of which includes a mobile app, DrinksRation. This mobile app was developed specifically for veterans to help influence positive change in their drinking behaviour. Although limited in its ability to overcome alcohol misuse, the opportunity exists for such a tool to be helpful in clinical settings or between referral and receiving formal treatment. This suggests further research into effective interventions to treat and manage addictions, including holistic treatments could help healthcare professionals and policymakers find the best methods by which to support veterans.<sup>24</sup>

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21 Trompeter, Nora, et al. 'Shorter communications: Exploring the impact of a brief smartphone-based alcohol intervention app (DrinksRation) on the quality of life of UK military veterans', *Behaviour Research and Therapy* 177, 104540 (2024)

22 Rhead, Rebecca, et al. 'Mental health disorders and alcohol misuse among UK military veterans and the general population: a comparison study', *Psychological medicine* 52.2, pages 292-302 (2022)

23 Kiernan, Matthew D., et al. 'Are veterans different? Understanding veterans' help-seeking behaviour for alcohol problems', *Health and social care in the community* 26.5, pages 725-733 (2018)

24 Trompeter, Nora, et al. 'Shorter communications: Exploring the impact of a brief smartphone-based alcohol intervention app (DrinksRation) on the quality of life of UK military veterans', *Behaviour Research and Therapy* 177, 104540 (2024)

## Priority 7.

# What are the best ways to treat and support veterans who experienced bullying, abuse or military sexual trauma during their military service?



### Why does this priority matter?

Military service is a unique working and living environment, and while experiences of bullying, abuse and sexual violence are not unique to serving personnel, the context in which it occurs in the military may make the experiences and impacts of this potentially different from other workplaces. Making sure veterans who have been impacted by bullying, abuse or sexual violence during their military service have access to the right support is critical to ensure good mental health and wellbeing.

Research suggests that adverse experiences such as bullying, harassment and sexual violence during military service impact on mental health and life satisfaction, particularly among women

veterans with such experiences.<sup>25</sup> The ENHANCE report (2023) has reviewed the evidence on the best ways to treat sexual trauma, and has identified cognitive processing therapy as the most effective treatment while also recommending that non trauma-focused treatment is offered as an alternative to limit dropout from treatment.<sup>26</sup> Research also suggests that adapting (veteran) healthcare and support services to the needs of women veterans is particularly important as existing veteran-specific services are currently experienced as insufficiently inclusive by some ex-servicewomen.<sup>27</sup> Recent research reported that ex-servicewomen are often reluctant to access veteran-specific services due to the military- and male-dominated character

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25 Rønning, L., Shor, R., Anyan, F., Hjemdal, O., Jakob Bøe, H., Dempsey, C. L., and Espetvedt Nordstrand, A. 'The Prevalence of Sexual Harassment and Bullying Among Norwegian Afghanistan Veterans: Does Workplace Harassment Disproportionately Impact the Mental Health and Life Satisfaction of Female Soldiers?' *Journal of Interpersonal Violence*, 0(0) (2024). Available at: <https://doi.org/10.1177/08862605241248432>

26 Campbell, GM, and D Murphy, 'ENHANCE Study. Improving access to evidence-based treatment for women veteran survivors of sexual trauma Final Report' (2023). Available at: [https://combatstress.org.uk/sites/default/files/Files/CombatStress\\_ENHANCE\\_Report\\_230928.pdf](https://combatstress.org.uk/sites/default/files/Files/CombatStress_ENHANCE_Report_230928.pdf)

27 Godier-McBard, Lauren R., Nicola Gillin, and Matt Fossey, 'We also served: The health and well-being of female veterans in the UK.' (2021)

of these services. Instead, they access civilian services which research indicated need to be sensitive to the specific needs and experiences of ex-servicewomen.<sup>28</sup>

Further research is currently being undertaken on the best ways to deliver evidence-based treatment for women veterans. ENHANCE+ is a study currently in progress, working with NHS and charities to develop the best healthcare for women veterans. ENHANCE+ trains clinicians in delivering cognitive processing therapy and provides guidance on how best to support ex-servicewomen who have experienced sexual violence. This research will help inform what healthcare capacity is required to ensure the most appropriate support is put in place to help ex-servicewomen.

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28 Campbell, GM, and D Murphy, 'ENHANCE Study. Improving access to evidence-based treatment for women veteran survivors of sexual trauma. Final report' (2023). Available at: [https://combatstress.org.uk/sites/default/files/Files/CombatStress\\_ENHANCE\\_Report\\_230928.pdf](https://combatstress.org.uk/sites/default/files/Files/CombatStress_ENHANCE_Report_230928.pdf)

## Priority 8.



# How can veterans' mental health problems (e.g. PTSD) be detected earlier and with greater accuracy?

## Why does this priority matter?

Getting a diagnosis as early as possible when a serving person or veteran experiences a mental health problem such as PTSD is of the utmost importance. This helps to ensure direction to the right care as early as possible, which in turn, helps to support serving personnel and veterans and their families to achieve the best possible quality of life.

Research studies report that mental health problems, and PTSD in particular, lower the health-related quality of life of those who experience this, and the quality of life of family members who may be supporting them. Those who have these conditions are also likely to have other health problems. However, detection of PTSD is currently fairly low in the general population, and among veterans in particular who according to some studies are less likely than the general population to disclose mental health problems to their GP or seek mental healthcare due to (fear of) stigma.<sup>29</sup> Innovations in tools to detect PTSD are, however, being developed, such as artificial intelligence-based detection tools as well as mobile apps that could assist in early detection and diagnosis.

Identifying which mental health diagnosis and detection tools work best and most accurately offers the opportunity to successfully find those who need support and treatment at an early stage. Research into what works in new technology and equipment for mental health diagnosis could enable policymakers to ensure those in need of care can be identified early.

<sup>29</sup> Greene, Talya, Yuval Neria, and Raz Gross, 'Prevalence, detection and correlates of PTSD in the primary care setting: A systematic review', *Journal of clinical psychology in medical settings* 23, pages 160-180 (2016)

## Priority 9.



# How can health services better meet the needs of female veterans?

## Why does this priority matter?

It is important that both general and veteran-specific health services have good awareness of the needs and characteristics of ex-servicewomen. This is crucial for ensuring the best suited care is provided to ex-servicewomen so that they can pursue their lives to their full potential.

Research suggests that ex-servicewomen may be particularly likely to have musculoskeletal problems compared to male ex-serving personnel, and more likely to have experienced trauma prior to military service.<sup>30</sup> Research also suggests that common mental health problems (such as depression and anxiety) are higher among ex-servicewomen than ex-servicemen, although this may reflect the higher rates of mental health disorders diagnosed among women in the general population.<sup>31</sup> While rates of alcohol misuse are lower in ex-servicewomen than ex-servicemen, rates are over two times higher than the UK female population.<sup>32</sup>

Significant changes have been made in the armed forces since the 2021 Defence Committee's inquiry 'Women in the Armed Forces: From Recruitment to Civilian Life', the results of which made many recommendations, including a need for better fitted equipment and uniform for serving women, and a better understanding of the health impacts of service on women. Concerning the latter, such research could help improve the knowledge available and awareness among policy makers and healthcare service providers regarding the services required to better meet the health needs of ex-servicewomen. NHS England has established a working group that focuses specifically on serving and ex-serving women's health and is using insights from across the veterans' landscape to inform service design and delivery. Ongoing evaluation will also contribute to continuous learning and improvement in these services.

Research can help improve the knowledge available and raise awareness among healthcare services of ex-servicewomen's needs, helping services to ensure the right support is available to women who have served.

30 Godier-McBard, Lauren R., Nicola Gillin, and Matt Fossey, 'We also served: The health and well-being of female veterans in the UK' (2021)

31 Godier-McBard, Lauren R., Nicola Gillin, and Matt Fossey, 'We also served: The health and well-being of female veterans in the UK' (2021)

32 Sharp, Marie-Louise, Sofia Franchini, Margaret Jones, Ray Leal, Simon Wessely, Sharon Stevelink and Nicola Fear, 'Health and Wellbeing Study of Serving and Ex-Serving UK Armed Forces Personnel: Phase 4' (2024). Available at: [https://kcmhr.org/pdf/Phase\\_4\\_Health\\_and\\_Wellbeing\\_Cohort\\_Study\\_Report.pdf](https://kcmhr.org/pdf/Phase_4_Health_and_Wellbeing_Cohort_Study_Report.pdf)

## Priority 10.



# What can be learnt from the veterans who have good mental health even after experiencing trauma? How might this help the veterans who do not do well?

## Why does this priority matter?

The majority of veterans have good mental health, even when some veterans have been exposed to traumatic events.

Research suggests that poor mental health is not the only possible outcome following military exposures, and that indeed many veterans experience post-traumatic growth.<sup>33</sup> Post-traumatic growth is particularly present in those with, for example, good social support.<sup>34</sup> Research studies report that in part, good mental health after traumatic experiences may be due to things that people can learn or do, such as gratitude, mindfulness, or regular physical activity.<sup>35</sup>

Positive mental health, particularly behaviours which can be learned or increased, can be promoted using simple interventions, using for example mobile apps or other types of training and self-guided support.<sup>36</sup> This could include interventions which have worked for serving personnel, as well as during transition and post-service. Positive mental health experiences can also be promoted more widely to help others in changing their behaviour to support mental health, for example through media and social media.<sup>37</sup> Further research into what works best in promoting positive mental health behaviours can help policymakers and service providers to ensure veterans have access to simple resources that may improve their mental health.

33 A Habib, S A M Stevelink, N Greenberg, V Williamson, 'Post-traumatic growth in (ex-)military personnel: review and qualitative synthesis', *Occupational Medicine*, Volume 68, Issue 9, pages 617-625 (December 2018). Available at: <https://doi.org/10.1093/occmed/kqy140>

34 Mark KM, Stevelink SAM, Choi J, et al. 'Traumatic growth in the military: a systematic review', *Occupational and Environmental Medicine* 75, pages 904-915 (2018)

35 Fogle, Brienna M., et al. 'The national health and resilience in veterans study: a narrative review and future directions', *Frontiers in Psychiatry* 11, 538218 (2020)

36 Fogle, Brienna M., et al. 'The national health and resilience in veterans study: a narrative review and future directions', *Frontiers in Psychiatry* 11, 538218 (2020)

37 Wakefield MA, Loken B, Hornik RC, 'Use of mass media campaigns to change health behaviour', *Lancet* (9748), pages 1261-71 (October 9 2010)

## Next steps

The top 10 priorities for veterans' health research were agreed with involvement from 1,000+ veterans, their family members and carers, and clinicians. They call for those working in the veterans' health field to come together to address the priority areas which are crucial to improving veterans', their family members' and carers' health and experiences. Taking the top 10 veterans' health priorities forward and ensuring this work leads to improvements requires that these be shared as widely as possible, so that those who can make the changes required are fully aware of them. The Priority Setting Partnership team and steering group commit to ensuring the necessary dissemination.

To ensure progress is made on these priorities, coordinating efforts of the many organisations involved in veterans' health research is paramount. A volunteer committee will be formed, including some of those who participated in the initial Priority Setting Partnership steering group, and they will meet six-monthly for two years, to be reviewed after the initial two-year period. They will review efforts to work on these priorities by engaging with various organisations in the field of health and research, so that these efforts are as inclusive and effective as possible in meeting the end goal to improve veterans', families' and carers' health. Taking this work forward successfully will require engagement from all those working in the military and related health sector.

The top 10 priorities should be addressed by following the activities described in Table 1. The right approach for each individual priority depends on the evidence available, current clinical and charity practice, and the scope for innovation for each priority topic; it will often involve a combination of these activities:

Table 1: Summary of key actions on the veterans' health top 10 priorities

<b>Summary of key actions for taking the top 10 priorities for veterans' health forward</b>	
1	Encourage researchers and funders to share the priorities widely in their work and consider the priorities in allocating funding, developing new research and aligning research programmes with the priorities that matter most to veterans and families.
2	Encourage policy makers, healthcare commissioners and charities to consider and share the priorities, and develop and evaluate improvements in healthcare provision and collaboration between services.
3	Coordinate research funders, charities, and researchers and every six months assessing progress on actions on the top 10 priorities.
4	Review research literature around each priority and where available, synthesise the evidence.

The James Lind Alliance PSP priorities are based on syntheses of existing research to ensure that research in the topic of interest does not already exist in answer to the questions suggested. In veterans' health research, evidence syntheses such as high-quality systematic reviews or evidence reviews for guidelines do not appear to be commonly available. This may be due to the smaller size of the research area, and a lack of resources to conduct systematic reviews. In those priority areas from the top 10 where sufficient primary research studies are already available, evidence syntheses are the most appropriate way of addressing the priority. Conducting systematic reviews of the literature on veterans' and their families' health will help clinicians and policymakers have access to a robust overview of what is already known about the best ways to support veterans and their families to reach their best state of health and wellbeing.

This report and top 10 priorities also highlight the importance of research contributing not just to evidence gathering but also to improving clinical and wider support practice. Where research is already available, or practical solutions can be identified that could benefit veterans, their families and carers, the priority is on ensuring that this existing information informs policy and service delivery to bring about improvements. Such improvements can also be achieved by, for example, focusing on developing and evaluating interventions that could improve early diagnosis of veterans' mental health issues, or developing and evaluating self-guided materials to help promote positive health among veterans and encourage their recognition of mental health issues for which they need support. Better connection and collaboration between services, such as clinical and charity support, can also be shown through research to be an integral element in addressing veterans', families' and carers' health priorities.

Finally, the top 10 priorities show gaps in our knowledge and understanding of veterans' health. These will need concerted efforts by research funders, researchers and charities to make sure insight into the problems that veterans, their families and carers face, as well as most feasible solutions, becomes available to veterans, their families, clinicians and policymakers. In addition, researchers should be encouraged to pursue research on the priority areas by accessing already available funding opportunities.

“This has been a really important process to make sure that we have a clear idea what are the areas of concern that really matter to veterans and their families. The findings are essential to ensure that we direct our energies to trying to understand and solve the areas that they struggle with. This sets a benchmark that all of us in the communities that support veterans and their families need to achieve.”

– **Prof Shehan Hettiaratchy, National Specialty Adviser Armed Forces, NHS England and a veteran**



# Appendix

## **Appendix 1:**

Characteristics of people who took part in Survey 1 and Survey 2

## **Appendix 2:**

Summary questions included in the shortlisting Survey which were not among the 26 questions prioritised by survey respondents for discussion at the final workshop

## **Appendix 3:**

Questions included in the priority setting, in addition to the top 10 in order of prioritisation

## Appendix 1

### Characteristics of people who took part in Survey 1 and Survey 2

Table 1: Characteristics of veterans and family members/carers of veterans who took part in Survey 1 and Survey 2\*

	Veterans Survey 1	Veterans Survey 2	Family/carers Survey 1	Family/carers Survey 2
<b>Gender</b>				
Men	749	605	20	18
Women	121	106	77	59
Prefer to use own term	1	1	1	0
Prefer not to say	6	3	1	1
<b>Sexual orientation</b>				
Straight or heterosexual	846	685	-	-
Gay or Lesbian	13	15	-	-
Bisexual	8	5	-	-
Other sexual orientation	1	1	-	-
Prefer not to say	16	12	-	-
<b>Ethnic group</b>				
White	841	685	90	71
Mixed/multiple ethnic group	12	8	3	2
Asian/Asian British	7	5	1	0

	Veterans Survey 1	Veterans Survey 2	Family/carers Survey 1	Family/carers Survey 2
Black/African/Caribbean/ Black British	4	3	2	0
Other	4	5	1	3
Prefer not to say	13	9	2	2
<b>Age group</b>				
16-24	0	0	2	0
25-34	11	11	5	8
35-44	49	66	19	11
45-54	174	143	26	22
55-64	268	212	22	23
65-74	218	180	16	12
75-84	140	90	6	1
85+	22	14	2	1
Prefer not to say	4	2	3	0
<b>Service before leaving</b>				
Royal Navy	76	96	13	11
Royal Marines	31	53	4	4
British Army	693	462	63	52
Royal Air Force	90	96	16	6

	Veterans Survey 1	Veterans Survey 2	Family/carers Survey 1	Family/carers Survey 2
Prefer not to say	1	1	4	3
Other	4	9	8	8
<b>Years served in UK armed forces</b>				
Less than 1 year	5	6	1	1
2-3 years	49	31	4	3
4-6 years	86	66	9	6
7-12 years	170	177	21	16
13-22 years	168	151	21	16
More than 22 years	405	282	35	20
Prefer not to say	1	3	1	4
Don't know	-	-	2	6
<b>Area of residence</b>				
England	709	537	86	54
Northern Ireland	44	49	1	5
Scotland	64	74	8	9
Wales	25	29	3	4
Other	43	29	2	5

\*The data in this table includes all the answers provided by veterans, family members and carers. In each category some people did not answer the question, and therefore the numbers do not add up to the total in each category.

Table 2: Characteristics of healthcare professionals who took part in Survey 1 and Survey 2

		Healthcare professionals Survey 1	Healthcare professionals Survey 2
<b>Current role</b>			
Healthcare provider	Primary care	18	7
	Secondary care, physical health	3	7
	Secondary care, mental health	18	25
	Community services	10	7
	Other	6	10
Commissioner		2	1
Charitable sector		10	23
<b>Area of residence</b>			
England		58	50
Northern Ireland		1	4
Scotland		3	12
Wales		2	1
Other		0	3

## Appendix 2

### Summary questions included in the shortlisting Survey which were not among the 26 questions prioritised by survey respondents for discussion at the final workshop

- How can partners and family members be more involved in decisions about the treatment and care of the veteran they care for?
- How can veterans receive holistic care more often, to ensure their physical and mental health problems are treated at the same time?
- How can treatment and care be offered proactively to veterans to prevent health problems from becoming more serious?
- How can treatment and care be tailored to the needs of each individual veteran?
- How can domestic violence services be better informed about veterans' specific issues?
- What are the best ways to monitor veterans' health to ensure treatment and care is provided as soon as it is needed?
- How can veterans' services better meet the needs of veterans who have experienced a moral injury (where the veteran has seen, taken part in or failed to prevent an action that goes against their principles and values)?
- How have the health needs of veterans changed over generations and through different military experiences? What are the implications for the support offered to veterans?
- What forms of practical and psychological support best help people leaving military service to adapt to a civilian life? How long is this support needed?
- How are reservists and their families best supported on leaving military service?
- How can services providing treatment and care enable veterans to be more included in their local communities?
- How can veterans be trained to provide effective peer support?
- How can support for the bereaved partners and family members of veterans be improved?
- Are there groups of veterans in greater need of support when leaving the service e.g. early service leavers, young and single veterans? How can their needs be met?
- What are the best ways to support veterans and their families from minority groups?
- What are the best ways to support and care for veterans who have experienced traumatic events during their military service?
- How can veterans and their families in Northern Ireland be supported to overcome any difficulties in revealing their veteran status when seeking help?

- What are the best ways to treat and manage pain in veterans, especially chronic pain and amputee pain?
  - What are the best ways to treat and care for veterans with brain injury? What support do they need?
  - What are the best ways to treat and care for veterans with complex injuries and mental health problems?
  - How can veterans be supported to make changes to promote their own health and wellbeing e.g. with one-to-one coaching?
  - How do veterans who report negative reactions to vaccines or certain medicines taken during military service need to be monitored, supported and treated in the long-term?
  - What are the best ways to treat and manage non-freezing cold injuries in veterans?
  - How common is low testosterone amongst veterans and how is this best treated?
  - Do veterans experience joint and muscle (musculoskeletal) problems at a younger age than non-veterans and what support do they need?
  - Are there groups of veterans who are more at risk of serious mental illness including PTSD?
  - How can veterans and their families be better prepared at the point of discharge for mental health problems that might arise some time later?
- What are the mental health needs of veterans who have served in Northern Ireland, including those who still live there? What are the best ways to meet those needs?
  - Do neuro-diverse veterans (e.g. with ADHD or autism) have different support needs and how might these be met?
  - Is family therapy or individual therapy more effective for families of veterans with health-related problems? Or does a combination of both approaches work best?

## Appendix 3

### Questions included in the priority setting workshop, in addition to the top 10, in order of prioritisation

- 11: How could long-term physical and mental health problems in veterans be prevented during military service?
- 12: How can continuity of care from military to NHS services be improved, to ensure successful transfer of medical notes and ongoing care for veterans?
- 13: How can access to specialist health services for veterans be improved?
- 14: How can health problems be better assessed at the point of transition from military service to ensure veterans receive appropriate treatment and care?
- 15: How can veterans' health problems avoid being misdiagnosed (e.g. when all symptoms are incorrectly attributed to PTSD, or when health problems are not recognised as being linked to military service)?
- 16: How can adult social care be improved to better meet the needs of veterans, their partners and family members?
- 17: How can veterans, especially those with health problems, best be supported to find meaningful employment?
- 18: Which long-term mental and physical health problems in veterans are linked to military service e.g. arthritis, cancer, neurological conditions? How can this link be proved?
- 19: What treatment and support do homeless veterans need to improve their health? How can they be helped to access services?
- 20: What are the best ways to treat hearing loss and tinnitus in veterans?
- 21: What are the best ways to care for veterans with post-traumatic stress disorder (PTSD)?
- 22: How can the different health and care professionals caring for veterans better co-ordinate their care?
- 23: What are the best ways to support veterans to manage life-long mental health problems?
- 24: Do veterans receive better quality treatment and care from professionals who know and understand life in the military and the experiences of veterans?
- 25: What is the impact of adapting to civilian life on the family members of veterans? What support do partners, couples and families need at this time?
- 26: How are the psychological needs of female veterans different to male veterans? How can services better meet their needs?

