

# **Military Veterans' Health Needs Assessment**

*May 2024*

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## 1 Introduction

A military veteran is any person who has served for at least one day in His Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations. This is a group which may experience specific health needs related to their service once they have permanently re-entered civilian society. Bury Council and local NHS partners are committed to minimising these health inequalities as part of their wider approach to tackling gaps in health.<sup>1</sup>

The purpose of this needs assessment is to:

- describe the demographics of the veteran population in Bury;
- summarise the available evidence on veterans' health, highlight areas where veterans experience disproportionately worse health than the wider population; and
- recommend actions for healthcare providers and their partners in Bury to address areas of increased healthcare need.

## 2 Summary of main findings

According to the most recent census, there are around 5,080 veterans living in Bury. This is around 3.3% of the population. This is slightly lower than the average for England and the North West (3.8%). Compared to non-veterans, veterans tend to be older and much more likely to be male. Veterans are also more likely to be from white ethnic backgrounds than non-veterans of similar ages.

The literature review found:

- Self-reported general health is similar between veterans and non-veterans.
- There are some areas where veterans' health is better than non-veterans. These include:
  - Cancer, with veterans born since 1960 having lower risk;
  - Relationships, with veterans being slightly less likely to report being single than non-veterans of similar ages.
- However, there are some specific areas where veterans' health is worse. These include:
  - Mental health, which may have been worsened by the COVID-19 pandemic;
  - Musculoskeletal problems and traumatic injuries;
  - Hearing and some neurological conditions; and
  - Gambling at a harmful level, particularly among those who served for less than four years or who also have alcohol or mental health problems.
- Veterans are not a single homogenous group. Some veterans may experience worse health and more barriers to accessing services. These include:
  - Those who left service early, saw combat, and entered service with fewer qualifications who experience higher rates of physical and mental illness, substance misuse, unemployment, homelessness, and financial problems;
  - Female veterans, who may experience higher rates of mental illness; and
  - LGBTQ+ veterans, who may have specific needs, particularly those who served before 2000 when rules against LGBTQ+ people serving were ended.

Engagement with the local veterans community found that veterans experience barriers accessing care, and awareness of dedicated veterans mental health services is not as high as it could be.

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<sup>1</sup> For further details, see: <https://theburydirectory.co.uk/storage/11596/Bury-Health-Inequalities-Position-Paper.pdf>

The review of NHS administrative data found that military service continues to be poorly recorded in GP records, and that relevant read codes do not appear to be being used appropriately.

### **3 Summary of recommendations**

- I. Bury Council's public health intelligence team should review this document at the start of 2025 to incorporate emerging evidence from the census on veterans health and wellbeing and on the wider determinants of health as they affect veterans, as part of its wider approach to assessing local health inequalities set out in its health inequalities position paper.
- II. Local NHS organisations should work with the local veterans community to further explore the views and needs of veterans in Bury and raise awareness of existing service offers (such as the veterans mental health service);
- III. Bury Council veterans leads should explore how to engage veterans who are not in contact with the community groups to enable their voices to be heard in future health needs assessments;
- IV. NHS commissioners to work with General Practices and Primary Care Networks (PCNs) and veterans to improve accuracy and consistency of the use of GP read codes for military service;
- V. NHS commissioners should set a target for the proportion of general practices in Bury that have veteran friendly status and support practices to achieve this;
- VI. Bury public health with Council and healthcare partners should organise a programme of awareness raising among veterans around gambling at a harmful level and the services available to help people experiencing it.

## 4 The Armed Forces Covenant

The armed forces covenant states:

*“The first duty of Government is the defence of the realm. Our Armed Forces fulfil that responsibility on behalf of the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty. Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return, the whole nation has a moral obligation to the members of the Naval Service, the Army and the Royal Air Force, together with their families. They deserve our respect and support, and fair treatment.*

*Those who serve in the Armed Forces, whether regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.*

*This obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution. This has no greater expression than in upholding this Covenant.”<sup>2</sup>*

Bury as a borough has a proud military past is proud to have achieved a gold award for its support to veterans from the Defence Employer Recognition Scheme.

Bury Council and local NHS partners are committed to upholding the key principles of the Armed Forces Covenant:

- I. No member of the Armed Forces Community should face disadvantage in the provision of public and commercial services compared to any other citizen; and
- II. In some circumstances special treatment may be appropriate especially for the injured or bereaved.

To facilitate the implementation of the Armed Forces Covenant in the borough activities will fall under one of five themes:

1. Employment and skills
2. Health and Wellbeing
3. Housing
4. Integration with Local Community
5. Recognise and Remember

This health needs assessment supports the Council and local NHS partners’ commitment to the Armed Forces Covenant. While this Health Needs Assessment falls under category two of the themes it will also incorporate elements of the others in recognition of the impact of the wider determinants of health on military veterans.

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<sup>2</sup> <https://www.gov.uk/government/publications/an-explanation-of-the-armed-forces-covenant>

## 5 Methodology

This needs assessment is based on:

- Analysis of data from the census on the size and demographics of the veteran population in Bury.
- A review of research literature review building on an earlier review in 2017.
- Analysis of GP records use of codes related to military veterans.
- Qualitative data collected from Bury's veteran groups and information on veteran specific services available to those living in Bury.

## 6 Demographic data

### 6.1 Population estimates

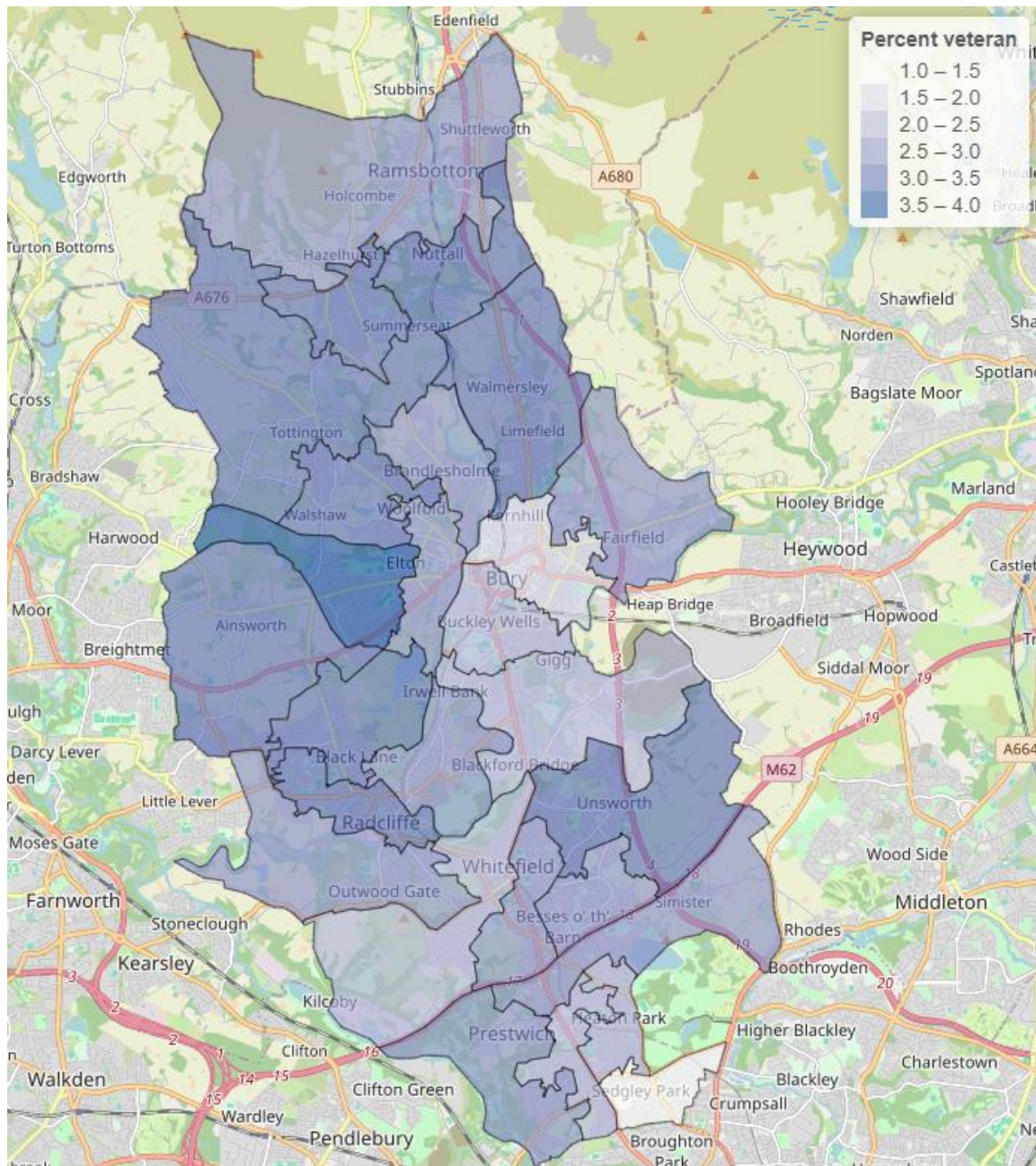
According to the 2021 census there are 5,080 military veterans living in Bury, making up 3.3% of the borough's population. This is lower than the average for England and Wales (3.8%) and the North West of England (3.8%)<sup>3</sup>. Of the 3.3% of Bury's population who have served in the armed forces, 2.4% (74% of veterans in Bury) have served the regular armed forces, 0.7% (22% of veterans) have served in the reserve armed forces, and 0.1% (4% of veterans) have served in both regular and reserve armed forces.

Figure 1 below shows the proportion of the population who have served in the UK's Armed Forces for middle super output areas (small geographic areas) in Bury. The areas with the lowest proportion of the population reporting military service are Sedgley Park (1% veteran) and Fernhill and Pimhole (1.8% veteran). The areas with the highest proportion of the population reporting some military service are Elton Vale (3.8%) and Walshaw and Woolfold (3.3%). This variation is likely to be partly explained by differences in age profiles: Sedgley Park and Fernhill are the areas with the highest proportion of children in the population which partly explains the low proportion who have served in the armed forces.

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<sup>3</sup> Office for National Statistics (2022) [UK armed forces veterans, England and Wales: Census 2021](#)

**Figure 1: Percent of Bury's population who have served in the Armed Forces**



## 6.2 Demographic characteristics of the veteran population

Local data on veteran demographics are not available. However, data from the 2021<sup>4</sup> census shows that the veteran population is more male and older than the overall population of England and Wales. Over half of veterans are aged 65 and over. This is affected by the existence of national service requirements between 1939 and 1960. In terms of ethnicity, veterans are less diverse than the population of England and Wales as a whole. Comparing veterans to non-veterans of similar ages, 1.3% of veterans were of Asian or Asian British ethnicity, compared with 5.7% non-veterans after adjusting for different age profiles. Veterans were also slightly less likely to be single than non-veterans adjusting for age. This may be a protective factor, for example reducing exposure to loneliness or social isolation.

<sup>4</sup> Office for National Statistics (2023) [Characteristics of UK armed forces veterans, England and Wales: Census 2021](#)

### 6.3 Upcoming census data

Over the next two years, as the latest census data continues to be released, more information will become available. This needs assessment should be reviewed at the start of 2025 to incorporate any additional census analysis from the ONS and others. We expect this will provide further insight into many of the determinants of health as they affect veterans, such as income, housing, employment, and contact with the criminal justice system, as well as direct evidence on veterans' health and wellbeing.

## 7 Literature review

### 7.1 Summary of previous reviews

A literature review completed in 2017<sup>5</sup> and found 43 articles in the literature. This study found that compared with the general population:

- General self-reported health is similar between veterans and non-veterans after controlling for age (the same was found in the Census 2021 analysis<sup>3</sup>)
- Higher risk of mental illness among veterans, particularly those who left service early;
- Similar rates of alcohol and substance misuse to the general population, but increased risk among those who left service early;
- Lower risk of cancer among veterans born after 1960;
- Worse cardiovascular health among veterans born before 1960, with rates of cardiovascular disease among younger veterans similar to the general population;
- Increased risk of some neurological and sensory conditions, particularly hearing loss or tinnitus;
- Higher rates of musculoskeletal illness and traumatic injuries.

This previous review particularly highlighted the varied nature of the veteran population, and the particular risk among a sub-set of veterans who entered service with fewer qualifications, were exposed to combat, and left service early. The review also considered the wider determinants of health among veterans, including income and employment, crime and imprisonment education, housing, and service families.

This review was updated as of October 2022 returning 176 relevant articles. Alongside these topics the following emerged: COVID-19, Female veterans, gambling, moral injury, and community reintegration. A full list of articles included in this review is available as a supplementary appendix. Select references to key studies are included as footnotes in the main report.

### 7.2 Summary of emerging evidence since 2017

#### 7.2.1 COVID-19

The COVID-19 pandemic impacted all areas of society. There are many factors associated with veterans' health that are also those which make a person more susceptible to the negative impacts of COVID-19. These include gender (men are at higher risk of severe outcomes from COVID-19 infection and most veterans are men), higher rates of cardiovascular diseases among veterans born before 1960 (which is also associated with

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<sup>5</sup> Senior (2019) [Health needs of ex-military personnel in the UK: a systematic review and qualitative synthesis](#).



worse COVID-19 outcomes), and mental illness (which is more prevalent among veterans from some service backgrounds, and which may have been worsened by the pandemic, social distancing measures, and impacts on access to treatment).

Four of the articles in this search had COVID-19 as the main issue and each of these articles was specifically looking at the impact of the pandemic on those with or seeking treatment for mental health issues. One article specifically looked at the impacts of restrictions and social distancing, finding that veterans with pre-existing mental health conditions and problems with family relationships were more likely to have further mental health difficulties because of the pandemic, stating these people may benefit from additional social support and guidance to help them to manage any additional stresses which have occurred due to the COVID-19 pandemic<sup>6</sup>. However, it is not clear if these issues are specific to veterans or if they are a symptom of how the COVID-19 pandemic impacted the wider population, particularly those with existing mental health issues.

### 7.2.2 *Female veterans*

The needs of female veterans can at times be different to those of their male counterparts and at times may appear underrepresented. In this literature review seven articles refer to the specific concerns of female veterans, although many of the other articles include female veterans as participants. Mental health was a clear theme throughout the research with studies exploring the specific mental health needs/experiences of female veterans. The evidence suggests that female military personnel experience more mental ill health than their male counterparts and this may carry over into their life after service<sup>7,8</sup>. Specific sub-topics explored include: adverse childhood experiences (ACEs), perinatal mental health, and gender differences in barriers to healthcare. Studies concluded that female veterans experience gender specific barriers to their care and that more research is needed on the specific needs of female military veterans, stating that as a population they are unresearched when compared with their male counterparts.

### 7.2.3 *Gambling*

Gambling is an addictive behaviour which is increasing becoming recognised as a public health issue. There were two studies which explored gambling among veterans<sup>9,10</sup>. These studies found that military veterans are likely to have higher gambling rates than non-veterans, with even higher rates seen in veterans with post-traumatic stress disorder (PTSD) and those who are male. Short length of service (less than four years), younger age, and mental health and alcohol problems are also associated with gambling at a harmful level among veterans. This suggests that the local veteran population may benefit from a range of work to address gambling, which may include awareness raising, signposting to sources of help and to gambling assessment tools.

### 7.2.4 *Moral injury*

Moral injury is the distress associated with psychological, behavioural, social, and sometimes spiritual aftermath of being required to behave a way which contradicts a person's values and moral beliefs. This can be as a perpetrator or as a witness. The concept

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<sup>6</sup> Sharp et al (2021) [UK veterans' mental health and well-being before and during the COVID-19 pandemic: a longitudinal cohort study](#).

<sup>7</sup> Jones et al (2020) [UK military women: mental health, military service and occupational adjustment](#)

<sup>8</sup> Jones & Hanley (2017) [The psychological health and well-being experiences of female military veterans: a systematic review of the qualitative literature](#)

<sup>9</sup> Dighton et al (2022) [Gambling problems among United Kingdom armed forces veterans: Associations with gambling motivation and posttraumatic stress disorder](#)

<sup>10</sup> Roberts et al (2019) [Gambling Problems and Military- and Health-Related Behaviour in UK Armed Forces Veterans](#)

of moral injury is important when considering military veterans who may be exposed to such events during in their time in military service.

Seven articles focused on moral injury in veterans covering concepts such as: predictors of moral injury, moral injury and PTSD, treatment for moral injury, and reintegration and moral injury. These studies found that previous trauma such as ACEs were linked to increase risk of moral injury, a link between PTSD and moral injury<sup>11</sup>, and identified the need for valid and reliable tools for measuring the impact of moral injury in veterans<sup>12</sup>. A need for appropriate pathways and treatments after identification were also identified.

### 7.2.5 *Community reintegration*

Nine articles in the search included community reintegration as the main theme. Community reintegration is important when considering veteran health as the culture of the armed forces is different from life as a civilian. People who have served in the armed forces have a variety of transferable skills which could lead to successful careers when they have retired from service. However, this is not always the case and the reasons for this are varied.

The studies in this review found that:

- Veterans may benefit from better guidance on what services are available and how and when to access them<sup>13</sup>;
- length and type of service can impact community reintegration<sup>14</sup>;
- the need for interventions which enable people to reintegrate into civilian life; and
- veterans, particularly in older age groups, may be at higher risk of loneliness and social isolation and may require specific interventions when compared with the wider population<sup>15</sup>.

Research on reintegration following discharge from military service is mainly from the US on this subject and more research is needed to explore community reintegration in the UK. The needs of veterans aged 60 and above also needs researching further.

A wide range of organisations such as the Royal British Legion can help veterans reintegrate into civilian life.

### 7.2.6 *Intersectionality*

Intersectionality is the consideration of the interaction of more than one demographic factor on a person's life including their health outcomes. Intersectionality includes the impact of race, gender, sexuality, socioeconomic status, and so on. Our review found two articles that specifically look at the needs on LGBTQ+ veterans with one of these focusing specifically on those who were dismissed for their LGBTQ+ identity<sup>16</sup>. The studies found that: further research is needed into the needs of those who were dismissed from military for being LGBTQ+ and how the intersectionality of being both a veteran and LGBTQ may be impact their life as a civilian. This may also be needed for those who have joined the military since

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<sup>11</sup> Currier et al (2021) [Moral injury and ICD-11 complex PTSD \(CPTSD\) symptoms among treatment-seeking veterans in the United Kingdom](#)

<sup>12</sup> Williamson, Greenberg & Murphy (2020) [Predictors of moral injury in UK treatment seeking veterans](#)

<sup>13</sup> Fulton et al (2018) [Transition from service to civvy street: the needs of armed forces veterans and their families in the UK](#)

<sup>14</sup> Spikol (2022) [Identifying Service-Related Predictors of Community Reintegration Difficulties in Northern Irish Military Veterans](#)

<sup>15</sup> Wilson, Hill & Kiernan (2018) [Loneliness and social isolation of military veterans: systematic narrative review](#)

<sup>16</sup> Paige, Dodds & Jones (2021) [Mental health and well-being of LGBT+ Veterans dismissed from the British Armed Forces before January 2000](#)

the law changed in regard to LGBTQ+ inclusion in the military in 2000: evidence has also highlighted the increase in LGBTQ+ military personnel since the change in the law and how this may impact the way services provide for this population as veterans going forward<sup>17</sup>.

## 8 GP surgeries and military veterans

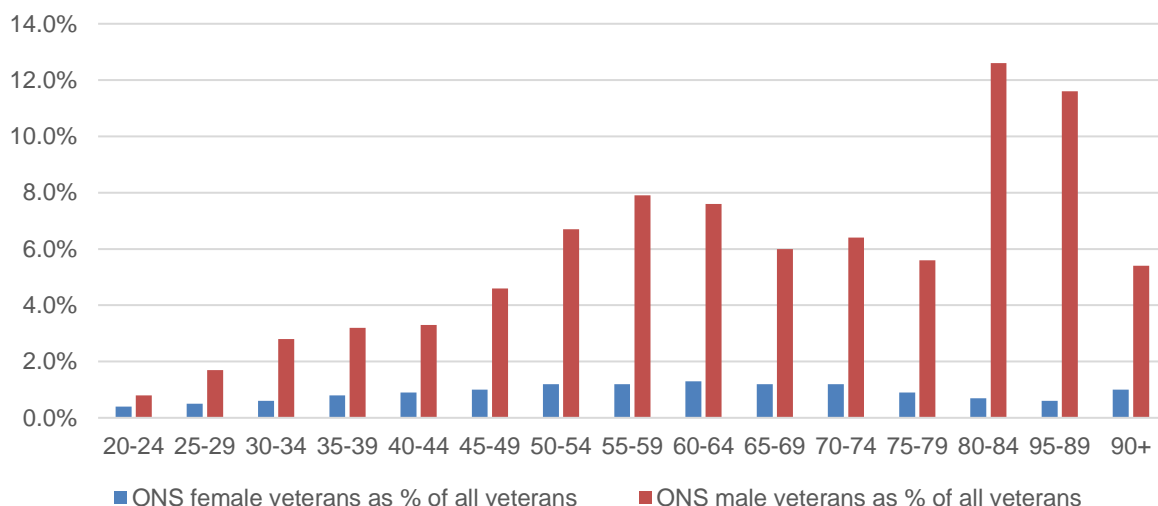
GP surgeries are encouraged to identify which of their patients are military veterans to ensure they can offer them the support they require to maintain a good standard of health. GP surgeries can do this by using a code which identifies patients as a military veteran on their computer systems. Analysis of GP record coding as part of HNAs in other areas of the country have found that there is some confusion about the way this code should be used and inaccuracies in its implementation.

At the time of writing this report there are 9601 individuals coded as military veterans, of those:

- 1109 individuals 16 years and under coded as veterans across 21 GP surgeries
- 223 individuals 17-19 are coded as veterans across 16 surgeries (whilst this is possible, it is not probable)
- 16 surgeries have around a 50/50 split in males and females coded as veterans (Whilst this is possible, this is not probable)

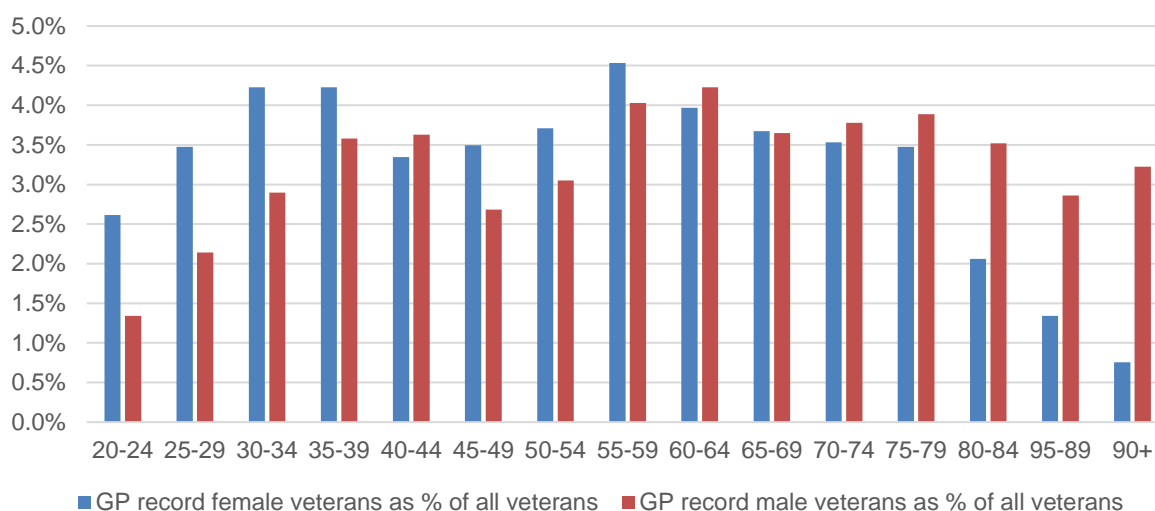
When the data is explored further it appears that the distribution of the data does not match with what is known about the distribution of veterans in the population from the ONS 2021 census (see figures 2 and 3 below).

**Figure 2: England and Wales military veteran age sex breakdown (ONS census 2021)**



<sup>17</sup> Mark et al (2019) [The health and well-being of LGBTQ serving and ex-serving personnel: a narrative review](#)

**Figure 3: Bury GP patients coded as veteran age sex breakdown (ONS census 2021)**



This suggests that the GP veteran data may not provide an accurate picture of the local veterans population. This is consistent with other evidence that only around 8% of military veterans can be identified as such from their GP records. GP practices and local NHS commissioners should work together on improving accuracy and consistency of coding of military service in GP records.

The Royal College of General Practitioners (RCGP) is the UK body responsible for setting the standards for general practice education, training, and revalidation and offers GP surgeries the opportunity to become accredited Veteran friendly GP practices<sup>18</sup>. GP practices can access this, however, locally developed/delivered training and awareness raising, along with a more in depth audit of records coded as veterans may be a more successful way of ensuring that veteran status is recorded more accurately on GP records. GP practices and NHS commissioners locally should set a target around the proportion of practices registered as veteran friendly.

## 9 Veteran voices

In June 2022 Staff from across the NHS and Bury Council met with a small group of military veterans to discuss their health needs. Only high-level notes will be made to protect the confidentiality of those involved in the discussions. The conversations covered subjects such as addiction, registering as a veteran with your GP, access to GPs, Gulf War Syndrome, Alcohol, Veteran passports, mental health, and access to services in general.

From the conversations it was apparent that veterans are experiencing some of the same difficulties as the wider public are in accessing some health services due to current discrepancies' between demand and resourcing in services. However, there are areas where they are being disproportionately impacted due to being veterans, these include substance misuse and mental health provision. Previous research also identified that veterans may experience barriers to accessing health services differently from the wider population. This

<sup>18</sup> <https://elearning.rcgp.org.uk/mod/book/view.php?id=12533&chapterid=285>

relates to their experience of relatively fast access to healthcare while serving which contrasts with longer waiting times in civilian healthcare systems.

A piece of work is now under way to explore how a broader range of views on the matter to ensure that the data collected is representative, this is especially important when considering the future health needs of military veterans as age and type of service are important areas of consideration when determining how to best support them.

First, an engagement event is being developed to collect the views of a wider group of veterans who are currently engaged with Bury's two main veteran support groups. The event will bring together veteran sand representative from key services to discuss how relevant service can better empower and support veterans in the borough.

Alongside this piece of work a survey will be developed to collate the views of veterans who are not in contact with the two groups who have been mentioned. This will allow a larger group of veterans to have their say on what their healthcare needs are.

## 10 Available services

### 10.1 Mental health

There is a specific Mental Health service in Greater Manchester for military veterans which residents of Bury can access<sup>19</sup>. This service provides mental health support to ex-service personnel for conditions including depression, alcohol and substance misuse, anger problems, and post-traumatic stress disorder.

All professionals in the team understand armed forces culture. Some of the staff are veterans and others having family members in the forces.

### 10.2 Housing

Additional preference is given on the housing register to the following categories of armed forces, in line with statutory guidance, who fall within one or more of the reasonable preference categories and have urgent housing needs:

- Former members of the armed forces, which flags reports of missing people involving potentially vulnerable veterans and aims to improve response times and provide the authorities with a fuller picture of the person's background and possible state of mind. Since its launch on the 11th November 2023 the Forcer Protocol has seen over 40 Veterans already found using the service.
- Serving members of the armed forces who need to move because of a serious injury, medical condition or disability sustained as a result of their service;
- Bereaved spouses and civil partners of members of the armed forces leaving services family accommodation following the death of their spouse or partner; and
- Serving or former members of the reserve forces who need to move because of a serious injury, medical condition or disability sustained as a result of their service.

### 10.3 Employment and skills support

There are several national initiatives available to veterans with extra services locally including:

- Operation Re-org: Groundwork's ex-military skills for employment programme helps veterans who have struggled to find permanent employment and offers personalised assessment to identify support needed, building skills and confidence, support to secure employment with six months in-work support, access to training and accredited courses;
- Bury Adult Learning: for those looking to learn new skills to enhance employment opportunities; and
- Bury Council also encourages business to sign up to the Armed Forces Covenant; Support the employment of veterans and service leavers and to offer flexibility in leave for service spouses and partner before, during and after deployment.
- Veterans are a priority group on all funded employment support programmes in the region and with the Department of Work and Pensions, this includes the Working Well Programme.
- Op PROSPER, a newly announced employment programme for Veterans (full details not yet available of this national programme).

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<sup>19</sup> <https://www.penninecare.nhs.uk/militaryvets>

#### *10.4 Gambling*

There is gambling support available through the NHS gambling service, national gambling helplines and peer support groups. For further information regarding gambling harms and where to get help and support, people can visit [www.chapter-one.org](http://www.chapter-one.org).

## 11 Recommendations

- I. Bury Council's public health intelligence team should review this document at the start of 2025 to incorporate emerging evidence from the census on veterans health and wellbeing and on the wider determinants of health as they affect veterans.
- II. Local NHS organisations should work with the local veterans community to further explore the views and needs of veterans in Bury and raise awareness of existing service offers (such as the veterans mental health service);
- III. Bury Council veterans leads should explore how to engage veterans who are not in contact with the community groups to enable their voices to be heard in future health needs assessments;
- IV. NHS commissioners to work with General Practices and PCNs and veterans to improve accuracy and consistency of the use of GP read codes for military service;
- V. NHS commissioners should set a target for the proportion of general practices in Bury that have veteran friendly status and support practices to achieve this; and
- VI. Bury public health with Council and healthcare partners should organise a programme of awareness raising among veterans around gambling at a harmful level and the services available to help people experiencing it.