

Armed Forces and Veteran Suicide

Introduction

The 2021 Census indicated that almost 1 in 25 people over the age of 16 in the UK is an armed forces veteran and almost 200,000 people are currently serving in the UK Armed Forces. The first national data published on veteran suicide in England and Wales show that in 2021, 253¹ UK armed forces veterans died by suicideⁱ. In 2021, 9 UK regular armed forces personnel died by suicideⁱⁱ. While overall suicide rates among UK military personnel and veterans do not exceed that of the general population, there are groups within the armed forces community who are at increased risk compared to the general population and who should be prioritised in targeted support interventions.

What is the evidence around armed forces suicide in the UK?

In 2022 the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) published 'Suicide after leaving the UK Armed Forces 1996-2018: a cohort study'. This examined the rate, timing, and risk factors for suicide in personnel who left the UK Armed Forces between 1996 and 2018 in England, Scotland and Wales².

The 2022 study found that the suicide risk of military veterans from the UK Armed Forces is not higher than the general population. However, rates of suicide are between two to four times higher among young male and female veterans (24 years and under) than the civilian population. Also at increased risk are those with depression or impacted by alcohol-related harms, those who were untrained on discharge, and those who left the armed forces involuntarily, due to an administrative, disciplinary or medical dischargeⁱⁱⁱ.

Within the UK, evidence around risk factors relating to suicide amongst serving personnel is even more limited than the available evidence regarding veterans. Data published by the Ministry of Defence^{iv} shows that, like veterans, serving personnel are not at elevated levels of risk, and rates of suicide are lower than the population as a whole. However, there is a concerning trend among serving personnel which is common with veterans: young personnel (24 years and under) are at a higher risk than older serving personnel.

Research into suicide amongst serving personnel is much more common in the USA, however, the findings of research from abroad cannot necessarily be applied to those serving within the UK Armed Forces. The nature of deployments and the events which

¹ Due to delays in suicide registration, some suicides which occurred in 2021 may not be included in this figure.

² Before this there were no recent UK studies into suicide among military veterans, the last undertaken by Kapur et.al. examining suicide rates among veterans leaving the UK Armed Forces between 1996-2005.

personnel are exposed to whilst deployed will differ between the UK and US armed forces. Additionally, one study which aims to identify risk factors amongst serving personnel in the US highlights that serving personnel were at elevated risk compared to their civilian counterparts^v. As this is not the case within the UK, we can see that data from abroad does not represent the current situation within the UK. For example, studies which seek to understand risk factors amongst serving members of the US Armed Forces identify operational deployments as being influential^{vi}.

Access to mental health support

Within the existing civilian healthcare system, identifying who is eligible for veteran and armed forces specific healthcare has been identified as an issue. The NHS's plan to improve health outcomes for serving members of the Armed Forces and veterans, 'Healthcare for the Armed Forces Community'^{vii}, identifies that the NHS in England struggles to fully understand the needs of the armed forces communities and pledges to work on areas such as research to improve this. Healthcare for serving personnel sits with the Defence Medical services.

The Government's Armed Forces Covenant, published in 2011 introduced the requirement within the NHS Constitution that "veterans are not disadvantaged in accessing health services". NCISH note that a number of new specialist mental health services specifically for veterans have been developed in the last ten years within the UK, including the Transition, Intervention and Liaison Service (TILS), Complex Treatment Service (CTS) and High-Intensity Service (HIS)). Despite this, the 2022 NCISH study found that just over 1 in 4 (27%) of those people who had died by suicide after leaving the UK armed forces had been in contact with NHS mental health services in the 12 months before their death – a figure broadly similar to the general population. Concerningly, though the numbers are small, the proportion of veterans in touch with mental health services was lowest in the youngest age groups (10% in 16-19 and 23% in 20-24), despite studies showing that there is not a significant disparity between ages amongst civilian counterparts^{viii}. This would suggest that while rates of help-seeking overall are low, the youngest veterans may disproportionately not be seeking help. On average it takes veterans 4 years from leaving the Armed Forces to seek mental health support^{ix}.

The causes for this low rate of access for mental health support are unclear. However, NCISH has noted that there exists a lack of knowledge around the Armed Forces Covenant within the healthcare system and that awareness of veterans' mental health needs within services is inconsistent^x. The NHS, in its *Healthcare for the Armed Forces community: a forward view* document highlights that it is difficult to identify exactly who is a veteran at present, with inconsistent data sharing around veteran status between different health services. It asserts that 'service leavers can face a range of barriers in accessing the right care, including a lack of understanding of their illness or injuries and a failure to recognise the impact of traumas they may have experienced in service or on transition from military life'. The same document notes that many veterans don't seek available mental health support due to not being aware of the support available^{xi}.

Paucity of data around armed forces suicide

Until 2024, the UK Government has not historically collected data on veteran suicide in a systemic way. While bespoke research projects are able to shed some light on the issue by merging different historic data sets, there are limitations to this approach. In particular, historic data does not necessarily equip policy makers to understand and act on newly emerging risk factors for suicide and at-risk groups in a timely way.

The suicide risk of some veteran groups is overlooked. For example, Salute Her is a charity focused on campaigning for gender specific mental health services for female veterans who they describe as 'hidden'. They highlight that studies from the United States have suggested that the support needs of female veterans after service are different from their male counterparts but are often lost because of a lack of understanding about the unique experience of female veterans^{xii}. The majority of the existing data and research on suicide and the armed forces community pays little attention to gender disparities, with many even acknowledging that the number of female suicides is so low that it is seen as statistically irrelevant. There is therefore a risk that different experiences and needs across genders are not fully understood, and thus cannot be addressed.

Whilst quantitative data is collected for serving personnel, there is a notable absence of qualitative data available on the risk factors impacting serving personnel. As a result, it is difficult to identify what issues exist and how they can be addressed. The quantitative data that is available largely comes from abroad, particularly the USA. This data is of limited use to policymakers within the UK as suicide rates amongst the Armed Forces communities vary significantly between countries^{xiii}.

Return to civilian life

A 2022 study found that UK armed forces veterans are at their highest risk of suicide in their first two years of leaving the armed forces^{xiv}. Though the more recent NCISH study did not find this same correlation it does identify high rates of unemployment, homelessness and alcohol and drug misuse all as potential risk factors for veterans following discharge^{xv}. An older study on the suicide risk of UK armed forces veterans suggests that the stress of transitioning to civilian life, exposure to adverse experiences in the military and pre-existing vulnerabilities to suicide before entering the military may all account for heightened risk among some veteran populations shortly after discharge. It points out that veterans who left after a short length of service and are untrained have a particularly high risk of dying by suicide after leaving the military, suggesting that increased suicide risk may be indicative of a pre-military vulnerability^{xvi}.

We know that intervening early, before a person reaches crisis point, is a fundamental element of suicide prevention. There is a chance to prioritise and front load support for veterans, especially those at increased risk of suicide, when they first leave the armed forces, rather than waiting for potential problems to arise.

Understanding and recognising the impact that military service has had on individuals during the transition between Armed Forces healthcare to civilian healthcare is also



identified as an issue^{xvii}. There is an absence of effective data sharing with regard to medical records from military to civilian life. This causes civilian healthcare to fail to recognise an individual's history, resulting in missed opportunities to signpost and provide the most effective support.

The policy context

The United Kingdom is behind many of its international counterparts as, unlike the United States, Canada and Australia, the UK has not historically recorded veteran suicides^{xviii}. While all in-service deaths are recorded, the lack of a systemic approach to recording suicides amongst veterans has resulted in the UK Government having a more ambiguous understanding of the issue compared to other nations. Whilst still a work in progress, there are actions being taken to try and improve the current situation. Comparing data from the governments of these countries to the limited data available in the UK reveals that suicide rates amongst both serving personnel and veterans are lower in the UK^{xix,xx}. The differences in risk are most notable when comparing the UK to the US and Canada where serving personnel are 400% and 300% more likely to die by suicide compared to their UK counterparts^{xxi,xxii,xxiii}.

Since 2011, the Government's Armed Forces Covenant^{xxiv} has existed to ensure that nobody within the UK is disadvantaged in life due to military service, including pledges to ensure that serving and ex-serving individuals are not discriminated against in terms of access to healthcare. In more recent years, the Westminster Government has made a number of pledges around veterans' wellbeing, including the introduction of a veteran ID card in February 2019, aiming to enable quicker access to healthcare and social support services. These services include Veterans First Point, launched by NHS Scotland, and 'Op Courage' in England; a community-based NHS mental health service established in March 2021 to provide a 'clear single route' to therapy, rehab services and inpatient care to hundreds of armed forces veterans every year. The service will focus on those in crisis, at risk of self-harm or suicide, or suffering other problems such as homelessness and addiction^{xxv}.

The Office for Veterans Affairs, created in 2019, published an Action Plan^{xxvi} in January 2022 which specifies work which is ongoing throughout the UK, including in the devolved nations. In Wales, the Welsh Government published a new *Armed Forces Covenant, Healthcare Priority for Veterans Guidance*^{xxvii}. The Veterans Strategy Action Plan^{xxviii} made commitments to supporting veteran wellbeing, with support around family life, employment and the impact of deployment on historic operations. Within it, the UK government committed to begin collecting data on veteran suicides, and the Office for National Statistics (ONS) published the first national data on UK veteran suicide in England and Wales in April 2024, by connecting Census 2021 data with the Ministry of Defence Service Leavers Database^{xxix}. This is a welcome step towards improved data on veteran suicide.

The Veterans' Strategy Action Plan also highlights the work that government is doing to tackle veteran unemployment, an identified risk factor for suicide. Schemes such as routes

into the Civil Service and revamping the Career Transition Partnership aim to improve the quality and quantity of veteran employment. The impact of these is to be reviewed towards the end of 2024.

In Scotland, the Scottish Government published a Mental Health Action Plan in December 2021^{xxx}. It includes suicide prevention and seek to prioritise veteran visibility and access to support within a healthcare setting. Additionally, the Scottish Suicide Prevention Strategy^{xxxi} identifies veterans as a demographic whose needs are poorly understood and pledges action to improve on existing understandings.

In March 2022 the findings of a Ministry of Defence “look-back” study into veteran suicides over the last decade were made available^{xxxii}. This study aims to establish the number of veteran suicides which have occurred in the UK since 1984. The findings of this study aligned largely with what is already known from academic and third sector research, highlighting that young veterans make up a disproportionate amount of deaths by suicide.

In April 2023 the Ministry of Defence unveiled their Armed Forces Suicide Prevention Strategy and Action Plan^{xxxiii}. The Strategy and Action Plan seeks to address several issues and highlights the actions that are being taken to address them. The ‘focus areas’ highlighted within the strategy address issues including building better understanding of risk factors amongst armed forces personnel, the Armed Forces’ own culture and understanding of suicide prevention and access to treatment and support, and creating safe military environments. The Strategy highlights the importance of statistical monitoring and analysis, engagement with healthcare partners, training and guidance from Samaritans. And leadership training.

The plan shows that there is an improving awareness of the issues which affect the armed forces community and a desire to address these issues. However, it will not be until a review of the effectiveness of the strategy and its accompanying implementation plan (due to take place in March 2024) is carried out that the impact of the plan and strategy can be assessed.

Samaritans’ work to support the armed forces community

Samaritans works with the Ministry of Defence, the Office for Veterans’ Affairs, other charities and academia to support serving personnel in the Armed Forces, veterans, and their families. We have a number of initiatives supporting the wellbeing of veterans including:

- A free-to-use Samaritans Veterans’ App and accompanying pocket-sized booklet which offers emotional support to Service leavers and veterans, It also offers users a chance to connect to peer support and also specialised signposting to additional help.
- A dedicated Veterans Support Line funded by the Office for Veterans’ Affairs which provides emotional wellbeing support to those in need.



- A bespoke pocket-sized guide for serving personnel which encourages peer support through recognition, identification, intervening, supporting and reporting guidance.
- An online chat service specifically for the military community allowing a caller to chat with a Samaritan in real time.
- Bespoke workplace training courses which are delivered to military charities and Defence alike. These courses are scenario-based and provide information and techniques designed to upskill individuals in active listening and handling sensitive conversations with vulnerable people.
- Local outreach activities are conducted within the military community by the Samaritans' branch network. Branch outreach teams attend mental health fairs, deliver presentations and have provided direct emotional support.

Samaritans work with the armed forces community is having an impact. During the 2021/22 period, Samaritans received 8000 calls from members of the armed forces community, and in the year following its launch in October 2021, over 2000 people signed up to the Samaritans Veterans App.

What is Samaritans calling for?

Continue to publish improved data on veteran suicides as soon as possible

Samaritans welcomes the UK Government's commitment to publish data on suicides amongst UK Armed Forces veterans, including the ONS' first publication of data on veteran suicides in April 2024. The UK government should continue to improve its data on veteran suicides, this must:

- Include age, gender, ethnicity, branch within Armed Forces, exposure to combat stress and length of service as a minimum. This will aid in identifying trends and risk factors relating to suicides within the armed forces community.
- Feed into burgeoning real time suspected suicide surveillance systems currently being rolled out across the UK. Data on whether a person is a veteran or serving member of the armed forces should be included within real time suicide surveillance. This will cause data to remain relevant and up to date.

The UK Government should commission additional research and analysis to better understand risk factors for Armed Forces personnel and veterans

Research concerning the drivers of veterans suicide remains underdeveloped. Until this changes, effective interventions to support their wellbeing will be limited.

- The Office for Veterans' Affairs should invest in building better understanding of why some veterans, particularly young veterans, are at increased risk of suicide



compared to the general population. Existing research is strong at identifying correlation between certain demographics within the armed forces community and suicide risk but there is less understanding of the protective factors that may help prevent suicide.

- The Ministry of Defence should commission research into the suicide risk factors that could affect serving personnel. There is currently a concerning lack of qualitative data specific to those serving in the UK Armed Forces available.

Target support at those at highest risk of suicide

There have been significant advances in recent years in the provision of mental health support for veterans and serving personnel. Despite this, levels of access remain low, and needs remain unmet.

- In light of their elevated suicide risk, the Office for Veterans' Affairs, Department for Work and Pensions, Department of Health and Social Care and NHS should ensure that support services for veterans in terms of employment, mental and physical health and substance misuse prioritise proactive outreach to young veterans aged 25 and under so that the emphasis is not on the individual to reach out for support. This support should be frontloaded where possible to reach veterans in the first two years after leaving the Armed Forces.
- Veterans and serving personnel who have been exposed to potentially traumatic events may be at particular risk. Frontline public sector staff in relevant services such as healthcare and employment should be trained to identify and signpost veteran and serving personnel they encounter who could be at risk. For personnel still serving, there should be periodic wellbeing check-ins made by the medical team of their branch. This approach would also aid in early intervention by helping to identify where an individual needs support prior to experiencing a crisis.
- Defence Medical Services should review the mental health support that is available to serving personnel and routes to access this support to make it as inclusive as possible to meet the needs of all serving personnel
- Defence Medical Services should develop a postvention support toolkit to ensure that effective support is provided following a suicide. Such toolkits are already available in other countries^{xxxiv} and are vitally important due to the significant increase in suicide risk following the death of someone close by suicide.

Improve data sharing between Armed Forces and civilian health services

- Civilian health services across the UK should work proactively and cooperatively with the Defence Medical Service (DMS) to ensure that veteran health data is effectively shared during their transition from the armed forces to civilian life. This needs to result in veterans and serving personnel receiving seamless access to the health services they require.

Increase knowledge of suicide prevention among civilian health services

- NHS Healthcare for the Armed Forces programme^{xxxv} or equivalent training should be mandatory for all professionals working in civilian health services likely to come into contact with veterans, not just those involved directly in veterans' care, so that they are clear on the unique needs and challenges of this population. The mental health module of the programme includes suicide prevention aspects that would be important in identifying risk and signposting for support.

A targeted campaign aimed at young veterans and serving personnel to raise awareness of available support

Governments should better promote the specialist mental health support already available for veterans across the UK, especially for those who are about to transition into civilian life.

- This should take the form of a wide-ranging, collaborative awareness campaign coordinated by the Office of Veterans' Affairs and Ministry of Defence which is targeted at those veterans with the highest risk of suicide with the aim of breaking down stigma and proactively highlighting the support which is available in terms of both employment and health and wellbeing.

ⁱ Office for National Statistics (2024) Suicides in UK armed forces veterans, England and Wales:2021.

ⁱⁱ Ministry of Defence (2023) Suicides in the UK regular armed forces: Annual summary and trends over time 1 January 1984 to 31 December 2022.

ⁱⁱⁱ Appleby et al (2022). '[Suicide after leaving the UK Armed Forces 1996 – 2018: a cohort study](#)'.

^{iv} Ministry of Defence (2021). 'Suicides in the UK regular armed forces: Annual summary and trends over time 1 January 1984 to 31 December 2020'.

^v Heath (2022). '[Suicide Among Veterans](#)'.

^{vi} Military Research Suicide Consortium (2018). '[Study reveals to reason behind soldiers suicides](#)'.

^{vii} NHS England (2021). '[Healthcare for the Armed Forces community: a forward view](#)'.

^{viii} Walby et al (2018). 'Contact with Mental Health Services Prior to suicide -A Systemic Review and Meta-analysis'. *Psychiatric Services*. 69(7). 751-759.

^{ix} Appleby et al (2022) supra note 3

^x Ibid, p.18.

^{xi} NHS England (2021) supra note 7

^{xii} Forward Assist (2022). '[Salute Her UK](#)'.

^{xiii} Levin (2012). '[PTSD, Suicide Rates Among US, UK Troops](#)'.

^{xiv} Appleby et al (2022) supra note 3

^{xv} Ibid.

^{xvi} Kapur et al (2009). 'Suicide After Leaving the Armed Forces - A Cohort Study'. *PLoS Med*. 6(3). 1-9.

^{xvii} Appleby et al (2022) supra note 3

^{xviii} Combat Stress (2022). '[Investigation reveals lack of data on suicides of veterans](#)'.



- ^{xix} Boulos (2022). ['2021 Report on Suicide Mortality in the Canadian Armed Forces \(1995 to 2020\)'](#).
- ^{xx} US Department of Defence (2020). ['Annual Suicide Report'](#).
- ^{xxi} Australian Institute of Health and Welfare (2021) ['Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 2001 to 2019'](#).
- ^{xxii} Simkus et al (2019). ['2019 Veteran Suicide Mortality Study Follow-up period from 1976 to 2014'](#).
- ^{xxiii} Kapur et al (2009) supra note 16
- ^{xxiv} Armed Forces Covenant (2023). ['Armed Forces Covenant'](#).
- ^{xxv} NHS England (2021). ['NHS launches 'Op Courage' veterans' mental health service'](#).
- ^{xxvi} Office for Veterans Affairs (2022). ['Veterans Strategy Action Plan 2022-2024.'](#)
- ^{xxvii} NHS Wales (2023). ['Armed Forces Covenant'](#).
- ^{xxviii} Office for Veterans Affairs (2022) supra note 26
- ^{xxix} Office for National Statistics (2024) supra note 1
- ^{xxx} NHS Scotland (2021). ['Action Plan Launched to Improve Care for Scottish Veterans'](#).
- ^{xxxi} Scottish Government (2022). ['Creating Hope Together - Scotland's Suicide Prevention Strategy 2022-2023'](#).
- ^{xxxii} Ministry of Defence (2023) supra note 2
- ^{xxxiii} Ministry of Defence (2023). ['Armed Forces Suicide Prevention Strategy and Action Plan'](#).
- ^{xxxiv} US Department for Defence (2023). ['Postvention Toolkit'](#).
- ^{xxxv} NHS England (2023). ['About the NHS Healthcare for the Armed Forces programme'](#).