

Welcome to the VCHA Veterans Rehabilitation Newsletter, dedicated to the health and healthcare experiences of military veterans.

This edition focuses specifically on female veterans. While women comprise approximately 11% of regular forces and 15% of reserves, they often don't identify as "veterans" and are less likely to seek support than their male counterparts.

Our Evidence review highlights six key research papers published between 2022 and 2025, covering areas from chronic pain and musculoskeletal (MSK) health to mental health access barriers faced by female veterans.



Female Veterans Toolkit Launched

The Female Veterans Transformation Programme has developed a comprehensive resource to help organisations better support the 272,000+ female veterans living in the UK.

This toolkit provides practical guidance and actionable steps to ensure our services are accessible, inclusive, and tailored to the unique needs of women who have served in our Armed Forces.

Tool Box & Resources



OpCOURAGE
Mental Health Support



OpASCEND
Empowering veterans and their families for career success



FVTP
Female Veterans Toolkit



VCHA Rehab
Resource pack for clinicians and veterans



OpRestore
The Veterans Physical Health and Wellbeing Service

Evidence Review

UK female veterans' physical health: perceived impact of military service and experiences of accessing healthcare. Findings of a qualitative study. BMJ Military Health 2024

This qualitative study interviewed 85 UK female veterans. Participants attributed long-term physical health issues directly to their service, citing injuries from training, "wear and tear," and ill-fitting equipment (e.g., uniforms/backpacks designed for men). Key barriers to accessing civilian healthcare included the stigma of "weakness," failure of medical records to transfer from the military, and civilian providers being "veteran unaware."

- **Strengths:** This is a rare and valuable UK-specific study with a relatively large sample for qualitative research (n=85). It directly links occupational hazards (kit/training) to long-term MSK health.
- **Weaknesses:** Data is based on perceived impact rather than objective medical records. The sample may be biased toward those with negative health outcomes who were motivated to participate.

Conclusion:

Female veterans may be managing long-term MSK conditions caused by service equipment not designed for female biomechanics. **Clinical Tip:** Explicitly ask female patients if they have served. Do not assume their injuries are non-occupational. Be patient with medical history gaps, as records often do not transfer.

Barriers To Health-Seeking Behaviors for Females: from Soldier To Veteran Contemporary Family Therapy. 2025

A phenomenological study of 11 US female Army veterans exploring why they avoid Veterans Healthcare Administration (VHA) services. It identifies "Misogyny in the Army" (sexual trauma, gendered assumptions) and "Poor Healthcare" (pain dismissal, "fatphobia") as primary deterrents. Participants described having their pain minimised or blamed on weight, leading to a profound lack of trust in healthcare providers.

- **Strengths:** Provides a raw, unfiltered look at the "invisible" emotional barriers to care. It powerfully connects active-duty trauma (misogyny/assault) to current health avoidance.
- **Weaknesses:** Small sample size (n=11) and US-centric contexts may not fully mirror the UK NHS experience. The researcher's own veteran status, while building rapport, introduces potential bias.

Conclusion:

Previous negative encounters with healthcare providers (e.g., having pain dismissed as "weakness" or weight-related) can make veterans defensive or reluctant to engage. **Clinical Tip:** Adopt a trauma-informed approach. Validate their pain early and avoid stigmatising language around weight or fitness.

Key Stat

Women make up roughly **11%** of the regular forces and **15%** of reserves, yet often do not identify as "veterans" and are less likely to access support than men.

Consider asking:
"Have you, or an immediate family member, ever served in the UK Armed Forces?" (Instead of "Are you a veteran?")

Evidence Review Continued

An Evidence Map of the Women Veterans' Health Literature, 2016 to 2023: A Systematic Review, JAMA Network Open 2025

A massive systematic review mapping 932 articles on US women veterans. The largest focus was on mental health (PTSD, depression), followed by chronic medical conditions and interpersonal violence. It highlights a significant growth in research on reproductive mental health, chronic pain, and suicide, but notes a gap in research regarding aging and long-term care.

- Strengths: comprehensive scope that highlights where the evidence is strong versus where it is missing. It confirms that chronic pain and MSK issues are top priorities alongside mental health.
- Weaknesses: Almost entirely observational; there is a lack of Randomized Controlled Trials (RCTs) testing specific interventions. It is US-focused, so structural findings (e.g., VHA specific) may not apply to the NHS.

Conclusion:

The literature confirms that pain and mental health are the dominant research areas for this population. **Clinical Tip:** Expect comorbidities. A veteran patient presenting for back pain is statistically likely to also have co-occurring mental health factors or a history of trauma.

Current perspectives on the mental health of UK military personnel and veterans, British Medical Bulletin 2025

A narrative review of UK literature finding that Common Mental Disorders (CMDs) like anxiety and depression are more prevalent in the military than the general population. Interestingly, PTSD rates are broadly similar to the civilian population, except in specific sub-groups like combat veterans. It also highlights "Post-Traumatic Growth" (positive psychological change) as a potential outcome.

- Strengths: UK-specific data that challenges the "broken veteran" stereotype by showing PTSD is not ubiquitous. It introduces positive psychology concepts relevant to rehabilitation.
- Weaknesses: As a narrative review, it is less rigorous than a systematic review.

Conclusion:

While PTSD gets the headlines, anxiety, depression, and alcohol misuse are more common. **Clinical Tip:** Screen for common mental health issues that may hinder rehab compliance. Be aware that combat veterans are a distinct high-risk group for PTSD.

The Lived Experience of Military Women With Chronic Pain: A Phenomenological Study, Military Medicine 2025

This study explored the daily lives of 13 military women with chronic pain. Key themes included the "Mission First" mentality (ignoring pain to get the job done), resilience (accepting pain as a "new normal"), and a preference for non-pharmacological self-management (yoga, stretching). It also highlighted that pain from Military Sexual Trauma (MST) is often unreported and somatised.

- Strengths: interesting insight into the behavior of veterans with pain—specifically the tendency to "push through" functioning despite high pain levels.
- Weaknesses: Small sample size; participants were mostly officers/educated, which may not represent the experience of lower-ranking enlisted personnel.

Conclusion:

Veterans often have a high pain tolerance and a culturally ingrained habit of masking symptoms ("Mission First"). **Clinical Tip:** A patient functioning at a high level may still be in significant pain. They are likely to be receptive to active self-management strategies (exercise, yoga) over passive medication.

A Systematic Review of Chronic Pain Management Interventions Among Veterans of Recent Wars and Armed Conflicts, Pain Management Nursing 2024

This systematic review examines interventions for chronic pain in veterans. It highlights a shift away from purely pharmacological treatments (opioids) toward multimodal, non-pharmacological interventions. The review finds strong support for psychological/behavioral therapies, manual therapy, yoga, and biofeedback in reducing pain intensity and improving function.

- Strengths: Timely and highly relevant to physiotherapy practice. It validates the move toward biopsychosocial models of care for veterans.
- Weaknesses: Like many reviews in this field, it likely encounters heterogeneity in study designs, making direct comparisons of intervention efficacy difficult.

Conclusions:

Pills alone rarely work for this cohort. **Clinical Tip:** Physiotherapy is a cornerstone of effective veteran pain management. Combining manual therapy with psychological support (e.g., pain education, CBT techniques) and active movement (yoga/exercise) is the gold standard.

Announcements

Major New NHS Programme Launched: Training to Support Our Veterans, Serving Personnel, Reservists and Their Families

The government has announced a significant **£1.8 million national training programme** designed to ensure the **Armed Forces community**—including veterans, serving personnel, reservists, and their families—receive the personalised, targeted healthcare they deserve.

This new initiative is a crucial step forward, building on the success of the **'Veteran Aware'** accreditation, which every NHS trust in England has now achieved. The funding is specifically aimed at equipping all NHS staff, including **GPs, nurses, managers, and, crucially, therapists**, with the necessary skills to better understand and address the unique health needs of this community.

To find out more and book your training click **here**

**Armed Forces
Healthcare**

What this means for NHS Therapists:

- **Targeted Identification:** The training will help staff to reliably **identify patients** with an Armed Forces background. Many veterans and their families often struggle to self-identify or navigate the civilian healthcare system, risking them missing out on bespoke services.
- **Specialised Care Focus:** Personnel, particularly veterans, may require specialised care for service-related physical injuries and **mental health conditions** such as **Post-Traumatic Stress Disorder (PTSD)** and **depression**. This programme will support the embedding of best practices to deliver more inclusive, informed, and compassionate therapeutic care.
- **Professional Development:** This national rollout will provide dedicated training for therapists, enabling you to deliver the high-quality, specialised support that patients who have served our nation require.



Join the Conversation: Upcoming Virtual Therapists Forum

Look out for a separate email with **registration details and the link for this essential virtual event!**



Therapy Forum

Wednesday 29th April
10:00AM

The implications and practical application of this new national programme will be the focus of our first-ever virtual **Therapy Forum**.

This is a vital opportunity for all NHS therapists to come together, learn insights on implementing this new training, and discuss how we can collectively ensure the best possible care for our Armed Forces community.

Topic: Implementing the New Armed Forces Healthcare Programme: A Best Practice Sharing Session

What to Expect:

- A deeper dive into the specific mental health and rehabilitation needs of veterans.
- Peer-to-peer discussion on integrating veteran-aware practices into existing therapeutic pathways.
- Sharing of effective clinical strategies to support patients from the Armed Forces community

This is the inaugural session in our new series of forums, designed to foster professional growth and share best practice across the NHS therapy community.