

Physical Health

Introduction

RBL has brought together existing evidence to build a comprehensive picture of need in the UK Armed Forces community over recent years, and highlighted important gaps in our understanding of demographics, needs, and outcomes.

In 2025, we commissioned the *King's Centre for Military Health Research (KCMHR)* to analyse data from their large-scale, long-running Health and Wellbeing study, to help fill gaps in understanding about physical health, cognitive impairment and financial wellbeing.

The KCMHR cohort study has tracked people who served in the UK Armed Forces during the Iraq- and Afghanistan-era, for over twenty years.

This analysis draws on data from more than 3,000 Regular serving and ex-serving personnel (veterans) from phase four of the study (2022/23).



References to serving or ex-serving Regular personnel relate only to those participating in the cohort study. While the findings should not be taken to be representative of all serving personnel or veterans, they provide vital new insight into the needs of an important part of the Armed Forces community. These insights support RBL's ability to design effective services, influence policy, and advocate for meaningful change.

What did we analyse?

KCMHR conducted an analysis to understand how many people were affected by these issues, and what factors were associated with experiencing them, *considering*:



Demographics: age, sex, relationship status, education level, (ethnicity and sexual orientation were considered but samples were too small for meaningful analysis).



Military characteristics: serving status, rank, branch of Service, deployment to Iraq/Afghanistan, role on deployment.

Health factors: using validated measures of probable Post Traumatic Stress Disorder (PTSD), CPTSD (complex PTSD), Common Mental Disorders (CMD), Mild Traumatic Brain Injury (mTBI) and alcohol misuse.

Cohort Study – who took part?

3,223 serving and ex-serving Regular personnel of whom **2,294** were ex-serving Regular personnel

	Male	Average age	Army	Deployed to Iraq and/or Afghanistan	NCO
Serving and ex-serving Regulars	90%	48 years	61%	63%	67%
Ex-serving Regulars only	91%	50 years	60%	59%	67%

Physical health symptoms

Physical health problems can affect quality of life, wellbeing and day-to-day functioning. Military service can involve occupational demands and exposures, such as physically demanding activities and blast exposure, which may contribute to increased risks of musculoskeletal (MSK) and hearing-related problems, as suggested by previous research. Findings from earlier phases of KCMHR's cohort study also suggest that auditory problems may be linked to later mental health problems and alcohol misuse.

However, less is known about how different physical health symptoms occur together and the factors associated with them. Understanding these patterns is important for ensuring appropriate support is available to members of the Armed Forces community.

How common are physical health symptoms?

Percentage of serving and ex-serving Regulars reporting each physical health symptom. *Individuals may be represented in more than one category.*

	MSK problems	Ringing in ears	Hearing problems	Chronic pain	Mobility problems
Serving Regulars	42%	36%	26%	9%	6%
Ex-serving Regulars	50%	40%	36%	17%	15%

Ex-serving Regulars were more likely than serving Regulars to report physical health symptoms across all measures except ringing in the ears, after accounting for age.

Physical health symptoms often occur together

The research looked at common combinations of physical health symptoms among ex-serving Regulars.

Fatigue symptoms: Tiredness/low energy + trouble sleeping	47%
MSK symptoms: Back pain + pain in the arms or legs	44%
Participants were included in each group if they reported being 'bothered a little' or 'bothered a lot' by each symptom in the group over the past four weeks.	27% reported both Fatigue symptoms + MSK symptoms

Key implications

Some of the strongest associations with physical health symptoms were with probable mental health problems.

Several physical health symptoms were associated with older age, being male, and not being in a relationship.

Physical health was also associated with both military and socioeconomic factors.

The overlap between physical health, mental health and wider circumstances highlights the importance of holistic, joined-up support.

In practice, this could mean considering mental and physical health together, asking about wider issues such as financial wellbeing when people seek support, and supporting early identification and help-seeking.

Factors associated with physical health symptoms

A range of demographic, socioeconomic, mental health and military factors were associated with physical health symptoms in ex-serving Regulars. Below we have presented each physical health symptom, and the associated factors underneath.

MSK problems	Ringing in ears	Hearing problems	General physical problems	Chronic pain	Mobility problems	Fatigue group	MSK group	Fatigue + MSK group
Probable common mental disorders, PTSD, complex PTSD								
Poorer financial wellbeing (v. living comfortably)								
	Alcohol misuse							Alcohol misuse
Age 40+ (v. 25-39)		Age 60+ (v. 25-39)		Age 40+ (v.25-39)	Age 50+ (v. 25-39)		Age 50-59 (v. 25-39)	
	Male (v. female)							Single (v. in a relationship)
				Single (v. in a relationship)				
Army (v. RAF and Naval service)		Army (v. RAF)					Army (v. RAF and Naval service)	
NCO (v. Officer)			NCO and other ranks (v. Officer)		NCO (v. Officer)		NCO and other ranks (v. Officer)	
	Combat role (v. support roles)				Combat role (v. support roles)		Combat role (v. support roles)	
Deployed to Iraq/ Afghanistan (v. not)								

These findings strengthen the evidence base on the Armed Forces community, helping RBL and the wider sector better understand need and improve how policy and support is designed and delivered.

If you are interested in exploring this research in more depth, please get in contact:
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