

Evaluating the Veteran Connection Programme: supporting veterans' mental health through social connections

Submission date 01/10/2026	Recruitment status Recruiting	☒ Prospectively registered ☒ Protocol
Registration date 12/10/2026	Overall study status Ongoing	☐ Statistical analysis plan ☐ Results
Last Edited 12/10/2026	Condition category Mental and Behavioural Disorders	☐ Individual participant data ☒ Record updated in last year

Plain English summary of protocol

Background and study aims

Many service-members struggle when they leave the military. They lose their career, their team, and who they were as a person. This is worse for those leaving with injuries or mental health problems. Many end up drifting for years, trying to find a new identity, and unsure who to reach out to. This can lead to problems like feeling lonely and depressed. Some feel constantly worried and start drinking too much to cope.

16,000 people leave the UK military each year, costing the government more than £110 million every year. At present, most support for veterans helps with finding jobs and housing. But this support doesn't help them do well in their new job. And what's worse, it doesn't help them to feel less lonely and find their place in society.

It has been found that being part of groups helps people during difficult life changes. That is because groups give meaning and purpose. Groups offer belonging and help people build a stronger sense of self. Because of this, the Veteran Connection Programme (VCP) was created. VCP is run in groups so people can share their experiences and learn from each other. It is delivered by trained veterans and psychologists in a safe environment.

VCP has already been tested with 34 veterans, showing promising results. Veterans in the programme felt healthier and happier and less lonely. Many said they felt more confident and more willing to talk about difficulties. For example: "I'm not by myself anymore... I'm not abnormal. This is okay..."; "[During VCP, we] were vulnerable, which you don't usually see [...] that's the strength of the programme."

This study will research whether VCP works, takes pressure off the NHS, and can be delivered in the right way.

Who can participate?

Adult diverse veterans and service-people who will become veterans in the next six months. This will include women, people from different racial backgrounds, people living in rural areas, and people who left the military early.

What does the study involve?

Half of the participants will get VCP. The other half will get a leaflet with support options. Participants will ask if VCP works for them, and how it can be made better. This research also want to find out if our plans to deliver it are practical and if VCP saves the NHS money. These results will help us plan a bigger research project that will test whether VCP improves veterans' lives.

What are the possible benefits and risks of participating?

The benefits for participants who complete VCP will be increased knowledge about the value of group memberships for health and wellbeing. Possible risks of participating are minimal but could involve participants experiencing difficult emotions/thoughts. The researchers have put measures in place to prevent harm, including screening, signposting, and additional support measures.

Where is the study run from?

VCP workshops will be run in four locations in England: Merriott (Somerset), Plymouth (Devon), Penryn (Cornwall), and Catterick (North Yorkshire). Other parts of the study (i.e., the pre-workshop induction, post-workshop check-in session, interviews, and surveys) will all take place online.

When is the study starting and how long is it expected to run for?

October 2026 to May 2027.

Who is funding the study?

The Research for Patient Benefit (RfPB) stream of the National Institute for Health and Care Research (NIHR), UK.

Who is the main contact?

Dr Stefan Schilling, University of Exeter, s.schilling@exeter.ac.uk

Contact information

Type(s)

Principal investigator, Scientific

Contact name

Dr Stefan Schilling

ORCID ID

<https://orcid.org/0000-0002-8270-6335>

Contact details

University of Exeter, Washington Singer Building, Perry Road
Exeter
United Kingdom
EX4 4QG

-
s.schilling@exeter.ac.uk

Type(s)

Public

Contact name

None Stacey Denyer

Contact details

University of Exeter, Washington Singer Building, Perry Road
Exeter
United Kingdom
EX4 4QG

-
S.Denyer@exeter.ac.uk

Additional identifiers

Integrated Research Application System (IRAS)

355035

Central Portfolio Management System (CPMS)

67088

National Institute for Health and Care Research (NIHR)

209840

Study information

Scientific Title

Assessing feasibility and acceptability of the Veteran Connection Programme (and trial), designed to enhance mental health amongst military veterans through social connectedness

Acronym

VCP

Study objectives

Research Question 1: Are study procedures and the intervention suitable/acceptable to service-leavers across different subgroups (females/early service-leavers/LGBTQ+/minoritised/rural/coastal-based)?

Research Question 2: Can we recruit appropriate participants through the suggested recruitment pathways (NHS/voluntary-organisations/Ministry-of-Defence (MoD)/self-referral)?

Research Question 3: How appropriate are the trial and data collection procedures e.g., for data-collection procedures/outcome measures)?

This project will assess:

1. Feasibility of VCP as a one-day workshop, capturing participants' experiences/responses to VCP
2. Feasibility of recruitment pathways measuring recruitment/retention rates

3. Identification of definitive outcome measures and estimation of outcome standard-deviations to inform sample size for definitive trial
4. Feasibility and adherence to procedures
5. Feasibility of collecting resource utilisation and health-related quality-of-life data and estimating intervention costs
6. Evaluation of VCP implementation pathways and scalability to inform effective delivery in real-world settings

Ethics approval required

Ethics approval required

Ethics approval(s)

Approved 26/08/2026, Ministry of Defense (MoD) Research Ethics Committee (REC) (Office of the Chief Scientific Adviser, Defence Science and Technology Laboratory (Dstl) Portsmouth West, Fareham, PO17 6AD, United Kingdom; -, DOS-OCSA-MODRECTeam@mod.gov.uk), ref: 2511 /MODREC/26

Primary study design

Interventional

Allocation

Randomized controlled trial

Masking

Blinded (masking used)

Control

Active

Assignment

Parallel

Purpose

Treatment

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Mental health

Interventions

This 18-month feasibility/acceptability study comprises a two-arm randomised controlled trial incorporating a process evaluation and work to underpin and inform a future definitive trial and economic evaluation. The question for the future definitive trial is defined using the PICO framework (Population, Intervention, Comparison, Outcome).

Population: Veterans (British/Commonwealth nationals) who will be between six months from leaving and 10 years post-leaving the UK military. From this population, eighty participants (40

intervention/40 control) will be recruited through four pathways: Primary-care; Military resettlement (Ministry-of-Defence; Veteran-facing VCSE (voluntary) organisations; social media /self-recruitment.

Intervention: The Veteran Connection Programme (VCP) – a psychoeducational, group-based intervention focused on improving social connectedness, identity continuity, and mental-wellbeing.

Comparison: Control (Treatment-As-Usual; TAU), defined as access to existing transition /resettlement/NHS/VCSE support services, but not access to VCP participation during the trial period.

Outcomes: Based on previous literature and initial stakeholder surveying, we selected a battery of validated measures including the provisional primary-outcome: Warwick-Edinburgh Mental-Wellbeing Scale (WEMWBS) and secondary outcomes: UCLA Loneliness Scale, Brief Inventory of Thriving (BIT), Depression/Anxiety/Stress Scale Short-Form (DASS), Military-Civilian Adjustment /Reintegration Measure (M-CARM), Exeter Identity-Transitions Scale (EXITS), EQ-5D-5L, comorbidities, Healthcare Utilisation. These outcomes will be measured in surveys at three timepoints, as outlined below.

Eighty participants will be randomly allocated in a 1:1 ratio to either the intervention (VCP) or control arm. Control participants will receive a leaflet listing support services. Informed consent for participants in the VCP arm will be obtained prior to participation in the intervention (i.e., T0) via an online form.

VCP workshops will take place in the following selected sites:

- Catterick Integrated Care Centre - a joint NHS/ MoD site, currently there is no code for CICC, so we added Medical Centre (IN7) into the delivery sites as this will become CICC) Catterick Garrison, Yorkshire
- University of Exeter Mood Disorder Clinic (IN12), Streatham Campus, Exeter, Devon – please note, this has been amended to The Box, Plymouth (Devon) as per our approved IRAS amendment
- University of Exeter, Penryn Campus (IN4), Cornwall
- Ark at Egwood (IN10), Edwood, Merriott, Somerset
- Devon Partnership NHS Trust (IN1), Devon (DPT the contractor, was added as a backup delivery site).

All these sites were selected to provide an accessible and welcoming space, in non-military settings. The workshop is delivered in one day, with lunch and morning/afternoon snacks and beverages provided. VCP is co-delivered by a psychologist and a trained veteran, who begin the day by introducing themselves and explaining the content and structure of the workshop, before asking the participants to introduce themselves. Each participant receives a colourprinted VCP workbook, which contains the key information covered in the workshop, and provides space for participants to complete activities and make notes. Although the modules contain structured content, group discussion is encouraged throughout the day, and many of the activities require such discussion. Module 1 (approx. 3.5 hours) covers three topics: Appreciating Groups, Mapping Groups, and Strengthening Groups. Module 2 (approx. 3 hours) involves two topics: Expanding Groups, and Sustaining Groups.

All participants will complete survey questionnaires at baseline (T0), VCP-completion (T1), and 3-month follow-up (T2 - 3 months post baseline). 20 VCP participants will participate in T0 and T1 interviews. These interviews will cover participants experience of transitioning out of the armed

forces. One-month post-workshop, the group of participants reconnects for a one-hour online session (e.g., sharing progress and successes, troubleshooting, barriers). A sub-group of the participants are also invited to participate in a post-VCP interview so that we can obtain data about their opinions and perceptions of the intervention.

Intervention Type

Behavioural

Primary outcome(s)

1. Positive mental wellbeing and psychological functioning measured using the Warwick-Edinburgh Mental-Wellbeing Scale (WEMWBS) at baseline (T0), VCP-completion (T1), and 3-month follow-up (T2)

Key secondary outcome(s)

1. Loneliness measured using the UCLA Loneliness Scale at baseline (T0), VCP-completion (T1), and 3-month follow-up (T2)

2. Psychological wellbeing and thriving measured using the Brief Inventory of Thriving (BIT) at baseline (T0), VCP-completion (T1), and 3-month follow-up (T2)

3. Symptoms of depression, anxiety and stress measured using the Depression Anxiety Stress Scale Short Form (DASS-21) at baseline (T0), VCP-completion (T1), and 3-month follow-up (T2)

4. Military-to-civilian adjustment and reintegration measured using the Military-Civilian Adjustment/Reintegration Measure (M-CARM) at baseline (T0), VCP-completion (T1), and 3-month follow-up (T2)

5. Identity transition and adjustment measured using the Exeter Identity Transitions Scale (EXITS) at baseline (T0), VCP-completion (T1), and 3-month follow-up (T2)

6. Health-related quality of life measured using the EuroQol 5-Dimension 5-Level questionnaire (EQ-5D-5L) at baseline (T0), VCP-completion (T1), and 3-month follow-up (T2)

7. Comorbid physical and mental health conditions measured using participant self-report survey of diagnosed health conditions at baseline (T0), VCP-completion (T1), and 3-month follow-up (T2)

8. Healthcare utilisation measured using an adapted Client Service Receipt Inventory (CSRI) to capture health and social care service use, with individual-level resource use combined with standard national unit costs, at baseline (T0), VCP-completion (T1), and 3-month follow-up (T2)

Completion date

31/05/2027

Eligibility

Key inclusion criteria

1. Aged 18+ until 55 (standard retirement age for most military personnel)
2. Currently serving or having served in the UK Regular Armed Forces
3. In resettlement (6 months prior to leaving the military) up until 10 years post-service
4. Able and willing to attend a face-to-face one-day group workshop and two brief virtual sessions

5. Have sufficient English proficiency to participate in group discussions and complete study assessments

6. Able to provide informed consent

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 Years

Upper age limit

55 Years

Sex

All

Total final enrolment

0

Key exclusion criteria

1. Currently receiving intensive or crisis mental-health care (e.g., hospitalisation/acute risk-management)
2. In the military but not in resettlement (i.e., not within 6 months of leaving)
3. Experiencing unmanaged severe mental illness (e.g., personality disorder/psychosis/bipolar disorder/moderate to severe suicide risk) or significant cognitive impairment that would prevent group participation
4. Pose a current unmanaged risk to others (based on self-report and/or referrer indication).

Date of first enrolment

12/10/2026

Date of final enrolment

15/02/2027

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

University of Exeter Mood Disorder Centre

Washington Singer Laboratories

Exeter
England
EX4 4QG

Study participating centre
University of Exeter Medical School
Penryn Campus, Treliever Road,
Penryn
England
TR10 9FE

Study participating centre
Ark at Egwood
Egwood House, Egwood
Merriott
England
TA16 5QN

Study participating centre
Catterick Medical Centre / Catterick Integrated Care Centre
Catterick Garrison
Catterick
England
DL9 3PZ

Sponsor information

Organisation
University of Exeter

ROR
<https://ror.org/03yghzc09>

Funder(s)

Funder type
Government

Funder Name

Research for Patient Benefit Programme

Alternative Name(s)

NIHR Research for Patient Benefit Programme, Research for Patient Benefit (RfPB), The NIHR Research for Patient Benefit (RfPB), RfPB

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be made available to the UK Data Service (<https://ukdataservice.ac.uk/>) and the University of Exeter's institutional repository (ORE: <https://ore.exeter.ac.uk/>). These data will include anonymised survey responses and pseudonymised transcripts. We will obtain informed consent for data retention and sharing. Quantitative data from the study will be securely collected via an online survey platform (Qualtrics). Any qualitative data will be pseudonymised (by use of a PIN) and identifying information (names mentioned, places, particular unit identifiers (e.g., Zulu Company) will be redacted. A Post-Doctoral Researcher based at University of Exeter (Summer Bedford) will ensure that the data are stored consistently and safely throughout the project, and will pseudoanonymise all transcripts. Specific data files necessary for conducting the analysis will also be shared when publishing the results and accessible via DOI.

IPD sharing plan summary

Published as a supplement to the results publication, Stored in non-publicly available repository, Stored in publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	version 3.0	10/08/2026	08/10/2026	No	Yes
Participant information sheet	version 4.2	24/08/2026	08/10/2026	No	Yes
Participant information sheet	version 3.0	10/08/2026	08/10/2026	No	Yes
Participant information sheet	version 1.0	10/08/2026	08/10/2026	No	Yes
Participant information sheet	version 3.0	22/09/2026	08/10/2026	No	Yes
Protocol file	version 2.0	10/08/2026	08/10/2026	No	No
Study website			08/10/2026	No	No