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From the World of Action to the World of Words: Reflections on Transitioning from Military Service to Mental Health

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Abstract

Purpose: The transition from active military service to employment within mental healthcare remains an underexplored area of research. This reflective article aims to describe the lived experience of a former British Army serviceman who transitioned into a career in mental health and to identify both the challenges and opportunities associated with this career change.

Approach: A reflective, autoethnographic approach was adopted, drawing on the first author's experiences of leaving military service, engaging in higher education, and progressing into mental healthcare. Key stages of educational and professional development were examined to identify themes relating to adjustment, identity, support, and the transferability of skills. Personal reflections were used to explore the subjective experience of adapting to a new professional culture and role.

Findings: The transition involved a range of challenges, including adapting to unfamiliar social and professional dynamics, managing changes in identity, and navigating educational and occupational systems that differed substantially from military environments. However, military experience provided several advantages that facilitated adjustment. These included confidence in high-pressure situations, resilience, professionalism, strong communication and presentation skills, and high standards of organisation and timekeeping. These attributes were perceived as beneficial not only to the individual's progression but also to the multidisciplinary teams in which they worked.

Originality: This article contributes to the limited literature on military-to-clinical career transitions. By providing a first-person perspective, it offers novel insights into the

experiences of service leavers entering mental healthcare and highlights considerations for future research and support initiatives.

Introduction

Military life is often regarded as a unique experience in its own right. Even within the academic literature, military subculture and identity are explored with keen interest (Heward *et al.*, 2024), with studies often focusing on these topics for current serving personnel (Lane *et al.*, 2025). However, such literature, combined with subjective views discussed in mainstream media, often pays more attention to the unique nature of high-intensity combat environments: it lacks the wide range of subcultures which characterise the military sphere and which may persist in the way former service personnel think and work after discharge (Michaud et al., 2021; Sullivan-Kwantes et al., 2021).

In the UK, however, this is likely to change. Over the past few decades, more service leavers have begun to consider careers within the British National Health Service (NHS), partly due to initiatives such as the Guaranteed Interview Scheme (GIS) for former service personnel (NHS Business Services Authority, 2026). Allied Health Professionals (AHPs) – i.e., registered clinical healthcare workers in the NHS such as physiotherapists, occupational therapists and dietitians – are also supporting service leavers with the Armed Forces into Allied Health (AFIAH) scheme, encouraging service leavers to consider AHP careers (NHS England, 2026), including potential mental health career paths such as music therapy or drama therapy (NHS England Workforce, 2020).

However, careers in mental health are often not discussed with service leavers in the UK, as these are considered separate from AHPs. As a former British Army soldier who has been training and working in several early career mental health roles across UK mental health services, I feel this represents a significant limitation. On one hand, former

military personnel can provide valuable contributions to mental health considering the unique experiences they accrued while serving. On the other, I often see how this lack of representation within the field leads to little, if any, knowledge about the military world, which in turn can lead people like me to initially feel like a fish out of water.

Consequently, I decided to offer a reflection on both the potential difficulties and, more importantly, the unique advantages I have experienced from my own career transition from active military duty into mental healthcare. I hope this can not only help individuals undergoing a similar change but also increase awareness of the subcultural differences between these two worlds.

From Civilian to Soldier

I initially wanted to join the military in my late teens, around 2007, when North Atlantic Treaty Organisation (NATO) involvement in the Iraq and Afghanistan conflicts was of both high intensity and public interest (Marzena and Paryż, 2025). I was an underachiever at school, and the military seemed a good way to compensate for this. After all, it came with benefits: good job security during a time of economic instability, better pay than many non-graduate jobs at the time, and the opportunity to leave home and mature as an adult. Unfortunately, due to a longstanding medical issue, my experience in the British Army could not start until I was 23 years old. Though frustrated, I was tenacious and once successful I did not consider the transition from civilian to military life to be much of a culture shock. Gone were my days of morning lie-ins and doing as I pleased, but my experience did not resemble any of the common adjustment issues which have been reported among other servicemen (Cheok *et al.*, 2000). In fact, having spent my teenage and young adult years exposed to the increasing popularity of

military-centric media – courtesy of the conflicts in the Middle East (Marzena & Paryż, 2025) – I felt well prepared for the subcultures of military service when I finally joined.

My oncoming years would be a whirlwind. Initial training was as intense as I expected and laid the foundation for my future years of service. Almost immediately after training, I was deployed overseas with a Brigade Reconnaissance Force (BRF). This relatively small team was responsible for Intelligence, Surveillance, Target Acquisition and Reconnaissance (ISTAR) operations. With them, I was undertaking high level work whilst making what I felt was a positive impact on overseas local populations, in some cases directly keeping them safe from insurgent fighters: certainly one of the highlights of my military career.

After a period of intense ISTAR operations with the BRF, I worked in a similar vein of both physically and mentally demanding military roles. However, while the military had been everything I had trained and prepared for, a feeling of enough missed birthdays and weddings – life in general – being given to the army drew me away, so in 2018 I requested an early discharge. This was also motivated by the knowledge that, upon leaving, the British Ministry of Defence would fund an application for university if I achieved the UK academic requirements. As I had often read books about psychology in my spare time, I decided to take advantage of this scheme and study psychology at university with the aim of becoming a clinical psychologist.

From Soldier to Civilian

What the military had neither trained nor prepared me for was the severity of the culture shift when transitioning back to civilian life. As I started university, I found myself navigating a career overhaul, a new home environment, a new working environment and,

most importantly, a new subculture of peers with new rules on how to conduct myself. During that time, I quickly recognised that I had underestimated the difficulty of leaving the military, and how almost eight years in a military microcosm had left me out of touch with societal changes and conditioned to social mannerisms which civilians do not appreciate.

A small consolation is knowing that I am not alone in this experience. An excess of 14,000 personnel left military services in the UK between 2024 and 2025 (Ministry of Defence, 2025). While there is a plethora of literature available on the issues related to leaving the military, this tends to focus on specific themes such as social support or gender (Hachey *et al.*, 2016; Smith *et al.*, 2025), often overlooking specific experiences or scenarios due to a lack of qualitative data (Sachdev & Dixit, 2024). I find myself reflecting on this because while one can, to an extent, learn how to safely navigate a military environment from consumable media, there are far fewer resources on how to effectively navigate the lifestyle overhauls that arrive post-military if one is pursuing a specific avenue such as a mental health career.

After graduating from university and as I started my first NHS psychology jobs, this lack of resources became even more apparent due to several unexpected challenges and advantages unique to the way the world of mental health differs from the military.

Training Differences

Military training is, as I experienced, a very intense process. It requires maximum effort, and you are guided through it with combinations of positive reinforcement and blanket punishments, often at a group level. Everyone turns up on time except one

person? You should have helped them; now everyone runs a lap of the building to cement that lesson. Failures are punished to ensure they do not happen again and, in military environments, these methods see success. They are also utilised to help enforce teaching the surprising number of educational factors in soldiering. For example, you cannot learn to hit a target without understanding distance, wind speed, and the complex mechanics of shooting. Survival means having intricate knowledge of the ecosystem of your environment and extracting everything you can from the nature present; potentially in desertic, arctic, or jungle environments.

The educational factors of mental health training in the UK are taught completely differently compared to military training. The military "Get this right or there are consequences so you can try again, with a delay in career progression" approach was replaced with "get this right or you may not be able to proceed in your career at all". Not achieving the relevant grade at university while studying as an undergrad, for example, is the first potential halt to an aspiring clinical psychologist's progress, and it would require pursuing a postgraduate degree to make up for it. Another realisation, though fortunately one I was mistaken about, was hearing that in a workplace training role, such as that of an assistant psychologist, one could be responsible for patients' psychological wellbeing during training. I recall contemplating that I might suddenly be the only person responsible for myself and might also become responsible for my own patient caseload – a daunting prospect.

Fortunately, a large relief came from learning about clinical supervision: something provided weekly in Assistant Psychologist roles in the UK. My fears of excess responsibility were gone once I understood that clinical supervision is a higher level of

review and support from an experienced qualified professional. One who provides guidance and mentorship and holds responsibility for patients under their supervisee's care (The British Psychological Society, 2023). This was something formally unavailable in the military, which makes me appreciate its impact on my development even more. In fact, this article serves as an example of its utility as my two clinical supervisors, one workplace and one academic, helped me shape it.

Initial Language Barriers

Working in the military taught me a plethora of entirely new and unique words which are often alien to anyone unfamiliar with them. For example, "Ally" (pronounced "Ah-lee") is something which could be considered impressive or 'cool'. "Clip" describes the poor condition of something – e.g., "look at the clip of his rifle." There are so many to list that it would be reasonable for a British civilian to listen to two British soldiers speaking English without having a clue about what they are saying. I personally experienced this every time I worked with Australian or American soldiers – their own slangs and subcultures were lost on me, and I have no doubt this use of unique slang is the same in many other armed forces worldwide.

When I started my first job in the field of mental health as a Mental Healthcare Assistant in 2022, I suddenly realised my military vocabulary was useless, as most people simply could not grasp it. Nor should they have, since it was unique to a military environment. But spending years adapting to a specific lexicon and then having to drop it for my new healthcare environment was difficult and resulted in me undergoing a linguistic overhaul. In addition to this, moving into the field of mental health meant learning a new base terminology before being able to have any meaningful conversations

with my colleagues. While there is little-to-no available literature on the adaptation from military to mental health, and particularly clinical psychology colloquialisms, the difficulties involved in developing an effective lexicon have been discussed before (Zarotti, 2021).

No More "Yes-Sir"

One aspect of the language barrier I often found myself ruminating on in my new role was how to address people senior to me. In my job I was surrounded by the highly educated: psychiatrists, nurses, and doctors, no less. Addressing them by first name – prior to them giving their permission for this – is something I initially found uncomfortable. In addition, witnessing peers speak back to managers was (and still is) somewhat alien to me, with thoughts such as "who do you think you are speaking to your manager like that?" sometimes crossing my mind.

Upon reflection, part of me wonders if this stems from a different model of adherence to hierarchy. An early lesson in the military is respect for rank structure and chain of command; senior personnel are always addressed by rank and surname. A prominent subcultural difference in a military environment is the class divide between Commissioned Officers (COs) and Other Ranks (ORs): while the former primarily come from wealthier or well-educated backgrounds, ORs are often recruited at younger ages and from less affluent substrates of society (Gee and Goodman, 2010). Apart from this distinction, however, I experienced social factors such as gender, sexual orientation, height, weight, religion, or skin colour not depicting an individual's value in the military – only their rank did. It is a system that, in its own way, is a form of enforced equality when

it comes to common sociocultural factors. It also means that someone who outranks you, whether you like it or not, must be treated as “your superior”, and their word is law.

In mental healthcare roles I found the opposite. The differences in language and behaviours across levels of hierarchy are numerous and can be quite difficult to grasp for service leavers. A clear example is perhaps that to this day, after just four years in mental healthcare, I still find myself struggling not to address senior staff as ‘my superiors’.

Actions No Longer Louder Than Words

In the military, you are conditioned to work in environments where actions speak louder than words. Your instructors observe you based on your actions and competence; you tell them nothing. You meet the standards? You pass. As simple as that. The need to ‘talk yourself up’ does not exist. In fact, when people brag excessively, this is often met with a negative response, such as being seen as a “big timer” or “bloater”. In other words, if you are good enough, people see that.

When I applied for an Assistant Psychologist position in 2023, I was shocked to see the difference between one’s expected self-portrayal within the military and mental healthcare. People in the latter could not see what my skillset was – they had no way to perceive my competencies until I was already in the workplace, so initially those skills had to be ‘sold’ on a CV. Helping me develop my post-military CV was a nightmare for my poor wife, whose every suggestion I met with a disgruntled “I just sound like I’m showing off”. I realised my days of just turning up and letting my deeds speak were gone – I had moved from a realm of action to a world of words.

No Longer a "Boys Club"

An immediately observable difference between the military and my new roles in mental healthcare was the basic demographics of my peers. I had experienced my years in the military as a primarily male environment. This is unsurprising: just two years ago, only 11% of UK military personnel were female (GOV.UK, 2024). Consequently, military environments are often characterised by cultures valuing drinking, hard physical training, and an emotion-dismissive mindset such as "do you find that offensive? The military doesn't care, carry on".

On the other hand, around 82% NHS psychological professionals are female (NHS England, 2025). This creates a female-centric environment which operates very differently compared to a male-centric military one. While I believe my experience of being raised in a female-majority environment likely helped me in this transition, I imagine this could represent a significant culture shock to other male service leavers.

At the same time, I also wonder how female service leavers would experience a career transition into mental healthcare, and particularly clinical psychology. Many female soldiers I worked with found success by being observant and recognising the requirement of more masculine behaviours to navigate the environment. This was an impressive feat to witness, as it cannot have been easy to emulate both environmental and gender-based behaviours to fit in and thrive. In the future, it would be interesting to explore how this reduced need for emulation may impact female service leavers seeking a new job within the psychological professions.

A Change of Pace

While serving in Afghanistan, I was privy to some of the higher-intensity elements of the military such as stealthy night reconnaissance and kinetic combat operations. These frequently required mentally demanding on-the-spot decision-making, with the knowledge that any choice may have at least some negative consequences. Sometimes hard decisions had to be made, and action had to be taken because failing to make a choice could have even worse consequences. The result of this was the development of a skill – the ability to think clearly and act both calmly and effectively when under pressure – which is highly transferable.

This ability became extremely helpful in my third mental health role, working as an Associate Practitioner in psychiatric diagnostic clinics in 2024. During that time, I saw a colleague experience a work-related issue outside of their control, which made them feel overwhelmed. With only one hour to solve the situation, it felt as if they had 'frozen'. Thanks to my military experiences, I found myself in the position to help calm them down and then facilitate a solution for the situation – something I am embarrassingly (again, that "big timer" concern) quite proud of. In my experience, this was not unique to this colleague: I have often seen people in other roles 'freeze' in critical situations where they are faced with a difficult choice.

In fact, it had happened to me too, while I was in the military – it was the first time I was shot at. I remember freezing completely and it taking a fellow soldier grabbing me and shouting my name for me to overcome that shock. Without such an experience, perhaps I would not be able to approach current work situations as calmly as I can now. Writing this, I also recognise how fortunate I was to have someone next to me to help in

my first exposure to a firefight, and how this exposure to intensity can be advantageous to service leavers.

Words and Transparency

That trusted person being next to me was a consistent reassurance through military service, too. I was often surrounded by, for the majority, people with transparency of intention. This was a result of military culture itself, as being outed as potentially dishonest meant being ostracised and publicly belittled by those who were your coworkers, cohabitors, and friends. The risk was simply not worth the reward, so it often turned into an environment of people speaking very abruptly and blatantly. The reason for this emphasis on transparency was even clearer for combat roles – in a firefight, no one wanted someone whose intentions were unclear next to them. This assumption of peer transparency turned out to be no longer helpful after I left the military. I have unfortunately experienced people who, likely out of caution, do not hold this level of transparency, and I found this change quite unsettling. I suddenly felt a stranger to those around me, 'just a colleague'.

I feel this phenomenon relates to the power of words. While in a military environment actions speak louder than words, in an environment where words themselves hold power outside of their context – most civilian workplaces – it stands to reason that individuals may act less transparently. Some service leavers have previously referred to this phenomenon as 'cutthroat survival', whereby people are perceived as dishonest or 'cutthroat' just for lacking transparency or focusing on their own individual goals, rather than working as part of a collective (Morris and Hanna, 2023). For someone like me, whose core values were shaped by military service, I believe this feeling is

relatable, though fortunately I have not experienced the 'cutthroat' element within mental healthcare. Due to my former career, I struggle with not being transparent, though I understand the need to adopt this approach in a civilian working environment.

New Ways of Learning

In the military, transparency and bluntness also permeated the way constructive feedback was provided. In that environment, superiors' comments may often sound like "listen up two-section, you did this part well, however, you need to improve this, and you could have done that faster, got it?". This led me and many others to feel that grandiose praise served no practical function. However, I now recognise this manner of teaching is an extreme: it works in a military environment but might not in others.

Indeed, when it came to learning within mental health services, I felt I was suddenly sitting on the opposite end of the spectrum – a new environment where managers seem extremely gentle in delivering feedback. I have been in my current role as a Senior Assistant Psychologist since 2025, and on several occasions, I have felt the need to ask my supervisors and managers (whom, again, I still sometimes refer to as 'superiors') to be more direct in giving me feedback about my performance.

The Benefit of Standards

I am unsure whether being used to strict standards of respect for seniors has necessarily been advantageous in my mental healthcare roles. However, the adherence to a high standard of presentation at work, which the military taught me, has turned out to be decisively beneficial. I look back now at being stood on a parade square at 0600 with an angry sergeant who, using expletives as though they were commas, inspected

every inch of my uniform. A tiny crease? No weekend home. It may sound harsh, but to former military personnel this is quite standard practice, and a relatively high standard of turnout becomes the norm.

Moving into mental health services, I felt this standard was positively noticed and often commented on. For instance, I feel that my military-shaped standards in terms of formal work attire often led to service users being very respectful towards me, at times even confusing me for a more senior member of staff. I have found no difficulty maintaining those standards, and doing so partly helped my career transition. I feel it may also be responsible for some of my success in job interviews – I have seen people arrive for interviews in jeans and T-shirts rather than a suit, so I have certainly found an advantage in maintaining high standards of appearance.

These strict standards apply to timekeeping as well, which is something of a recurring joke in the military. “The armoury will open at 0600, so a Major would tell a Captain to be there at 0555, a Captain would tell a Lieutenant to be there at 0550, a Lieutenant would tell a Sergeant…” And so on until the lowest ranks found themselves at the armoury for 0430. This ‘five minutes before’ rule of timekeeping was sometimes frustrating, but not turning up somewhere five minutes before the allotted time could have been met with dire consequences such as one of the earlier mentioned “laps of the building”.

In mental health services, attending a 9.00 am meeting often means arriving no sooner than 9.00 am (and not ‘zero-nine-hundred hours’), especially if no prior preparation is needed. Because of this less rigid culture, punctuality gets noticed, which is a fantastic advantage to have in the workplace. Initially, some coworkers would

actively comment on my punctuality (what they saw as being five minutes early) and, more importantly, patients respond very well to it. For instance, it was reassuring to hear words to the effect of "oh, it's nice to be seen early for a change" from patients who are exhausted from frequent delays within the healthcare system.

Conclusion

When leaving for a new career, military personnel are bombarded with rhetoric such as "there's no civilian jobs!", "civilians are far stricter than here, they'll fire you over one wrong word!", or "you'll never have money this easy again!". Although I can only speak for my own experience, I have found that the transition from a realm of action to a world of words – leaving the military for an early-stage career in mental health – has been a positive experience.

For instance, while the abovementioned lack of concern for social differences in the military can be considered a positive aspect of equality amongst peers, it also means you miss out on learning about peoples' histories. In relation to this, one thing I have enjoyed about my transition to working in mental health is that several people approach things with a healthy curiosity. Having a former soldier colleague is novel to many, and while my frequently mentioned fear of "big timing" still spikes when a colleague asks "someone said you were in the military, is that true?", I find it complimentary to hear someone express an interest in my background. Questions are always posed with a kind curiosity, and it has been interesting to learn peoples' views – as well as understandable misconceptions – about military subcultures not just within mental health services, but in all aspects of civilian life. Overall, the kindness I now experience working in mental

health makes a far more comfortable working environment than the often-aggressive environment of military barracks.

In the UK, military service leavers are fortunate to have a range of helpful resources available from the NHS such as Op Courage for former military personnel experiencing crises (Veterans Covenant Healthcare Alliance, 2021). However, they are also disadvantaged by the lack of information about ground-level experiences of the subcultural changes of a military-to-civilian transition which, if navigated incorrectly, can lead to struggles.

Writing this piece on my own ground-level experiences has helped me recognise that I would have found it extremely helpful to read the reflections of a service leaver moving into any niche area, let alone mental healthcare, as I could certainly have made some behavioural adjustments sooner than I did. Therefore, I hope that my reflections will be useful to both people undergoing a similar career transition, and those conducting studies into the military-to-civilian phenomenon for the betterment of ex-forces personnel.

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