Airing Pain Armed Forces Supplement: Interview with Nick Richardson

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Paul Evans: This is an *Airing Pain* supplement to an article by armed forces veteran Nick Richardson in Pain Concern's *Pain Matters* magazine edition 93, available from the 19th of November 2026, and *Airing Pain* edition number 156, recorded at the Bath Centre for Pain Services, and that's available from December 2026. It also coincides with Armistice Day on the 11th of November, marking the 1918 cessation of hostilities in the First World War, and commemorating the British and Commonwealth lives lost in that, and all military conflicts to follow.

Nick served for 23 years in the Royal Navy until his medical discharge in 2012 following two life-changing injuries. He received treatment at the Bath Centre for Pain Services, which he says 'gave me my life back'. Now he's an advocate for armed services veterans who live with chronic pain. Amongst other organisations, he's Veterans Champion for the British Pain Society's Expert Patient and Carers Committee. He works for such charities as Help for Heroes and Supporting Wounded Veterans, and with the NHS veteran-specific services, Op RESTORE and Op COURAGE. I'm Paul Evans, and I spoke to Nick at the Bath Centre for Pain Services.

Nick Richardson: We come from a culture where you keep on going until you fall over. I also think that it depends on how you're injured as to how the system perceives you. If you're injured on the battlefield, that care is fantastic. It's not as easy if you pick up an injury outside of that. You have to be quite unwell to be put into, or my experience was you had to be very unwell to be put into, a rehab pathway, and I wasn't until very, very late, six weeks before a medical discharge date that proved difficult to change. So, medical discharge, from what I understand, is still

quite traumatic, and there are still differences across the three services, and when you get into the NHS, you've probably gone from what could be classed as private healthcare into a healthcare system that is under duress.

Evans: I suppose there's a huge difference that in the military, the high discipline involved, you're in a very, very closed environment where you are important when you are healthy, when you can do your job. Once you can't do your job, then that's the end of it. But coming back into the NHS, you just float.

Richardson: I'll put it into a ship context. If you're on board a ship on an operational tasking, as I was in the Middle East, let's say, and there are three people trained to do one job, if you lose one of those three trained people, you're instantly putting pressure on the other two. Military healthcare, in those circumstances, is designed to keep people at work. I think there's also a culture about not letting down the team. There's a culture of we've got to continue and just do.

There's many people that use the NHS that perhaps have got that sort of job. If you're a policeman or member of the ambulance service or something like that, then yeah, we've got to keep them at work. But it's a different kind of healthcare, and I think the access to quick interventions that the military had when I was serving, perhaps isn't quite the case in the NHS.

Certainly, you know, the Role 2 hospitals that they deployed into Afghanistan were incredible. The trauma life-saving stuff was incredible. And then I accessed some of the recovery centres when Help for Heroes were partnering with the MOD, and that was just amazing. You went there, and everything was put in front of you. All the agencies came to you.

It was just an easier pathway than perhaps it is today. And there's a lot of friction accessing benefits if you're not used to it, it’s really counterintuitive. You were always told about what you can do, and the benefit system is about what you can't. And I think the real big problem is guys who haven't acknowledged they've got issues until they get later in life. And if you mix mental health and pain, that's pretty unpleasant. PTSD and pain is a pretty toxic mix, and very distressing for the individuals.

Evans: I may be wrong here, but when there are major events — going back to the Falklands, then there's the Gulf War, then there's Iraq, and all these things — and there are major traumatic injuries, public perception improves.

Richardson: Absolutely.

Evans: You know what's going on.

Richardson: You're in the public eye.

Evans: Yeah. When we don't have those major conflicts, you're out of sight.

Richardson: I think perhaps a little bit out of mind as well. And there are still people that are getting injured in service and being medically discharged with life-changing injuries, it's just not quite on the front page of the *Daily Mail* or the *Times* or whatever

because we're not fighting, as you say, in a major high-intensity conflict. But that doesn't mean to say that there aren't men and women who have had injuries in those conflicts and 20 years down the line something else changes, and all of a sudden they've got pain, and they're not able to process it because their culture is different and their mindset is different.

I mean, don't get me wrong, we get taught a huge number of really transferable skills: leadership, management, resilience, independence, the ability to think outside the box. And I think it's worth saying, two million veterans, give or take, in the United Kingdom, most of them are doing really well, thanks very much. We're talking about a relatively low number. It could be 200,000, it could be 300,000 of people with conditions attributable to their service that they find difficult to manage.

Of course there are guys that have been in the Army, Navy, Air Force for say five, six, seven years in their younger days, and the skills that they learn and their mindset continues, and then a life event comes along and they have pain, and it's about trying to change the way that their internal compass is set to view how they are. You're not a failure because you've got pain.

You know, most of my contemporaries went on to do really great things. One guy got an OBE for fighting pirates. Another one went off and became an admiral. And I sometimes feel like I'm just on the sidelines, I'm the injured rugby player watching the game, and I'm never going to get back on the pitch. I think sometimes that there are other things in your life that are important to you that are also affected, like family. My daughter's never really known me well. You know, when your children are looking after you, and they become the young carers, that's quite a sobering moment.

I would not be able to talk to you now if it wasn't for, in particular, the Bath Centre for Pain Services, Help for Heroes and Blesma, and family. That support is what's allowed me to move forward.

Evans: Not to reinforce national stereotypes. The injured player on the sidelines, some of those injured players on the sidelines watching their old teammates become world-class coaches and leaders of the game. So perhaps you're doing that.

Richardson: Yeah, and I hadn't thought of it in those terms ever, to be honest. That's a good analogy thinking about it.

I also think that if you're given support by somebody, if you can give back, we should. The reason I say that is I think there are a lot of people, and they're mostly middle-aged men, that don't want to talk about how they feel, and are not comfortable, and find it difficult to advocate, and get angry and frustrated at a system that seems to put obstacles in their way, and if you can help them navigate them, or help them have a better life, and say, look, yeah, your pain's not going away, but have you thought about this?

There's no shame in having a blue badge. 'Well, I don't need a blue badge', but think about it. If you're having a really bad day, and you need to go up to the supermarket and get a pint of milk, that's an enabler. It's a strategic enabler, to put it in a military

context. And then somebody else will come along and go, ‘I've got this access card’. There was a guy that I spoke to recently said, ‘I've got the access card, and I went to a music gig with it, and it was brilliant’. And you think, well, good. That means that he might not go to every gig he wants to go to, but he's gone to something.

I think sometimes they see it as admitting defeat. Well, actually, I don't think so. I think you need to make your life as easy as possible within the bounds of this horrible term that's called disability. I think you've just got to explain to these guys and girls: we're not in the military anymore. We're not civilians. We're veterans. I think there's this idea that a military veteran, a disabled military veteran, is a young guy who's had his leg, you know, a traumatic amputation. But there's all sorts within that description now, from fit young men who go off to do amazing things despite their disabilities, prosthetic legs and Kilimanjaro and all that sort of stuff, to people like me who have got fairly restrictive pain conditions, but can still do things within the bounds of their pain. But you have to learn to pace. You have to learn to be able to say no.

Evans: So, what help is there out there?

Richardson: There are specific NHS services. Op COURAGE is a service that's designed to help individuals with mental health issues. They can offer counselling and therapies that will perhaps help people deal with what might be an unresolved PTSD or any other mental health condition. Op RESTORE in England and Wales will point you in the right direction of a surgeon or a specialist clinician that would help manage a service that's attributable to injury. But of course, because healthcare is devolved, that's in England and Wales. It's different in Scotland, and Northern Ireland has its own set of issues, as you can imagine.

My experience as well is that there are a lot of good third sector charities. So Help for Heroes, I got a huge amount of support from them. They were doing at the time sort of vocational courses. They were offering practical support with adaptions and that kind of thing. These days, it's a virtual organisation, but they've got a recovery college where they've got pain management courses, sleep hygiene courses, OTs that will come out and help you if you need an assessment for whatever you need to get you through your day. Other charities like Blesma, the British Limbless-Ex Servicemen's Association, they're a membership organisation, but they often can provide some really good bespoke support. I do some work with a charity called Supporting Wounded Veterans, and we offer a pain resilience program. It's done online, designed with a clinical lead and veteran peers to just help men and women deal with the realities of living with pain.

We're never going to solve it. We're not there to do that. I think you take help where you can find it, and I think that once guys and girls get together and they realise they're not going to be judged, and we kind of get that they’ve got pain. I get what it's like to live with pain. It's awful, and it's not about whose life's the worst. It's about living with pain to enable you to perhaps get back to the activities that you enjoy doing. You know, you might go back to work, you might not. But just because you've got pain doesn't mean to say you can't have a life. That gets missed, doesn't it?

Evans: That's armed forces veteran Nick Richardson. Organisations supporting veterans mentioned in this *Airing Pain* supplement are the NHS, Op RESTORE and Op COURAGE at nhs.uk/nhs-services/armed-forces-community. Help for Heroes at helpforheroes — no gaps — helpforheroes.org.uk. Blesma, providing support to limbless and injured veterans, at blesma.org. And finally, Supporting Wounded Veterans at supportingwoundedveterans.com — no gaps there — supportingwoundedveterans.com.

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