CHAPTER 3 – HEALTH

INTRODUCTION

This chapter provides summaries and analyses of health-related information for UK Armed Forces personnel and health & safety information for both UK Armed Forces personnel and MOD civilians. The main findings of DASA Health Information's four National Statistics publications are summarised in this chapter, along with a range of other key outputs.

There are ten sections in this chapter covering:

Deaths in the UK Armed Forces (**Tables 3.1** to **3.4**) – Numbers and rates of deaths in the UK Armed Forces are reported for a 10 year time series broken down by Service, year of death and cause. A comparison with deaths in the UK population is also presented.

Suicides in the UK Armed Forces (**Tables 3.5** and **3.6**) - Numbers, and rates are reported for a 27 year time series, broken down by Service, gender and age. A comparison with suicides in the UK population is presented.

UK Gulf Veterans Mortality (**Table 3.7**) - Number of deaths of UK Gulf 1 veterans and of a UK Military comparison group who did not deploy to the Gulf. Figures and mortality rate ratios for the period 1991 to 2010 are presented by cause of death and are compared to mortality rates in the UK general population.

Operational Fatalities and Casualties (**Tables 3.8** to **3.11**) - Numbers of UK Armed Forces and civilian fatalities on operations in Afghanistan, Iraq and the Balkans. Numbers of very seriously injured and seriously injured UK Armed Forces and civilian casualties on operations in Afghanistan, Iraq and the Balkans. Numbers of Armed Forces personnel returned to the UK from Iraq and Afghanistan as a result of an injury or illness who have been treated at the Royal Centre for Defence Medicine (RCDM) and the Defence Medical Rehabilitation Centre (DMRC) Headley Court.

Amputations (**Table 3.12**) – Numbers of UK Service personnel who have sustained a partial or complete limb amputation as a result of injuries sustained in Afghanistan and Iraq.

Mental Health (**Tables 3.13** to **3.16**) – Numbers and rates of attendances at the Ministry of Defence's Departments of Community Mental Health in 2009 and 2010 broken down by demographics, deployment and mental disorder groupings. Rate ratios are presented comparing those who have deployed to the Iraq and/or Afghanistan theatres of operation with those who have not deployed there. New admissions to the MOD's UK in-patient contractor are presented.

Medical Discharges (**Tables 3.17** to **3.19**) – Numbers of medical discharges of Army, RAF and Naval Service personnel for financial years 2006/07 to 2010/11 broken down by discharge cause.

Health and Safety (**Tables 3.20** to **3.23**) - Numbers of work related deaths and on-duty workplace incidents resulting in injury-related deaths to UK Armed Forces and civilians for the last 10 calendar years, broken down by year and cause. Numbers and rates of major and serious injuries for UK military and civilian personnel for the last 4 financial years broken down by Service.

Civilian Personnel Sickness Absence (**Table 3.24**) – Numbers of working days lost per year due to sickness, broken down by cause.

War Pensions and Armed Forces Compensation Scheme (**Tables 3.25** to **3.29**) – Number of War Pensions in payment under the War Pensions Scheme by type. Number and outcomes of claims registered, and tariff of injury table information for lump sum awards under the Armed Forces Compensation Scheme.

KEY POINTS AND TRENDS

- In 2010, a total of 187 deaths occurred among the UK Regular Armed Forces (see **Table 3.1**). During the 10-year period 2001-2010, the overall Armed Forces age and gender standardised rates fluctuated between a low of 71 per 100,000 in 2001 to a high of 107 per 100,000 in 2007 (see **Table 3.1**). For the UK Regular Armed Forces as a whole, the annual standardised mortality rates (SMRs) were statistically significantly lower than the UK population, except in 2006, 2007, 2009 and 2010 when it was not significantly different from the UK population.

- For the 27-year period 1984-2010, 744 suicide and open verdict deaths occurred among UK Regular Armed Forces personnel: 725 among males and 19 among females (see **Table 3.5**). Overall, male suicide rates in the UK Armed Forces were statistically significantly lower than the UK general population, with the exception of the under 20 age

group. For the Army, these young males were at a 47% increased risk of suicide. Young males in the Naval Service and RAF were at a decreased risk of suicide compared with the under 20 UK male population, although this reduction was not statistical significant. (see **Table 3.6**).

- Between 1 April 1991 and 31 December 2010 there were 1,193 deaths of Gulf 1 veterans and 1,252 deaths among the Era comparison group (see **Table 3.7**). There were no statistically significant differences in the total number of deaths for any of the main cause of death groups.

- Since the start of the reporting period in 2001 until the end of 2010, there have been 348 UK fatalities on operations in Afghanistan (see **Table 3.8**).

- Since the start of the reporting period in 2001 until the end of 2010, there have been 480 very seriously injured or seriously injured casualties on operations in Afghanistan (see **Table 3.9**).

- From the introduction of reporting in Q2 2006 until the end of 2010, the last quarter of 2009 recorded the highest number of UK Service personnel who sustained a partial or complete limb amputation as a result of injuries sustained in Afghanistan, with 24 amputees. 2010 recorded the highest annual number of amputees in Afghanistan (79 UK Service personnel), an increase of 44% from the previous year (see **Table 3.12**).

- During 2010, 3,942 new episodes of care of mental disorder were identified within UK Armed Forces personnel, representing a rate of 19.6 per 1,000 strength. Rates for Army and RAF personnel were higher than for Navy personnel with rates for Royal Marine personnel the lowest; rates for females were higher than for males; rates for other ranks were higher than for Officers. With regard to Operational deployment, there was a statistically significant higher rate for personnel deployed to Afghanistan compared with those deployed both Iraq and 'Neither Iraq nor Afghanistan' (see **Table 3.13**).

- During the 5 financial years 2006/07 to 2010/11 there were 1,363 medical discharges from the Naval Service (see **Table 3.17**), 4,333 from the Army (see **Table 3.18**) and 977 from the RAF (see **Table 3.19**). Musculoskeletal disorders and injuries were the most common cause of discharge for each Service.

- For the 10-year period 1st January 2001 to 31st December 2010 there were 694 work related deaths, of which 449 were hostile action deaths, 82 were on-duty road traffic accidents and 163 were work place incidents (see **Table 3.20**).

- The number of major injuries and illnesses reported increased from 765 in 2007/08 to 1,165 in 2010/11; an increase of 52%. The rate of major injury and illnesses increased over the 4 year period from 283 per 100,000 MOD personnel in 2007/08 to 441 per 100,000 in 2010/11 (see **Table 3.22**). Improvements in reporting mechanisms are thought to be partly responsible for this increase.

- For MOD civilian personnel, the rate of sick absence and the number of working days lost have declined for both non-industrial and industrial staff between 2009 and 2010 (see **Table 3.24**).

- Since the introduction of the Armed Forced Compensation Scheme (AFCS) in 2005, the number of claims cleared have continued to increase year on year (see **Table 3.27**). This is due to an increasing awareness of the scheme, as well as increasing numbers who are eligible to claim, i.e. Service related injury/illness with an incident/onset date on or after 6 April 2005.

ETHICAL AND CONFIDENTIALITY ISSUES

The information presented in this publication does not present any ethical issues:

- Information relating to deaths is publicly available.
- No medical information is presented detailing the injuries sustained.
- As only aggregated data are presented, individuals cannot be identified.

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LINKS TO WEBSITES

Further information on coding to ICD10, including a full breakdown of codes, can be found on the World Health Organisation website:
http://www.who.int/classifications/apps/icd/icd10online/

CHAPTER 3 - HEALTH

DEATHS IN THE UK REGULAR ARMED FORCES

This section provides summary statistics on deaths among the UK Regular Armed Forces between 2001 and 2010. The information was compiled from data held by DASA (Health Information) on 28 February 2011 and has previously been published in the National Statistic *Deaths in the UK Regular Armed Forces 2010.*

The information on deaths presented here are for the UK Regular Armed Forces, including all trained and untrained personnel. DASA have included non-regulars who died whilst deployed on operations since they are classified as 'regular' personnel for the duration of their operational deployment. The Naval Service includes both Royal Navy and Royal Marines personnel. The data here exclude the Home Service of the Royal Irish Regiment, full time reservists, Territorial Army and Naval Activated Reservists since DASA do not receive routine notifications of all deaths among reservists and non-regulars, and because reliable denominator data (i.e. the population size) required to produce interpretable statistics are not available.

In order to compare time trends and to take into account the different age and gender structures of the three Services, rates have been age and gender standardised. In order to facilitate comparisons with previously published reports, data has been standardised to the 2010 Armed Forces population. Previously published rates were standardised to the 2009 Armed Forces population.

Annual strength data for UK Regular Armed Forces personnel were obtained for the period 2001-2005 from the Armed Forces Personnel Administration Agency (AFPAA). Strength data for 2006 were obtained from both AFPAA and the Joint Personnel Administration (JPA) system. Strength data for 2007 onwards were obtained from JPA with strengths data for May 2009 onwards provisional and subject to review. In previous editions of UKDS, JPA strength data prior to May 2009 was also provisional but these figures are now considered final and no longer provisional.

To enable comparisons with deaths in the UK population, Standardised Mortality Ratios (SMR), adjusted for age, gender and year, were calculated. An SMR is defined as the ratio of the number of deaths observed in the study population to the number of deaths expected if the study population had the same age and gender-specific rates as the standard population in each specific year multiplied by 100 by convention. An SMR over (or under) 100 indicates a higher (or lower) number of observed deaths in the UK Regular Armed Forces than expected (based on UK population rates). An SMR of 100 implies that there is no difference in rates when comparing the UK Regular Armed Forces population with the UK population.

Following a review of how DASA processes UK deaths data, there have been methodological changes resulting in revisions to previously published data in **Tables 3.1 and 3.4**. In accordance with advice from the Office of National Statistics, a change has been introduced to increase the coverage of UK deaths reported in 2006. Additionally, small refinements to the classification of disease ('ICD10') groups have been introduced. Further information about these changes can be found in the *Deaths in the UK Regular Armed Forces 2010* publication on the DASA website.

Data on the size of the UK general population and the numbers of deaths by age, gender and year were obtained from the Office for National Statistics (ONS), General Register Office for Scotland (GROS) and the Northern Ireland Statistics and Research Agency (NISRA). Data for 2010 were not available at the time of publication; therefore figures from 2009 were used as an estimate for 2010 as the year on year variation in the UK population figures is unlikely to affect the findings.

Further information can be found in the National Statistic *Deaths in the UK Regular Armed Forces 2010* which is published on the DASA website.

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DEATHS IN THE UK REGULAR ARMED FORCES

Table 3.1 Deaths in the UK Regular Armed Forces: by year of occurrence and Service, numbers, age and gender standardised rates and standardised mortality ratios[1,2,3], 2001-2010

In 2003 and 2004 there were increases in the number of deaths in the Naval Service due to 3 helicopter incidents involving multiple deaths during operations in the Middle East. Operational fatalities amongst Royal Marines account for the increase in the Naval Service mortality rate in 2008 with the rate falling in subsequent years due to a fall in the deaths as a result of hostile action.

The increase in the number of deaths among Army personnel in 2006, 2007, 2009 and 2010 can be accounted for by an increase in the number of deaths due to Hostile Action (38 deaths in 2006, 63 deaths in 2007, 99 deaths in 2009 and 79 deaths in 2010). There was also an increase in the number of deaths due to accidents in 2007. In 2008 Army deaths decreased largely due to a reduction in both operational fatalities and land transport accidents.

In 2006 there was an increase in RAF deaths due to the loss of 12 RAF personnel in a Nimrod crash in Afghanistan in September 2006.

Numbers of deaths

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total	**142**	**147**	**177**	**170**	**160**	**191**	**204**	**137**	**205**	**187**
Naval Service	33	26	37	37	27	33	27	40	23	30
Army	80	94	101	96	93	111	145	79	158	136
RAF	29	27	39	37	40	47	32	18	24	21

During the 10-year period 2001-2010, the overall Armed Forces age and gender standardised mortality rates fluctuated between a low of 71 per 100,000 in 2001 and a high of 107 per 100,000 in 2007. Rates have been updated and are age and gender standardised to the 2010 Armed Forces population and are expressed per 100,000 strength. Previously published rates were standardised to the 2009 Armed Forces population.

Age and gender standardised rates per 100,000 strength[1,2]

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total	***71***	***75***	***84***	***82***	***81***	***98***	***107***	***73***	***106***	***97***
Naval Service	*79*	*73*	*90*	*93*	*71*	*86*	*72*	*107*	*55*	*78*
Army	*73*	*86*	*84*	*76*	*87*	*95*	*130*	*73*	*134*	*116*
RAF	*52*	*52*	*72*	*65*	*72*	*88*	*71*	*36*	*52*	*49*

For the UK Regular Armed Forces as a whole, the annual Standardised Mortality Ratio (SMR) was statistically significantly lower than the UK population, except in 2006, 2007, 2009 and 2010 when it was not significantly different from the UK population.

For the years 2003, 2004, 2006 and 2008 the Naval Service SMR were not significantly different to the UK general population. For all other years the Naval Service were statistically significantly lower than the UK population. Operational incidents in 2003, 2004, 2006 and 2008 account for the higher SMR for the Naval Service in these years. In 2010 there was a 32% statistically significant decreased risk of dying in the Naval Service compared to the UK general population.

For the period 2001 to 2002 and 2008, the Army SMR was statistically significantly lower than the UK general population. Between 2003 and 2006 the Army was not significantly different from the UK population. In 2007, 2009 and 2010, the Army was at a significantly increased risk of dying compared to the UK population. In 2010, the 23% statistically significant increased risk of dying in the Army compared to the UK population can be explained by the number of hostile action and land transport accident deaths.

For the periods 2001 to 2005 and 2007 to 2010, the RAF annual SMR was statistically significantly lower than the UK general population. In 2006 the RAF was not statistically different from the UK population. This is due to the loss of 12 RAF personnel in a Nimrod crash. In 2010 there was a 63% statistically significant decreased risk of dying in the RAF compared to the UK general population.

Standardised mortality ratios[1,3]

	2001	2002	2003	2004	2005	2006 [4]	2007	2008	2009 [5]	2010
Total	***59***	***62***	***76***	***76***	***75***	***87***	***97***	***65***	***98***	***89***
Naval Service	*67*	*53*	*79*	*82*	*62*	*73*	*61*	*88*	*52*	*68*
Army	*67*	*79*	*87*	*86*	*88*	*100*	*133*	*72*	*145*	*123*
RAF	*40*	*38*	*56*	*55*	*62*	*75*	*55*	*32*	*43*	*37*

Source: DASA(Health Information)

1. Changes to data previously published in UKDS - i) rates have been updated and are age and gender standardised to the 2010 Armed Forces population where previously published rates were standardised to the 2009 Armed Forces population, ii) JPA strength data up to April 2009 was previously provisional but has now been revised with strength figures considered final and no longer provisional, and iii) small methodological changes introduced, see **Deaths in the UK Regular Armed Forces Introduction**.
2. Rates have been age and gender standardised to the 2010 Armed Forces population and are expressed per 100,000 strength.
3. Standardised mortality ratios have been standardised for age, gender and calendar year.
4. There has been a change in how UK deaths are collated for 2006, see **Deaths in the UK Regular Armed Forces Introduction**.
5. In the previous edition of UKDS the UK general population data for 2009 were not available to calculate standard mortality ratios (SMRs) and so the 2008 data was used as an estimate for the 2009 figure (as there is little year on year variation for the UK figures). The general population data for 2009 is now available and has been used for the 2009 SMR.

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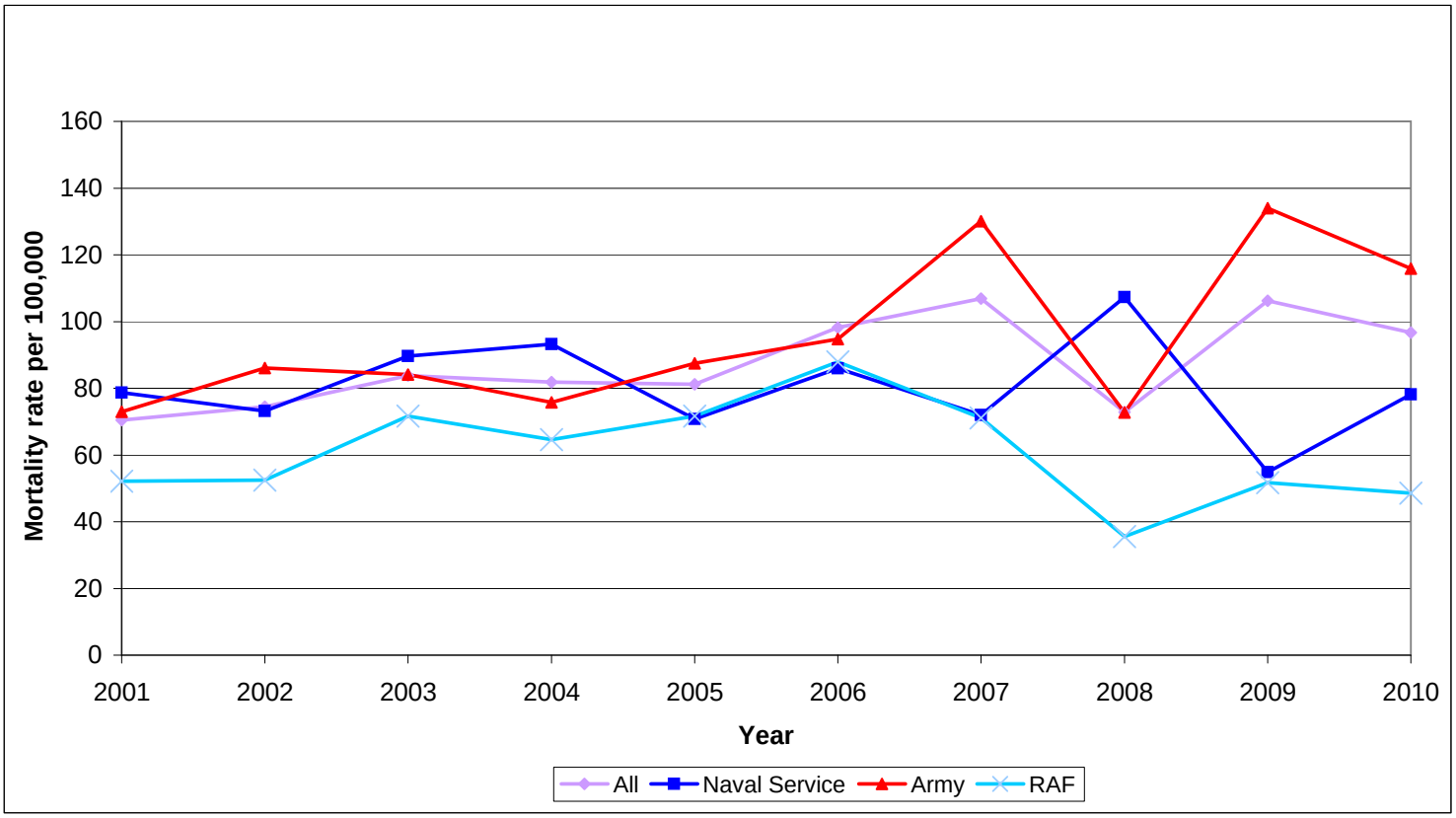
Chart to Table 3.1 Deaths in the UK Regular Armed Forces: by year of occurrence and Service, age and gender standardised rates[1], 2001-2010



1. Rates have been age and gender standardised to the 2010 Armed Forces population and are expressed per 100,000 strength.

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DEATHS IN THE UK REGULAR ARMED FORCES

Table 3.2 Deaths in the UK Regular Armed Forces: by year of occurrence and cause[1], numbers, 2001-2010

Numbers	2001	2002	2003 [2]	2004	2005	2006	2007	2008 [2]	2009 [2]	2010
Total	**142**	**147**	**177**	**170**	**160**	**191**	**204**	**137**	**205**	**187**
Disease-related conditions	**41**	**41**	**40**	**43**	**44**	**41**	**38**	**37** [r]	**36**	**26**
Cancers	24	19	18	21	23	25	27	24 [r]	19	16
Diseases of the circulatory system	9	19	14	18	16	15	7	9 [r]	9 [r]	7
Other	8	3	8	4	5	1	4	4	8 [r]	3
External causes of injury and poisoning	**100**	**106**	**137**	**126**	**115**	**149**	**164**	**99** [r]	**165**	**154**
Deaths due to accidents	**79**	**88**	**71** [r]	**89**	**71**	**88**	**77**	**38** [r]	**41** [r]	**51**
Land Transport Accidents	50	64	50 [r]	61	53	61	51	26	28	36
Other	29	24	21	28	18	27	26	12 [r]	13 [r]	15
Deaths due to violence	**5**	**3**	**41**	**17**	**22**	**50**	**77**	**52**	**114**	**98**
Hostile action[3]	2	-	40	11	21	48	73	52	107	95
Other	3	3	1	6	1	2	4	-	7	3
Suicide and Open verdicts	**16**	**15**	**25** [r]	**20**	**22**	**11**	**10**	**9** [r]	**10** [r]	**5**
Cause not currently available	**1**	**-**	**-**	**1**	**1**	**1**	**2**	**1** [r]	**4**	**7**

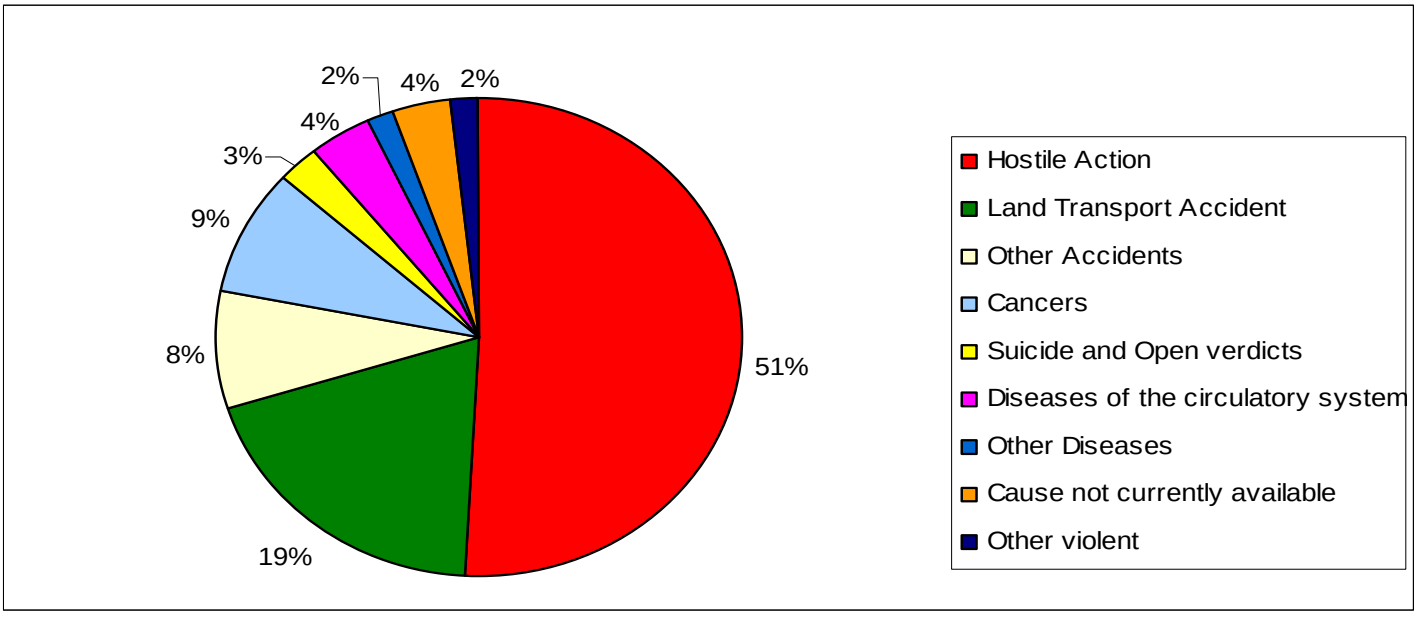
Source: DASA (Health Information)

1. DASA code all cause of death information to the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), 1992.

2. There have been 8 amendments to the classifications given to the cause of death from the previous publication of UKDS :
   - 2003: One record has been amended from 'Suicide and Open Verdict' to 'Land Transport Accident'
   - 2008: Two records have been amended from 'Other Accident' to 'Suicide and Open Verdict'; one record from 'Other Accident' to 'Cancer' and one record amended from 'Cause not currently available' to 'Diseases of the circulatory system'.
   - 2009: Two records have been amended from 'Other Accident' to 'Suicide and Open Verdict' and one record from 'Other Disease' to 'Diseases of the circulatory system'.

3. DASA have included the Joint Casualty and Compassionate Cell (JCCC) categories of 'killed in action' and 'died of wounds' together provide information on the number of Service personnel who have died as a result of hostile action. The term 'killed in action' is used when a battle casualty has died outright or as a result of injuries before reaching a medical facility, whilst 'died of wounds' refers to battle casualties who died of wounds or other injuries after reaching a medical facility.

Deaths in the UK Regular Armed Forces: by cause, percentages, 2010[1]



1. Percentages may not add up due to rounding.

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Table 3.3 Deaths in the UK Regular Armed Forces: by year of occurrence and cause[1], age and gender standardised rates[2,3], 2001-2010

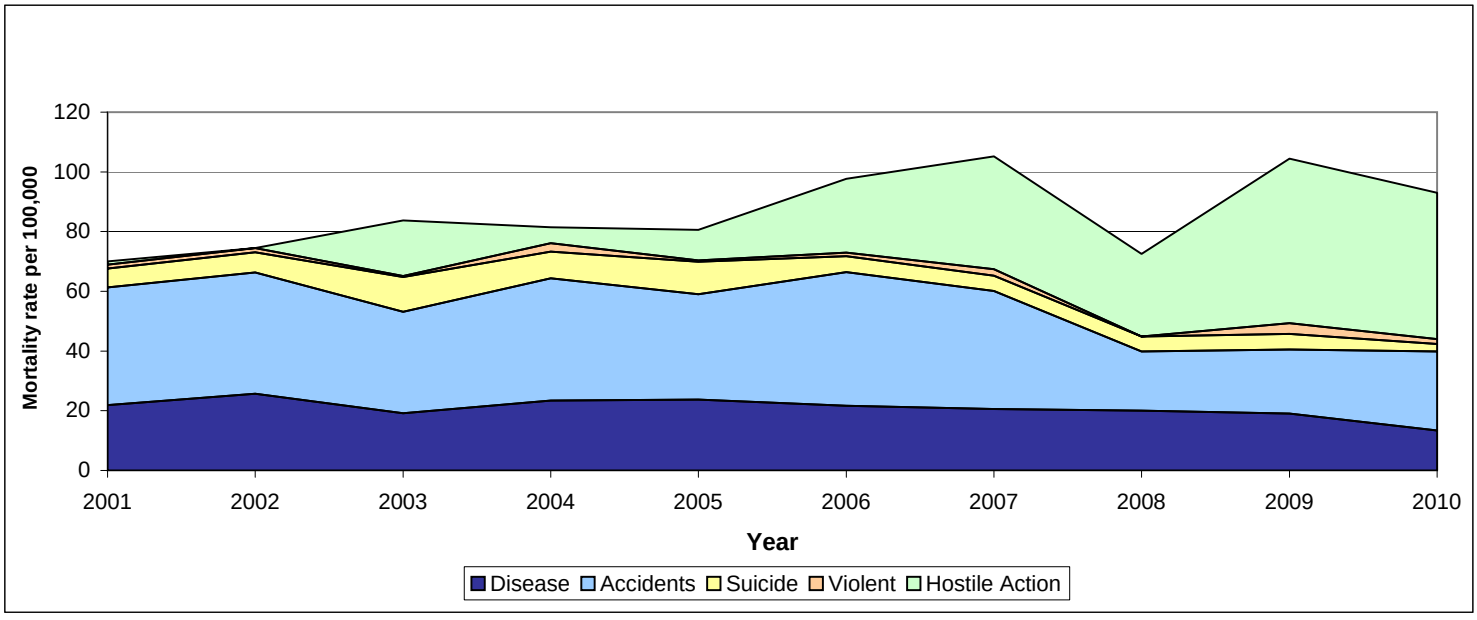
The only cause of death that has shown an increasing trend during this period was hostile action (killed in action and died of wounds) which varied from 1 per 100,000 (in 2001) to 49 per 100,000 (in 2010). This is as a result of operations in Iraq and Afghanistan.

Age and gender standardised rates per 100,000 strength[2]	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
All	***71***	***75***	***84***	***82***	***81***	***98***	***107***	***73***	***106***	***97***
Disease-related conditions	***22***	***26***	***19***	***23***	***24***	***22***	***21***	***20***	***19***	***13***
Cancers	*13*	*12*	*8*	*12*	*12*	*13*	*15*	*13*	*10*	*8*
Diseases of the circulatory system	*5*	*12*	*7*	*9*	*8*	*8*	*4*	*5*	*5*	*4*
Other	*3*	*2*	*4*	*2*	*3*	*<1*	*2*	*2*	*4*	*2*
External causes of injury and poisoning	***48***	***49***	***65***	***58***	***57***	***76***	***85***	***52***	***85***	***80***
Deaths due to accidents	***39***	***41***	***34***	***41***	***35***	***45***	***40***	***20***	***21***	***26***
Land Transport Accidents	*24*	*29*	*24*	*28*	*26*	*31*	*26*	*14*	*15*	*19*
Other	*15*	*12*	*10*	*13*	*9*	*14*	*13*	*6*	*7*	*8*
Deaths due to violence	***2***	***1***	***19***	***8***	***11***	***26***	***40***	***28***	***59***	***51***
Hostile action[4]	*1*	*	*19*	*5*	*10*	*25*	*38*	*28*	*55*	*49*
Other	*1*	*1*	*<1*	*3*	*<1*	*1*	*2*	*	*4*	*2*
Suicide and Open verdicts	***6***	***7***	***12***	***9***	***11***	***5***	***5***	***5***	***5***	***3***
Cause not currently available	***1***	*****	*****	***<1***	***1***	***<1***	***1***	***1***	***2***	***4***

Source: DASA(Health Information)

1. DASA code all cause of death information to the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), 1992.
2. Changes to data previously published in UKDS - i) rates have been updated and are age and gender standardised to the 2010 Armed Forces population where previously published rates were standardised to the 2009 Armed Forces population, ii) JPA strength data up to April 2009 was previously provisional but has now been revised with strength figures considered final and no longer provisional, and iii) small methodological changes introduced, see **Deaths in the UK Regular Armed Forces Introduction**
3. Rates which are greater than 0 but would not be rounded to 1 are represented as <1.
4. DASA have included the Joint Casualty and Compassionate Cell (JCCC) categories of killed in action and died of wounds which, together, provide information on the number of Service personnel who have died as a result of hostile action. The term 'killed in action' is used when a battle casualty has died outright or as a result of injuries before reaching a medical facility, whilst 'died of wounds' refers to battle casualties who died of wounds or other injuries after reaching a medical facility.

Deaths in the UK Regular Armed Forces: by year of occurrence and cause, age and gender standardised rates, 2001-2010



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DEATHS IN THE UK REGULAR ARMED FORCES

Table 3.4 Deaths in the UK Regular Armed Forces: by year of occurrence and cause[1], standardised mortality ratio[2], 2001-2010

Throughout the last ten years, the UK Regular Armed Forces have been at a significantly decreased risk of dying as a result of a disease related condition compared to the UK general population.

Between 2001 and 2007 the UK Regular Armed Forces were at a significantly increased risk of dying as a result of an accident compared to the UK general population. Between 2008 and 2010 there was no significant difference in deaths due to accidents between members of the UK Armed Forces and the UK general population.

Throughout the last 10 years the UK Armed Forces have been at a significantly increased risk of dying as a result of land transport accidents compared to the UK general population. In 2010, Land Transport Accident deaths were the second largest cause of death in the UK Regular Armed Forces. The UK AF and were at a 110% significantly increased risk of dying as a result of Land Transport accidents compared to the UK general population.

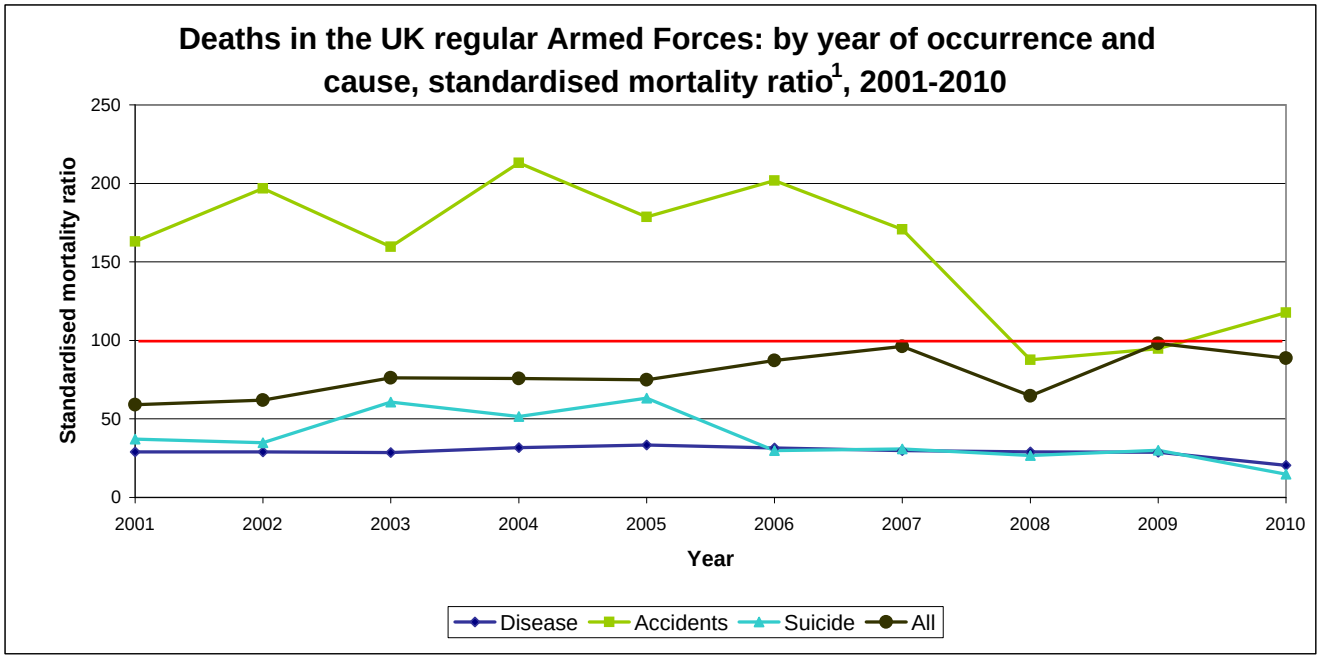
No standardised mortality rate (SMR) is provided for 'hostile action' because this is a military specific category and only Service personnel are at risk of this cause of death. These deaths are included in the overall SMR.

Between 2001 and 2010, the UK Regular Armed Forces have been at a significantly decreased risk of dying as a result of a suicide compared to the UK general population. Please note that this comparison includes deaths among males and females whereas the data provided in Table 3.6 provide comparisons to the UK general population for males only.

Standardised Mortality Ratio[2,3]	2001	2002	2003	2004	2005	2006 [4]	2007	2008	2009 [5]	2010
All	***59***	***62***	***76***	***76***	***75***	***87***	***97***	***65***	***98***	***89***
Disease-related conditions	***29***	***29***	***29***	***32***	***33***	***31***	***30***	***29***	***29***	***20***
Cancers	*63*	*51*	*50*	*58*	*67*	*72*	*81*	*73*	*57*	*47*
Diseases of the circulatory system	*24*	*51*	*38*	*50*	*45*	*44*	*22*	*27*	*28*	*22*
Other	*12*	*4*	*12*	*6*	*8*	*2*	*7*	*6*	*13*	*5*
External causes of injury and poisoning	***105***	***116***	***154***	***148***	***148***	***177***	***204***	***123***	***208***	***194***
Deaths due to accidents	***163***	***197***	***160***	***213***	***179***	***202***	***172***	***87***	***95***	***118***
Land Transport Accidents	*181*	*236*	*179*	*242*	*225*	*239*	*227*	*135*	*162*	*210*
Other	*139*	*137*	*127*	*170*	*112*	*150*	*116*	*50*	*50*	*57*
Deaths due to violence[6]	*	*	*	*	*	*	*	*	*	*
Hostile action[7]	*	*	*	*	*	*	*	*	*	*
Other	*77*	*76*	*28*	*139*	*30*	*52*	*119*	*	*274*	*117*
Suicide and Open verdicts	***37***	***35***	***61***	***52***	***63***	***30***	***31***	***27***	***30***	***15***
Cause not currently available	***29***	*****	*****	***26***	***28***	***24***	***48***	***27***	***104***	***181***

Source: DASA(Health Information)

1. DASA codes all cause of death information to the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), 1992.
2. Standardised mortality ratios (SMRs) have been standardised for age, gender and calendar year.
3. Changes to data previously published in UKDS - i) rates have been updated and are age and gender standardised to the 2010 Armed Forces population where previously published rates were standardised to the 2009 Armed Forces population, ii) JPA strength data up to April 2009 was previously provisional but has now been revised with strength figures considered final and no longer provisional, and iii) small methodological changes introduced, see **Deaths in the UK Regular Armed Forces Introduction**.
4. There has been a change in how UK deaths are collated for 2006, see **Deaths in the UK Regular Armed Forces Introduction**.
5. In the previous edition of UKDS the UK general population data for 2009 were not available to calculate SMRs and so the 2008 data was used as an estimate for the 2009 figure (as there is little year on year variation for the UK figures). The general population data for 2009 is now available and has been used for the 2009 SMR.
6. An overall SMR for deaths due to violence has not been calculated due to a lack of comparable UK population data.
7. No comparison between members of the UK Armed Forces and members of the UK general population for deaths due to hostile action were made as there is no equivalent cause of death in the UK population. DASA have included the Joint Casualty and Compassionate Cell (JCCC) categories of killed in action and died of wounds together provide information on the number of Service personnel who have died as a result of hostile action.The term 'killed in action' is used when a battle casualty has died outright or as a result of injuries before reaching a medical facility, whilst 'died of wounds' refers to battle casualties who died of wounds or other injuries after reaching a medical facility.



1. The red line indicates a standardised mortality ratio (SMR) of 100. An SMR over (or under) 100 indicates a higher (or lower) number of observed deaths in the UK Regular Armed Forces than expected (based on UK population rates).

CHAPTER 3 - HEALTH

SUICIDE AND OPEN VERDICT DEATHS IN THE UK REGULAR ARMED FORCES

This section provides summary statistics on suicide and open verdict deaths among the UK Regular Armed Forces between 1984 and 2010. The information was compiled from data held by DASA (Health Information) on 28 February 2011 and has previously been published in the National Statistic *Suicide and Open Verdict Deaths in the UK Regular Armed Forces 1984-2010.*

The data presented includes both coroner-confirmed suicides and open verdict deaths. In accordance with the Office for National Statistics (ONS) practice, the term 'suicide' should be understood to include all suicide and open verdict deaths. There are 22 deaths in the 'awaiting verdict' category involving a wide range of external accidental or violent causes. These have been referred to a coroner (or, for Scotland, the Procurator Fiscal) and some may be returned as suicides or open verdicts.

Due to the low numbers of cases among female Service personnel (19 deaths in 27 years), most of the analyses have been restricted to males only (aged 16-59 years).

The analyses made here are based on relatively small numbers. This presents a particular challenge for complex and detailed statistical analysis. As this section presents several sub-group analyses in which some categories may only involve a handful of cases, there is a risk of misinterpreting a chance association for a real finding. Caution is recommend against reading too much into past trends and assuming that they still apply today or will continue to do so in the future. In particular, they cannot take into account a large number of policy initiatives that have been introduced in the past few years.

Deaths presented here are for the UK regular Armed Forces. The dataset includes all trained and untrained regular Service personnel. Non-regular Service personnel that were deployed on operations at the time of their death are also included. The data here exclude the Home Service of the Royal Irish Regiment, full time reservists, Territorial Army and Naval Activated Reservists who were not deployed on operations at the time of their death, as DASA do not receive routine notifications of all deaths among reservists and non-regulars, and because reliable denominator data to produce interpretable statistics are not available.

The Naval Service includes both Royal Navy and Royal Marines personnel.

In order to compare time trends and to take into account the different age and gender structures of the three Services, rates have been age and gender standardised. In order to facilitate comparisons with previously published reports, data have been standardised to the 2010 Armed Forces population. Note that comparisons in previous editions of UKDS were standardised to the 2009 Armed Forces population.

To enable comparisons with suicides in the UK population, Standardised Mortality Ratios (SMR), adjusted for age, gender and year, were calculated. An SMR is defined as the ratio of the number of deaths observed in the study population to the number of deaths expected if the study population had the same age- and gender-specific rates as the standard population in each specific year multiplied by 100 by convention. Here, an SMR over (or under) 100 indicates a higher (or lower) number of observed suicides in the UK Regular Armed Forces than expected (based on UK population rates). An SMR of 100 implies that there is no difference in rates when comparing the UK Regular Armed Forces population with the UK population.

95% confidence intervals (95% CI) were calculated based on the Normal distribution, except where the number of observed events was fewer than 30, when they were derived directly from the Poisson distribution. The width of the confidence interval gives us some idea of how uncertain we should be about the unknown parameter. Smaller samples result in wider confidence intervals, whereas larger and more representative samples will give narrower confidence intervals (providing greater accuracy).

Note that the rates presented here relate to the whole population, rather than a sample. However, even in a population there is still random variation in the observed number of cases in a particular time period (particularly for rare events such as suicide). Confidence intervals are useful in making inferences about whether observed differences (e.g. between two time periods or two subgroups of the population) are significant or are likely to be due to chance alone. Two rates are said to be statistically significantly different if their confidence intervals do not overlap.

Annual strength data for UK Regular Armed Forces personnel were obtained for the period 1984-2005 from the Armed Forces Personnel Administration Agency (AFPAA). Strength data for 2006 were obtained from both AFPAA and the Joint Personnel Administration (JPA) system. Strength data for 2007 onwards were obtained from JPA with strengths for May 2009 onwards provisional and subject to review. In previous editions of UKDS, JPA strength data prior to May 2009 was also provisional but these figures are now considered final and no longer provisional.

Data on the size of the UK general population and the numbers of deaths by age, gender and year were obtained from the Office for National Statistics (ONS), General Register Office for Scotland (GROS) and the Northern Ireland Statistics and Research Agency (NISRA). Data for 2010 were not available at the time of publication; therefore figures from 2009 were used as an estimate for 2010 as the year on year variation in the UK population figures is unlikely to affect the findings.

Further information can be found in the National Statistic *Suicide and Open Verdict Deaths in the UK Regular Armed Forces 1984-2010* which is published on the DASA website.

CHAPTER 3 - HEALTH

SUICIDE AND OPEN VERDICT DEATHS IN THE UK REGULAR ARMED FORCES

Table 3.5 Suicide, open verdict and awaiting verdict deaths in the UK Regular Armed Forces: by Service and gender, numbers, 1984-2010

	Verdict	**Total**	Male	Female
All Services	Suicide	**572**	558	14
	Open	**172**	167	5
	Awaiting	**22**	20	2
Naval Service	Suicide	**85**	83	2
	Open	**39**	38	1
	Awaiting	**3**	3	-
Army	Suicide	**356**	350	6
	Open	**98**	94	4
	Awaiting	**19**	17	2
RAF	Suicide	**131**	125	6
	Open	**35**	35	-
	Awaiting	**-**	-	-

Source: DASA(Health Information)

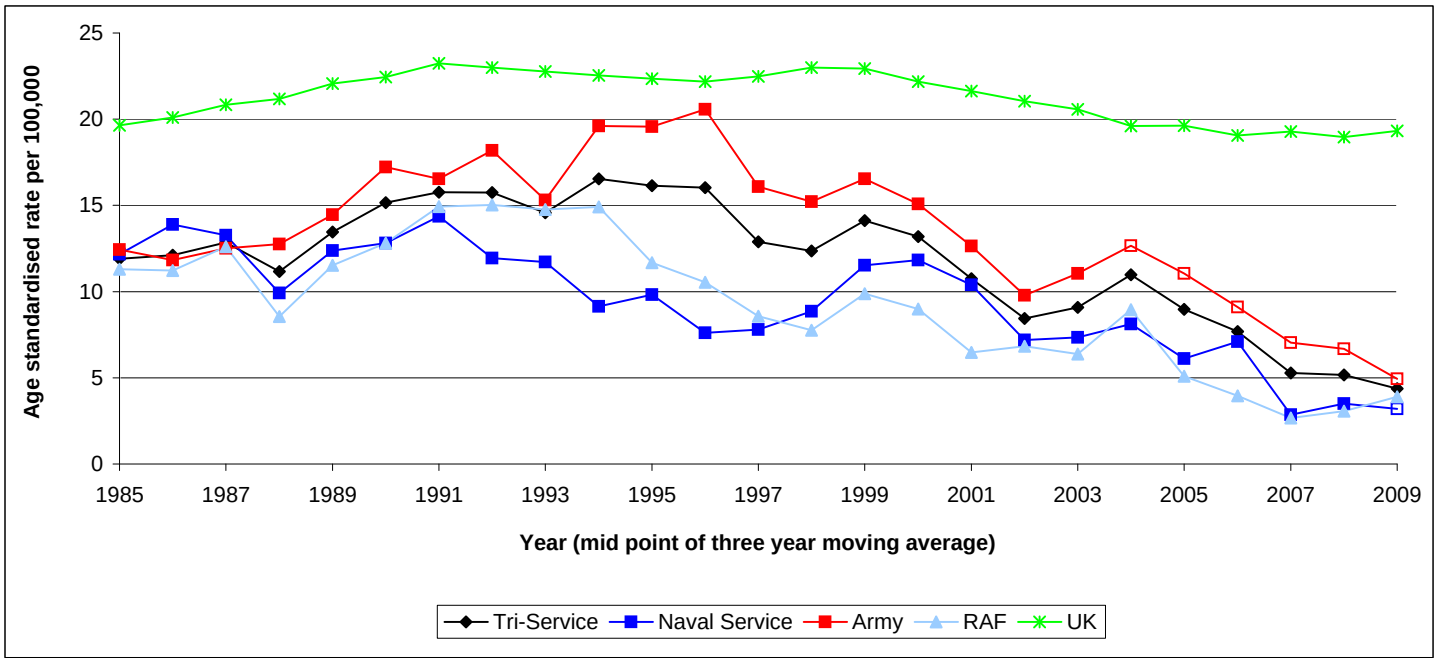
Suicide and open verdict deaths in the UK Regular Armed Forces, by Service, age standardised rates[1,2,3,4] 1984-2010, males only

The Naval Service age-standardised suicide rate for males peaked in 1985-1987 and in 1990-1992 at 14 per 100,000. The rate was 3 per 100,000 in 2008-2010.

The Army age-standardised suicide rate for males rose from 12 per 100,000 in 1984-1986 to 21 per 100,000 in 1995-1997; it fell to a low of 5 per 100,000 in 2008-2010.

The RAF age-standardised suicide rate for males also rose from 11 per 100,000 in 1984-1986 to 15 per 100,000 in 1991-1993. The rate was 4 per 100,000 in 2008-2010.

Across the whole time period, the age-standardised suicide rate for males in all three Services was below the UK rate.



1. Due to the small numbers involved when breaking down annual numbers of suicides, the data for this graph have been aggregated to give 3 year moving averages. This eliminates some of the random variation that can occur from year to year and provides a clearer picture of possible trends. Each year shown is the mid point of a 3 year period, e.g. 1985 refers to 1984-1986.
2. Data points shown unfilled may change when information on waiting verdicts is received.
3. Standardised to the 2010 Armed Forces population.
4. There has been a change in the UK rate for 2006 due to a change how UK deaths has been collated for 2006, see **Deaths in the UK Regular Armed Forces Introduction** for more details.

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SUICIDE AND OPEN VERDICT DEATHS IN THE UK REGULAR ARMED FORCES

Table 3.6 Suicide and open verdict deaths in the UK Regular Armed Forces: numbers and standardised mortality ratios, 1984 - 2010, males only

For each Service, and for the UK Regular Armed Forces as a whole, the overall standardised mortality ratio (SMR) was statistically significantly lower than the UK general population. The Naval Service was at a 56% decreased risk of suicide compared to the UK general population (SMR=44, 95% CI: 37-52); the Army was at a 34% decreased risk of suicide compared to the UK general population (SMR=66, 95% CI: 60-72); and the RAF was at a 56% decreased risk of suicide compared to the UK general population (SMR=44, 95% CI: 37-51).

For each Service, and for the UK Regular Armed Forces as a whole, the age-specific mortality ratios for each age group were statistically significantly lower than the UK general population, with the exception of the under 20 age group. For the Army, these young males were at a 47% increased risk of suicide over the period 1984-2010 when compared to their UK general population counterparts. For the Naval Service and RAF, there was no statistical significant difference in the risk of young males over the period 1984-2010 compared with the under 20 UK male population.

Age in years

	Total	<20	20-24	25-29	30-34	35-39	40+
Total (number)	**725**	**84**	**220**	**150**	**110**	**91**	**70**
Standardised mortality ratio	***55***	***122***	***67***	***48***	***47***	***45***	***41***
95% confidence interval	***(51-59)***	***(98-151)***	***(59-77)***	***(41-56)***	***(39-56)***	***(37-55)***	***(32-52)***
Naval Service	**121**	7	30	23	22	24	15
Standardised mortality ratio	***44***	*60*	*47*	*36*	*43*	*51*	*40*
95% confidence interval	***(37-52)***	*(24-123)*	*(33-67)*	*(23-54)*	*(27-64)*	*(32-75)*	*(22-66)*
Army	**444**	71	156	86	56	46	29
Standardised mortality ratio	***66***	*147*	*82*	*52*	*48*	*49*	*47*
95% confidence interval	***(60-72)***	*(117-186)*	*(70-95)*	*(42-65)*	*(37-63)*	*(37-65)*	*(32-68)*
RAF	**160**	6	34	41	32	21	26
Standardised mortality ratio	***44***	*66*	*48*	*48*	*47*	*34*	*36*
95% confidence interval	***(37-51)***	*(24-144)*	*(34 - 67)*	*(36-66)*	*(33-66)*	*(21 - 53)*	*(23-52)*

Source: DASA(Health Information)

CHAPTER 3 - HEALTH

UK GULF VETERANS MORTALITY

This section provides summary statistics on the causes of death that occurred among the UK veterans of the 1990/91 Gulf Conflict between 1 April 1991 and 31 December 2010. Gulf veterans consist of Service personnel deployed to any Gulf state between 1 September 1990 and 30 June 1991 and for the Navy afloat, all personnel aboard a ship east of the Suez canal during that period. The data do not include civilian personnel employed by the MOD (including the Royal Fleet Auxiliary, the NAAFI, MOD civil servants), by other Government Departments, or civilians working for Defence Contractors, the media or charitable and humanitarian organisations. The mortality rates were analysed alongside those of a comparison group. The “Era” comparison group were randomly sampled from all UK Armed Forces personnel in Service on 1 January 1991 who did not deploy to the Gulf. This group is stratified to reflect the socio-demographic and military composition of the Gulf cohort in terms of age, gender, Service (Naval Service, Army, Royal Air Force), officer/other rank status, regular/reservist status, and a proxy measure for fitness.

The single year age distribution among those aged 40 and over has been found to show differences, with those in this age-group deployed to the Gulf generally younger than those in the Era group. Therefore, age adjusted estimates for the Era comparison group have been created by calculating the mortality rate for each single year of age at 1 January 1991 in each calendar year since 1991. This rate was applied to the equivalent numbers in each single year of age at 1 January 1991 and year of death in the Gulf population, from which deaths and emigrations from the UK were subtracted, to calculate the estimated total for each calendar year. These estimated numbers by calendar year were divided by the Gulf population, from which deaths and emigrations from the UK were subtracted, to produce adjusted rates.

Mortality rate ratios are presented to compare deaths in the Gulf and Era cohorts (calculated as the death rate in the Gulf cohort divided by the death rate in the Era cohort). The rate ratio denominators were calculated using the total person years at risk (the length of time each person has been in the study), taking into account deaths and emigrations from the UK. People who had left the Services and subsequently emigrated were deemed to be lost to follow up because we had no means of knowing if and when they may have died. The mortality rate ratios given here differ marginally from the crude deaths ratio owing to some small differences in the number of person years at risk between the Gulf and Era comparison groups.

The main sources of deaths information are the NHS Information Centre’s Central Register and the General Register Office for Scotland. Further information can be found in the National Statistic *1990/1991 Gulf Conflict - UK Gulf Veterans Mortality Data: Causes of Death* which is published on the DASA website.

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UK GULF VETERANS MORTALITY

Table 3.7 Deaths among UK Gulf 1 Veterans by cause, numbers and rate ratios, 1 April 1991 - 31 December 2010

There were no statistically significant differences in the total number of deaths between the Gulf veterans and the Era comparison group, or for any of the main groups of cause of death. The 1,193 deaths among Gulf veterans compare with approximately 1,998 deaths which would have been expected in a similar sized cohort taken from the general population of the UK with the same age and gender profile.

The main cause of disease-related deaths amongst both Gulf veterans and the age-adjusted Era comparison group were neoplasms: 297 deaths in Gulf veterans and an estimate of 311 amongst the age-adjusted Era comparison group. There were 219 deaths due to diseases of the circulatory system (including ischaemic heart disease and cerebrovascular disease) among Gulf veterans compared with an estimate of 244 in the age-adjusted Era comparison group. There were more deaths due to external causes among Gulf veterans than the age-adjusted Era comparison group, but this was not statistically significant: 488 deaths compared with an estimate of 453. The largest group of deaths due to external causes were transport accidents: 202 deaths among Gulf veterans compared with an estimate of 177 among the age-adjusted Era comparison group. Of these, land transport accidents accounted for 168 Gulf Veterans' deaths compared to an estimate of 149 among the age-adjusted Era comparison group. There were 183 deaths due to intentional self-harm and events of undetermined intent (suicides and open verdict deaths) among Gulf veterans compared with an estimate of 163 among the age-adjusted Era comparison group, but this was not statistically significant.

		Number			Crude	Adjusted[2]	Adjusted[2]		
ICD Chapter[1]	Cause of death	Gulf	Era	Adjusted[2] Era	Mortality Rate Ratio	Mortality Rate Ratio	95% Confidence Interval		
	All deaths	**1 193**	**1 252**	**1 216**	**0.94**	**0.98**	**0.90**	**-**	**1.06**
	All cause coded deaths	**1 156**	**1 223**	**1 189**	**0.94**	**0.97**	**0.89**	**-**	**1.05**
I - XVIII	**Disease-related causes**	**668**	**765**	**736**	**0.87**	**0.91**	**0.82**	**-**	**1.01**
I	Certain infectious and parasitic diseases	10	9	7	1.10	1.27	0.49	-	3.31
II	Neoplasms	297	326	311	0.90	0.96	0.82	-	1.12
V	Mental and behavioural disorders	17	26	24	0.65	0.71	0.38	-	1.33
VI	Diseases of the nervous system	21	35	33	0.59	0.65	0.37	-	1.11
IX	Diseases of the circulatory system	219	249	244	0.87	0.90	0.75	-	1.08
X	Diseases of the respiratory system	25	21	19	1.18	1.28	0.69	-	2.36
XI	Diseases of the digestive system	58	67	67	0.86	0.88	0.62	-	1.25
III, IV, XII - XVIII	All other disease related causes[3]	21	32	28	0.65	0.72	0.40	-	1.28
XX	**External causes of mortality**	**488**	**458**	**453**	**1.06**	**1.07**	**0.94**	**-**	**1.21**
	Transport accidents:	202	175	177	1.14	1.13	0.92	-	1.39
	Land transport accident:	168	147	149	1.13	1.12	0.89	-	1.40
	Pedestrian	17	7	8	2.41	2.26	0.93	-	5.49
	Motorcycle rider	53	47	47	1.12	1.11	0.75	-	1.66
	Car occupant	48	43	44	1.11	1.09	0.72	-	1.65
	Other[4]	50	50	50	0.99	0.99	0.66	-	1.47
	Water transport	5	3	4	1.65	1.50	0.37	-	5.99
	Air and space transport	29	25	25	1.15	1.17	0.69	-	2.00
	Other external causes of accidental injury:	81	88	85	0.91	0.93	0.68	-	1.27
	Falls	9	15	14	0.59	0.66	0.29	-	1.49
	Exposure to inanimate mechanical forces	18	18	19	0.99	0.92	0.47	-	1.79
	Accidental drowning and submersion and other accidental threats to breathing	12	12	11	0.99	0.97	0.42	-	2.24
	Accidental poisoning by and exposure to noxious substances	17	22	20	0.77	0.80	0.41	-	1.57
	Accidental exposure to other and unspecified factors	18	13	13	1.37	1.47	0.71	-	3.03
	Other	7	8	8	0.87	0.91	0.32	-	2.56
	Intentional self-harm and events of undetermined intent[5]	183	164	163	1.11	1.12	0.91	-	1.39
	Assault	7	10	10	0.69	0.65	0.24	-	1.74
	Legal intervention and operations of war	7	10	11	0.69	0.73	0.28	-	1.92
	Sequelae of external causes of morbidity and mortality	-	2	1	*	*	*		*
	Deaths where the inquest has been adjourned	8	9	*	*	*	*		*
	Other deaths for which cause data are not yet available	**17**	**20**	*****	*****	*****	*****		*****
	Overseas deaths for which cause data are not available	**20**	**9**	*****	*****	*****	*****		*****

Source: DASA(Health Information)

1. Causes have been coded to the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), 1992.
2. Adjusted for the single years of age structure of the Gulf cohort at 1 January 1991. The numbers may not add up to the totals shown due to rounding.
3. Includes cases with insufficient information on the death certificate to provide a known cause of death.
4. Under ICD-10 coding, if the death certificate does not specifically mention the type of vehicle that was involved in the accident, the death is coded to "motor- or nonmotor vehicle accident, type of vehicle
5. Includes both coroner-confirmed suicides and open verdict deaths in line with the definition used by the Office for National Statistics (ONS).

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UK GULF VETERANS MORTALITY

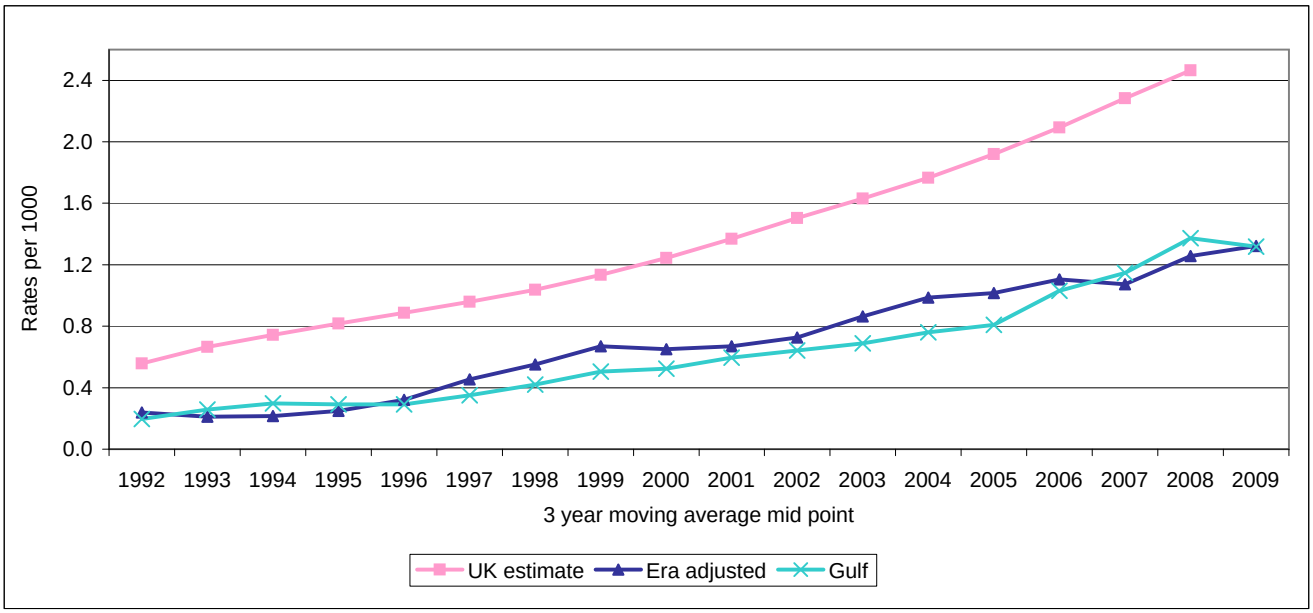
Charts to Table 3.7 Deaths among UK Gulf 1 Veterans by cause, numbers and rate ratios, 1 April 1991 - 31 December 2010

UK general population mortality rates were applied to the age and gender profile of the Gulf and Era cohorts to estimate comparable mortality rates.

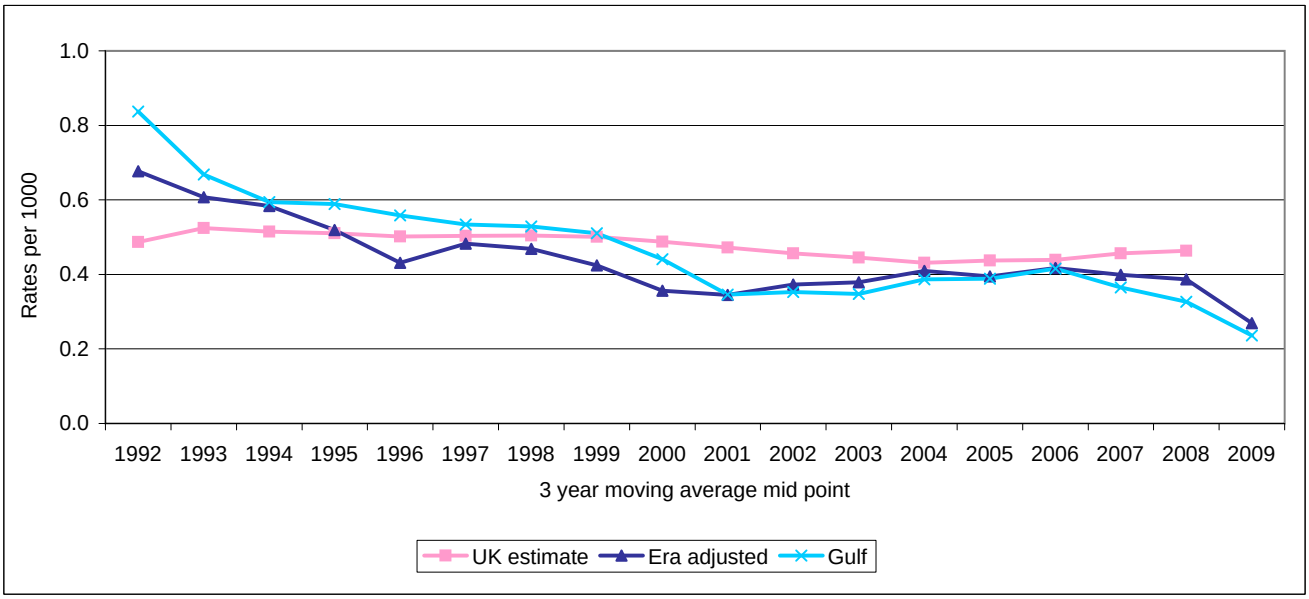
Mortality rates for disease-related causes for both Gulf veterans and the age-adjusted Era comparison group have gradually increased between 1991 and 2010. These follow the trends in rates for disease-related causes among the UK general population. This suggests that the increase in disease-related deaths among Gulf veterans over time reflects the natural ageing of the cohort. However, the mortality rates due to disease-related causes for both Gulf veterans and the age-adjusted Era group were significantly lower than for the UK general population.

Mortality rates for external causes for both the Gulf veterans and the age-adjusted Era comparison group have decreased between 1991 and 2010. However, comparable mortality rates for the UK general population have stayed constant during this period.

Gulf and Era adjusted mortality rates for disease-related causes: 3-year moving average[1,2,3]



Gulf and Era adjusted mortality rates for external causes of mortality: 3-year moving average[1,2,3]



1. Data for 1 April 1991 – 31 December 1991 have been adjusted to a full year.
2. 2010 cause data for the UK general population are not currently available.
3. Mortality rates for the Era cohort have been adjusted for the single years of age structure of the Gulf cohort at 1 January 1991.

CHAPTER 3 - HEALTH

OPERATIONAL FATALITIES AND CASUALTIES

Tables 3.8 and 3.9 present the numbers of fatalities and casualties involving personnel deployed on operations. In agreement with the Minister for Defence Personnel, Welfare and Veterans, DASA are responsible for reporting on all medium scale operations since 2001. Data on operations smaller than medium-scale are not centrally compiled. The operations reported on below reflect those operations for which data have been published on the MOD website. The tables present the numbers of fatalities and casualties since reporting began in 2001 up until end of 2010. The data include Naval Service, Army (including Gurkhas), RAF, MOD Civilians and Royal Fleet Auxiliary (RFA) personnel.

The operations reported on in these tables reflect those operations for which data have been published on the MOD website, where further information on field hospital admissions and aero-medical evacuations is also available for operations in Afghanistan and Iraq:

http://www.mod.uk/DefenceInternet/FactSheets/OperationsFactsheets/OperationsInIraqBritishCasualties.htm
http://www.mod.uk/DefenceInternet/FactSheets/OperationsFactsheets/OperationsInAfghanistanBritishCasualties.htm

Tables 3.10 and 3.11 present the number of Armed Forces personnel returned to the UK from Iraq and Afghanistan as a result of an injury or illness who have been treated at the Royal Centre for Defence Medicine (RCDM) and the Defence Medical Rehabilitation Centre (DMRC) Headley Court each year from 8 October 2007 until 31 December 2010.

Data are compiled by Defence Analytical Services and Advice from the Defence Patient Tracking System (DPTS) which commenced on 8 October 2007. The DPTS was set up to enable the capture of tracking data for aeromedically evacuated patients at the place where healthcare is being delivered along the care pathway. Patients receiving treatment that were aeromed prior to this date may not be included. Since October 2008, the figures presented include Armed Forces personnel that have returned on routine flights and subsequently been referred to DMRC for an operational related injury or illness.

The DPTS is not a medical or welfare record system; medical records are held on the Defence Medical Information Capability Programme; welfare records are held in single Service welfare databases. The DPTS is not an authoritative record of personnel and demographic details, these details are held on the Joint Personnel Administration system.

In many cases totals presented within **Tables 3.10 and 3.11** will be less than the sum of their parts. This is for a number of reasons:

- Patients may be treated as an in-patient and as an out-patient (or also as a residential patient at DMRC) within the same location during the same time period. However, these patients will only be counted once in 'All RCDM' and 'All DMRC' totals within each time period.
- Patients may be treated at both RCDM and DMRC within the same time period. However, these patients will only be counted once in the 'Number of patients seen at RCDM & DMRC' totals within each time period.
- Patients may attend both RCDM and DMRC for their injury or illness. New patients are counted within the time period that they attended their first appointment at either of these locations. For example, during 2009 there were two patients from Op TELIC treated for the first time at RCDM for Battle Injuries. These patients however, were first treated at DMRC in 2008. Therefore they are accounted for in the 'New patients at RCDM' figure for Battle Injuries in 2009.

These statistics do not represent patient burden at RCDM or DMRC since they only include patients returned from deployment in Iraq and Afghanistan. These statistics do not represent numbers treated at any point in time, they only provide the numbers treated during a given month or year. These statistics currently include RCDM and DMRC patients as these are the main facilities for treatment for patients aeromedically evacuated from theatre.

More detailed information on these statistics can be found in the *Monthly Iraq and Afghanistan UK Patient Treatment Statistics* reports which are published on the DASA website.

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OPERATIONAL FATALITIES AND CASUALTIES

Table 3.8 Number of UK Armed Forces and civilian operational fatalities

DASA use the Joint Casualty and Compassionate Cell (JCCC) categories of killed in action and died of wounds which together provide information on the number of Service personnel who have died as a result of hostile action. The term killed in action is used when a battle casualty has died outright or as a result of injuries before reaching a medical facility, whilst died of wounds refers to battle casualties who died of wounds or other injuries after reaching a medical facility. The data include Naval Service, Army (including Gurkhas), RAF, MOD Civilians and Royal Fleet Auxiliary (RFA) personnel.

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

		2001 [1]	2002	2003	2004	2005	2006	2007	2008	2009	2010
Afghanistan	**Total**	**-**	**3**	**-**	**1**	**1**	**39**	**42**	**51**	**108**	**103**
	Killed in Action	-	-	-	1	1	20	36	47	91	80
	Died of Wounds	-	-	-	-	-	1	1	3	16	15
	Other[2]	-	3	-	-	-	18	5	1	1	8
Iraq	**Total**	**-**	**-**	**53**	**22**	**23**	**29**	**47**	**4**	**1**	**-**
	Killed in Action	-	-	39	10	18	18	24	2	-	-
	Died of Wounds	-	-	1	-	2	9	13	-	-	-
	Other[2]	-	-	13	12	3	2	10	2	1	-
Balkans[3]	**Total**	**7**	**-**	**-**	**1**	**-**	**1**	**-**	**-**	**-**	**-**
	Killed in Action	2	-	-	-	-	-	-	-	-	-
	Died of Wounds	-	-	-	-	-	-	-	-	-	-
	Other[2]	5	-	-	1	-	1	-	-	-	-

Source: DASA(Health Information)

1. 2001 data for Afghanistan starts at 7 October.
2. These data include all deaths occurring as a result of accidental or violent causes while deployed as well as deaths due to disease related causes during deployment.
3. The Balkans covers operational casualties in Slovenia, Croatia, Bosnia-Herzegovina, Serbia, Kosovo, Montenegro and Macedonia.

Table 3.9 Number of UK Armed Forces and civilian operational casualties[1,2,3]

Notification of Casualty (or NOTICAS) is the name for the formalised system of reporting casualties within the UK Armed Forces. The NOTICAS reports raised for casualties contain information on how seriously medical staff in theatre judge their condition to be. They are not strictly medical categories but are designed to give an indication of the severity of the injury to help inform what the individual's next of kin are told. Very seriously injured and seriously injured are the two most serious categories into which personnel can be classified:

Very Seriously Injured/Wounded (VSI) – The injury is of such severity that life is imminently endangered.

Seriously Injured/Wounded (SI) – The patient's condition is of such severity that there is cause for immediate concern, but there is no imminent danger to life.

The VSI and SI categories are defined by Joint Casualty & Compassionate Policy & Procedures. The figures provided below are based on those casualties listed as VSI or SI on the initial NOTICAS signal. The NOTICAS system is initiated very early in a patient's admission to the field hospital and the classification of a casualty may change as time progresses. The initial signal listing of VSI or SI may in some cases be followed by an updated less serious listing if the case appeared worse on admission than transpires. The figures provided below exclude those individuals categorised as VSI or SI whose condition was identified to be caused by illness. Validated NOTICAS data for casualties in Afghanistan, Iraq and the Balkans are held from January 2001 onwards. In agreement with the Minister for Defence Personnel, Welfare and Veterans, operational casualty data prior to 2001 have not been examined. The data include Naval Service, Army (including Gurkhas), RAF, MOD Civilians and Royal Fleet Auxiliary (RFA) personnel.

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence. As only VSI and SI casualties are reported, the figures do not give a comprehensive picture of all casualties on operations.

		2001 [4]	2002	2003	2004	2005	2006	2007	2008	2009	2010
Afghanistan	**Total**	**-**	**1**	**1**	**6**	**2**	**31**	**63**	**65**	**157**	**154**
	Very Seriously Injured or Wounded (VSI)[2,3]	-	1	-	3	2	18	23	27	82	80
	Seriously Injured or Wounded (SI)[2,3]	-	-	1	3	-	13	40	38	75	74
Iraq[5]	**Total**	**-**	**-**	**46**	**45**	**20**	**32**	**69**	**9**	**1**	**-**
	Very Seriously Injured or Wounded (VSI)[2,3]	-	-	14	14	5	11	24	5	-	-
	Seriously Injured or Wounded (SI)[2,3]	-	-	32	31	15	21	45	4	1	-
Balkans[6]	**Total**	**6**	**2**	**3**	**2**	**-**	**2**	**2**	**-**	**-**	**-**
	Very Seriously Injured or Wounded (VSI)[2,3]	2	2	-	-	-	-	-	-	-	-
	Seriously Injured or Wounded (SI)[2,3]	4	-	3	2	-	2	2	-	-	-

Source: DASA(Health Information)

1. Civilians are not included in the figures prior to 01 January 2006.
2. The VSI and SI injury data includes records classified as 'Other Causes'. This classification is used when there is insufficient information to attribute a casualty to either injury or natural cause.
3. The VSI and SI data includes personnel with an initial NOTICAS listing of VSI or SI who are alive at the time of discharge from their first hospital episode in the UK. The figures provided exclude those individuals categorised as VSI or SI whose condition was identified to be caused by illness or natural causes.
4. 2001 data for Afghanistan starts at 7 October.
5. Iraq figures are as published up until 31 July 2009, the official drawn down of Operations.
6. The Balkans covers operational casualties in Slovenia, Croatia, Bosnia-Herzegovina, Serbia, Kosovo, Montenegro and Macedonia.

CHAPTER 3 - HEALTH

OPERATIONAL FATALITIES AND CASUALTIES

Table 3.10 Iraq (Op TELIC) patients[1] receiving treatment at Royal Centre for Defence Medicine (RCDM) and Defence Medical Rehabilitation Centre (DMRC)

During the time period 8 October 2007 to 31 December 2007, there were 121 patients from Op TELIC (Iraq) treated at either RCDM or DMRC, 47 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness. In 2008 there were 281 patients from Op TELIC treated at either RCDM or DMRC, 199 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness. In 2009 there were 180 patients from Op TELIC treated at either RCDM or DMRC, 90 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness. In 2010 there were 78 patients from Op TELIC treated at either RCDM or DMRC, 14 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness.

Note that in many cases the totals presented in the table below will be less than the sum of their parts. Please see the **Operational Fatalities and Casualties Introduction** for further information.

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

	2007 [2]				2008				2009				2010			
	Injury class[3]															
	All	Battle Injury	Non Battle Injury	Natural Cause	All	Battle Injury	Non Battle Injury	Natural Cause	All	Battle Injury	Non Battle Injury	Natural Cause	All	Battle Injury	Non Battle Injury	Natural Cause
No. of patients seen at RCDM & DMRC	**121**	66	38	17	**281**	73	122	86	**180**	44	87	49	**78**	29	31	18
All RCDM Birmingham[4]	**64**	15	32	17	**227**	28	115	84	**119**	9	66	44	**27**	6	9	12
In-Patient	**50**	10	24	16	**123**	13	52	58	**58**	4	26	28	**9**	2	3	4
Out-Patient	**21**	7	13	1	**167**	22	98	47	**98**	6	60	32	**22**	5	8	9
All DMRC Headley Court[4]	**61**	54	7	-	**74**	56	13	5	**68**	38	25	5	**55**	26	23	6
In-Patient	**26**	24	2	-	**28**	21	5	2	**9**	7	1	1	**3**	3	-	-
Out-Patient	**23**	21	2	-	**59**	46	10	3	**64**	35	24	5	**53**	26	22	5
Residential Patients	**14**	11	3	-	**31**	25	4	2	**34**	13	19	2	**23**	10	9	4
New Patients RCDM or DMRC	**47**	8	24	15	**199**	11	104	84	**90**	-	58	32	**14**	-	10	4
New Patients RCDM only	**47**	8	24	15	**201**	16	102	83	**81**	2	50	29	**6**	-	4	2
New Patients DMRC only	**3**	2	1	-	**19**	6	8	5	**15**	-	12	3	**11**	-	8	3

Source: DASA(Health Information)

1. Patients include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel, Reservists and UK Civilians. These exclude Special Forces and Other Nations Service Personnel.
2. The Defence Patient Tracking System (DPTS) commenced on 8 October 2007, therefore data for 2007 only covers the period 8 October - 31 December 2007.
3. A battle injury includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct and indirect fire. A non-battle injury is any injury that is not caused by a hostile act and includes any accidental injuries such as sports injuries, road traffic accidents etc. Natural causes include illness, disease and pregnancy. The distinctions between Battle Injury, Non Battle Injury and Natural Causes have been validated against Notification of Casualty (NOTICAS) data where possible.
4. An in-patient is a patient that has been admitted and allocated a ward bed, a residential patient is a patient that is on a three week rehab course, they are not allocated a ward bed, but reside in dormitory style accommodation. An outpatient is a non-resident patient attending RCDM or DMRC for treatment.

Table 3.11 Afghanistan (Op HERRICK) patients[1] receiving treatment at Royal Centre for Defence Medicine (RCDM) and Defence Medical Rehabilitation Centre (DMRC)

During the time period 8 October 2007 to 31 December 2007, there were 163 patients from Op HERRICK (Afghanistan) treated at either RCDM or DMRC, 76 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness. In 2008 there were 573 patients from Op HERRICK treated at either RCDM or DMRC, 447 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness. In 2009 there were 909 patients from Op HERRICK treated at either RCDM or DMRC, 691 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness. In 2010 there were 1,153 patients from Op TELIC treated at either RCDM or DMRC, 773 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness.

Note that in many cases the totals presented in the table below will be less than the sum of their parts. Please see the **Operational Fatalities and Casualties Introduction** for further information.

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

	2007 [2]				2008				2009				2010			
	Injury class[3]															
	All	Battle Injury	Non Battle Injury	Natural Cause	All	Battle Injury	Non Battle Injury	Natural Cause	All	Battle Injury	Non Battle Injury	Natural Cause	All	Battle Injury	Non Battle Injury	Natural Cause
No. of patients seen at RCDM & DMRC	**163**	93	55	15	**573**	254	178	141	**909**	487	249	173	**1 153**	687	267	199
All RCDM Birmingham[4]	**86**	39	33	14	**485**	190	155	140	**785**	400	218	167	**860**	467	207	186
In-Patient	**67**	32	24	11	**354**	165	79	110	**571**	333	113	125	**635**	404	96	135
Out-Patient	**27**	11	13	3	**258**	96	112	50	**373**	134	157	82	**386**	169	143	74
All DMRC Headley Court[4]	**87**	64	22	1	**163**	132	30	1	**360**	302	49	9	**640**	542	80	18
In Patients	**41**	34	7	-	**87**	78	9	-	**180**	172	8	-	**249**	241	7	1
Out Patients	**26**	16	9	1	**104**	83	20	1	**315**	259	47	9	**597**	503	77	17
Residential Patients	**25**	17	8	-	**60**	46	13	1	**103**	76	23	4	**165**	136	25	4
New Patients RCDM or DMRC	**76**	29	33	14	**447**	165	146	136	**691**	334	195	162	**773**	384	206	183
New Patients RCDM only	**71**	29	28	14	**444**	165	143	136	**668**	332	177	159	**724**	364	184	176
New Patients DMRC only	**15**	12	3	-	**77**	63	14	-	**247**	207	34	6	**393**	331	50	12

Source: DASA(Health Information)

1. Patients include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel, Reservists and UK Civilians. These exclude Special Forces and Other Nations Service Personnel.
2. The DPTS commenced on 8 October 2007, therefore data for 2007 only covers the period 8 October - 31 December 2007.
3. A battle injury includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct and indirect fire. A non-battle injury is any injury that is not caused by a hostile act and includes any accidental injuries such as sports injuries, road traffic accidents etc. Natural causes include illness, disease and pregnancy. The distinctions between Battle Injury, Non Battle Injury and Natural Causes have been validated against NOTICAS data where possible.
4. An in-patient is a patient that has been admitted and allocated a ward bed, a residential patient is a patient that is on a three week rehab course, they are not allocated a ward bed, but reside in dormitory style accommodation. An outpatient is a non-resident patient attending RCDM or DMRC for treatment.

CHAPTER 3 - HEALTH

IRAQ AND AFGHANISTAN AMPUTATIONS

This section provides statistical information on the number of Armed Forces personnel who as a result of an injury sustained whilst deployed on Operation HERRICK (Afghanistan) or Operation TELIC (Iraq) have suffered a traumatic or surgical amputation. An amputee is defined as live UK Armed Forces Service personnel who have an injury coded in the Joint Theatre Trauma Register (JTTR) as amputation (traumatic), partial or complete, for either upper or lower limbs using the Abbreviated Injury Scale (AIS) Dictionary 2005 (Military Edition), and live UK Armed Forces Service personnel who had a surgical amputation performed either at the field hospital or at a UK hospital (the majority of these will be at the Royal Centre for Defence Medicine). A traumatic or surgical amputation can range from the loss of part of a finger or toe up to the loss of entire limbs. Live personnel are defined as those being discharged from hospital after receiving treatment for the injuries that resulted in an amputation(s).

Further information can be found in the *Quarterly Op TELIC and Op HERRICK Amputation Statistics* reports which are published on the DASA website.

Table 3.12 Number of UK Armed Forces with amputations[1]

The table below presents the number of UK Service personnel who have sustained a partial or complete limb amputation as a result of injuries in Afghanistan and Iraq from when centrally held data were first collected on 1 April 2006 up until the end of 2010. The data include Naval Service personnel, Army personnel including those from the Gibraltar Regiment, RAF personnel and Reservist personnel. Civilians and other nations Service personnel have been excluded.

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

Date of Amputation[2]	Afghanistan	Iraq
All 2006[3]	**7**	**6**
Q2-2006	~	~
Q3-2006	~	~
Q4-2006	~	~
All 2007	**13[r]**	**10**
Q1-2007	~[r]	~
Q2-2007	5	~
Q3-2007	~	~
Q4-2007	~	~
All 2008	**30**	**~**
Q1-2008	6	-
Q2-2008	~	-
Q3-2008	~	~
Q4-2008	15	-
All 2009	**55**	**~[r]**
Q1-2009	~	-
Q2-2009	~	~[r]
Q3-2009	22	-
Q4-2009	24	-
All 2010	**79**	**~**
Q1-2010	20	-
Q2-2010	20	~
Q3-2010	20	-
Q4-2010	19	-

Source: DASA(Health Information)

1. These data sources are live systems that are constantly being updated. This means that occasionally figures can change, any amendments made since the last release have been indicated by an 'r'.
2. For each year presented, Q1 refers to 1 January - 31 March, Q2 refers to 1 April - 30 June, Q3 refers to 1 July - 30 September and Q4 refers to 1 October - 31 December.
3. No figures for Q1-2006 are presented as centrally held data were first collected on 1 April 2006.

All numbers fewer than five have been suppressed and presented as '~'. Where there is only one number in a column that is fewer than five, the next smallest number (or numbers where there are tied values) has also been suppressed so that numbers cannot simply be derived from totals.

CHAPTER 3 - HEALTH

MENTAL HEALTH

This section provides statistical information on mental health among the UK Armed Forces. **Tables 3.13 to 3.15** summarise all new episodes of care of Armed Forces personnel to the MOD's Departments of Community Mental Health (DCMHs) for outpatient care. DCMHs are specialised psychiatric services based on community mental health teams, closely located with primary care services at sites in the UK and abroad. **Table 3.16** presents admissions to the MOD's in-patient contractor.

Note, that for 2009 figures are presented for mental health first attendance only, but for 2010 figures are presented for all new episodes of care. All new episodes of care include new patients as well as some patients who have been seen and discharged from a DCMH / in-patient contractor but have subsequently been referred again. Due to this change in statistical methodology, 2009 figures are not directly comparable to 2010 figures and the increase in the numbers presented in 2010 compared to 2009 is to be expected.

DCMH staff record the initial psychiatric assessment during a patient's first appointment, based on presenting complaints. The information is provisional and final diagnoses may differ as some patients do not present the full range of symptoms, signs or clinical history during their first appointment. Individuals may be seen at a DCMH, e.g. for counselling, who do not have a mental disorder. The psychiatric assessment data were categorised into three standard groupings of common mental disorders used by the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), 1992.

A rigid pseudo-anonymisation process, and other measures preserving patient confidentiality, has enabled full verification and validation of the DCMH returns, importantly allowing identification of repeat attendances. It also ensured linkage with deployment databases was possible, so that potential effects of deployment could be measured.

Strength data used to calculate rates has been obtained from the Joint Personnel Administration (JPA) system. Strength data from January 2009 to April 2009 is considered final with data for May 2009 onwards provisional and subject to review. In previous editions of UKDS JPA demoninator strength data prior to May 2009 was also provisional but these figures are now considered final. Also note that June 2009 strength data has been revised following an error found with the orginal data processing. Deployment data, used for deployment breakdowns and to calculate denominators, cover several operational deployments between November 2001 and December 2010, although person level deployment data for Afghanistan between 1 January 2003 and 14 October 2005 were not available. Deployment markers were assigned using the criterion that an individual was recorded as being deployed to the Iraq and/or Afghanistan theatres of operation if they had deployed to these theatres prior to their appointment date. To be accurate, these tables compare those who had been deployed before their first appointment with those who have not been identified as having deployed befo

The data are presented as numbers, rates and confidence intervals for those rates. The rates presented in this section relate to the whole population, rather than a sample. However, even in a population there is still random variation in the observed number of cases in a particular time period (particularly for rare events). Confidence intervals are useful in making inferences about whether observed differences (e.g. between two time periods or two subgroups of the population) are significant or are likely to be due to chance alone.

In order to calculate rates, an estimate of person time at risk is required for the denominator value. The estimate was calculated using a 13-month average of strengths figures which include regulars, Gurkhas, Military Provost Guard Staff, mobilised reservists, Full Time Reserve Service personnel and Non-regular Permanent Staff, as all of these individuals are eligible for assessment at a DCMH. Note that the rate presented is the number of new episodes of care divided by the estimate of person time at risk. Some people may have attended for more than one episode of care within this period.

95% confidence intervals (95% CI) were calculated and provide the range of values within which we expect to find the real value of the indicator under consideration, with a probability of 95%. If the confidence intervals of two rates do not contain any common values, these figures are statistically significantly different.

Interpretation of these figures requires caution. The data covers the activity of the formal professional mental health services in the Armed Forces and as such, does not represent the totality of mental health problems in the UK Armed Forces. These figures report only new attendances during the period, not all those who were receiving treatment. Information on patients only seen in the primary care system is not currently available. Mental health problems are present in both civilian and military populations and result from multi-factorial issues. The Surgeon General's Department (SGD) and Joint Medical Command (JMC) are striving to minimise any stigma associated with mental illness and foster the appropriate understanding, recognition and presentation for management of these issues in Armed Forces personnel.

Some mental health problems will be resolved through peer support and individual resources; patients presenting to the Armed Forces' mental health services will have undergone a selection process that begins with the individual's identification of a problem and initial presentation to primary care or other agencies such as the padres or Service social workers. A proportion of mental health issues will have been resolved at these levels without the need for further referral. The diagnostic breakdown in this report is based upon initial assessments at DCMHs, which may be subject to later amendment. For epidemiological information on mental health problems in the Armed Forces, reference should be made to the independent academic research conducted by the King's Centre for Military Health Research (KCMHR). This research, conducted on a large and representative sample of the UK Armed Forces population, provides a reliable overview of mental health in the UK Armed Forces.

Further details on the methods employed and the analysis undertaken can be found in the *UK Armed Forces Mental Health reports,* which are published on the DASA website.

CHAPTER 3 - HEALTH

MENTAL HEALTH

Table 3.13 New mental health episodes of care at the MOD's Departments of Community Mental Health: numbers and rates by demographic characteristics, 2009 and 2010[1,2,3]

During 2010, 3,942 new cases of mental disorder were identified within UK Armed Forces personnel, representing a rate of 19.6 per 1,000 strength. Among the personnel with a mental disorder, there were some statistically significant findings:
- in 2010 rates for Royal Marine personnel were lower than for Royal Navy, Army and RAF personnel;
- in 2010 rates for Royal Navy personnel were lower than for Army and RAF personnel;
- in 2009 and 2010 rates for females were higher than for males;
- in 2009 and 2010 rates for other ranks were higher than for Officers;
- in 2010 there was a statistically significant higher rate for Afghanistan compared to both Iraq and Neither Iraq nor Afghanistan

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

	2009				2010		
Characteristics	Number	Rate[4]	95% CI		Number	Rate[4]	95% CI
All	**3 103**	***15.5***	***(14.9 - 16.0)*** [r]	||	**3 942**	***19.6***	***(19.0 - 20.2)***
Characteristics Known	**3 057**	*	*	||			
Service							
Royal Navy	383	*12.3*	*(11.1 - 13.5)*	||	366	*11.8*	*(10.6 - 13.0)*
Royal Marines	85	*10.6*	*(8.3 - 12.9)*	||	58	*7.1*	*(5.3 - 8.9)*
Army	1 951	*16.6* [r]	*(15.9 - 17.4)* [r]	||	2 553	*21.7*	*(20.9 - 22.6)*
RAF	638	*14.5* [r]	*(13.3 - 15.6)*	||	965	*21.8*	*(20.5 - 23.2)*
Gender							
Males	2 464	*13.5* [r]	*(13.0 - 14.1)*	||	3 137	*17.2*	*(16.6 - 17.8)*
Females	593	*32.1* [r]	*(29.5 - 34.7)* [r]	||	805	*43.1*	*(40.1 - 46.0)*
Rank							
Officers	306	*9.1* [r]	*(8.1 - 10.1)* [r]	||	356	*10.5*	*(9.4 - 11.6)*
Other ranks	2 751	*16.5*	*(15.9 - 17.1)*	||	3 586	*21.4*	*(20.7 - 22.1)*
Deployment - Theatres of operation[2]							
Iraq and/or Afghanistan[3]	1 857	*15.7* [r]	*(15.0 - 16.4)* [r]	||	2 495	*20.4*	*(19.6 - 21.2)*
of which, Iraq	1 424	*15.4* [r]	*(14.6 - 16.2)* [r]	||	1 682	*19.0*	*(18.1 - 19.9)*
of which, Afghanistan [3]	919	*15.9*	*(14.8 - 16.9)* [r]	||	1 582	*21.7*	*(20.6 - 22.7)*
Neither Iraq nor Afghanistan[3]	1 200	*14.6*	*(13.8 - 15.4)* [r]	||	1 447	*18.3*	*(17.4 - 19.3)*
Characteristics not known[5]	**46**	*	*	||	-	*	*

Source: DASA(Health Information)

1. Due to a change in methodology, 2009 figures are not directly comparable to 2010 figures. Some rates for 2009 have also been revised from UKDS 2010 due to i) a data processing error with previous strength data and ii) previous provisional strength becoming finalised (see **Mental Health Introduction** for more information).
2. Numbers deployed to Iraq and numbers deployed to Afghanistan will not sum to number deployed to Iraq and/or Afghanistan, as some individuals will have deployed to both theatres of operation.
3. Figures do not include personnel deployed to Afghanistan during the period January 2003 to October 2005 (see **Mental Health Introduction for more information).**
4. Per 1,000 strength.
5. Records supplied to DASA without identifiers.

CHAPTER 3 - HEALTH

MENTAL HEALTH

Table 3.14 Mental disorder initial assessments for all new episodes of care seen at a Department of Community Mental Health: numbers and rates, by year and ICD-10 classification, 2009[1] and 2010

In 2009 and 2010, the most common group of mental disorders were neurotic disorders, of which adjustment disorder was the most common condition. Rates of Post-traumatic Stress Disorder (PTSD) were the lowest of all mental disorders groups (rate of 0.7 per 1,000 strength in 2009 and 1.2 per 1,000 strength in 2010).

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

	2009				2010		
ICD-10 Grouping	Number	Rate[2]	95% CI		Number	Rate[2]	95% CI
All	**4 482**	***22.3*** [r]	***(21.7 - 23.0)*** [r]	‖	**5 581**	***27.8***	***(27 - 28.5)***
Cases of Mental Health Disorder	**3 103**	***15.5***	***(14.9 - 16.0)*** [r]	‖	**3 942**	***19.6***	***(19 - 20.2)***
Psychoactive substance use	288	*1.4*	*(1.3 - 1.6)*	‖	309	*1.5*	*(1.4 - 1.7)*
of which due to alcohol	271	*1.4*	*(1.2 - 1.5)*	‖	293	*1.5*	*(1.3 - 1.6)*
Mood disorders	707	*3.5*	*(3.3 - 3.8)*	‖	901	*4.5*	*(4.2 - 4.8)*
of which depressive episode	648	*3.2*	*(3.0 - 3.5)*	‖	835	*4.2*	*(3.9 - 4.4)*
Neurotic disorders	1 866	*9.3*	*(8.9 - 9.7)* [r]	‖	2 443	*12.2*	*(11.7 - 12.6)*
of which PTSD	140	*0.7*	*(0.6 - 0.8)*	‖	249	*1.2*	*(1.1 - 1.4)*
of which adjustment disorder	1 121	*5.6*	*(5.3 - 5.9)*	‖	1 568	*7.8*	*(7.4 - 8.2)*
Other mental disorders	242	*1.2*	*(1.1 - 1.4)*	‖	289	*1.4*	*(1.3 - 1.6)*
No Mental Disorder	**1 379**	***6.9***	***(6.5 - 7.3)***	‖	**1 639**	***8.2***	***(7.8 - 8.5)***

Source: DASA(Health Information)

1. Due to a change in methodology, 2009 figures are not directly comparable to 2010 figures. Some rates for 2009 have also been revised from UKDS 2010 due to i) a data processing error with previous strength data and ii) previous provisional strength becoming finalised (see **Mental Health Introduction** for more information).
2. Per 1,000 strength.

CHAPTER 3 - HEALTH

MENTAL HEALTH

Table 3.15 Initial mental disorder assessments for all episodes of care seen at a Department of Community Mental Health: numbers and rate ratios, by deployment and ICD-10 classification, 2010

Rate ratios provide a comparison of cases seen between personnel identified as having deployed to a theatre and those who have not been identified as having deployed to either theatre. A rate ratio less than 1 indicates lower rates in those deployed than those not deployed, and a rate ratio greater than 1 indicates higher rates in those deployed than those not deployed. If the 95% confidence interval does not encompass the value 1.0, then this difference is statistically significant.

Rates of 'other mental disorders' were lower in those that had deployed to the Iraq and/or Afghanistan theatres of operation than in those who had not deployed there. Rates of neurotic disorders, including adjustment disorders and PTSD, were higher among those deployed to the Iraq and/or Afghanistan theatres of operation compared with those not deployed there.

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

		Deployment - Theatres of operation			
		Iraq and/or Afghanistan[1]			Neither[2]
ICD-10 Grouping	All patients seen	Number	Rate ratio	95% CI	Number
All	**5 581**	**3 287**	*****	*****	**2 294**
Cases of Mental Health Disorder	**3 942**	**2 495**	***1.1***	***(1.0 - 1.2)***	**1 447**
Psychoactive substance use	309	184	*1.0*	*(0.8 - 1.2)*	125
of which due to alcohol	293	175	*1.0*	*(0.8 - 1.2)*	118
Mood disorders	901	526	*0.9*	*(0.8 - 1.0)*	375
of which depressive episode	835	489	*0.9*	*(0.8 - 1.0)*	346
Neurotic disorders	2 443	1 632	*1.3*	*(1.2 - 1.4)*	811
of which PTSD	249	214	*4.0*	*(2.8 - 5.7)*	35
of which adjustment disorder	1 568	1 038	*1.3*	*(1.1 - 1.4)*	530
Other mental disorders	289	153	*0.7*	*(0.6 - 0.9)*	136
No Mental Disorder	**1 639**	**792**	*****	*****	**847**

Source: DASA(Health Information)

1. Figures do not include personnel deployed to Afghanistan during the period January 2003 to October 2005 (see **Mental Health Introduction** for more information).

2. The previously reported 'Not Known' category has been removed as in 2010 all records were supplied with an deployment identifier.

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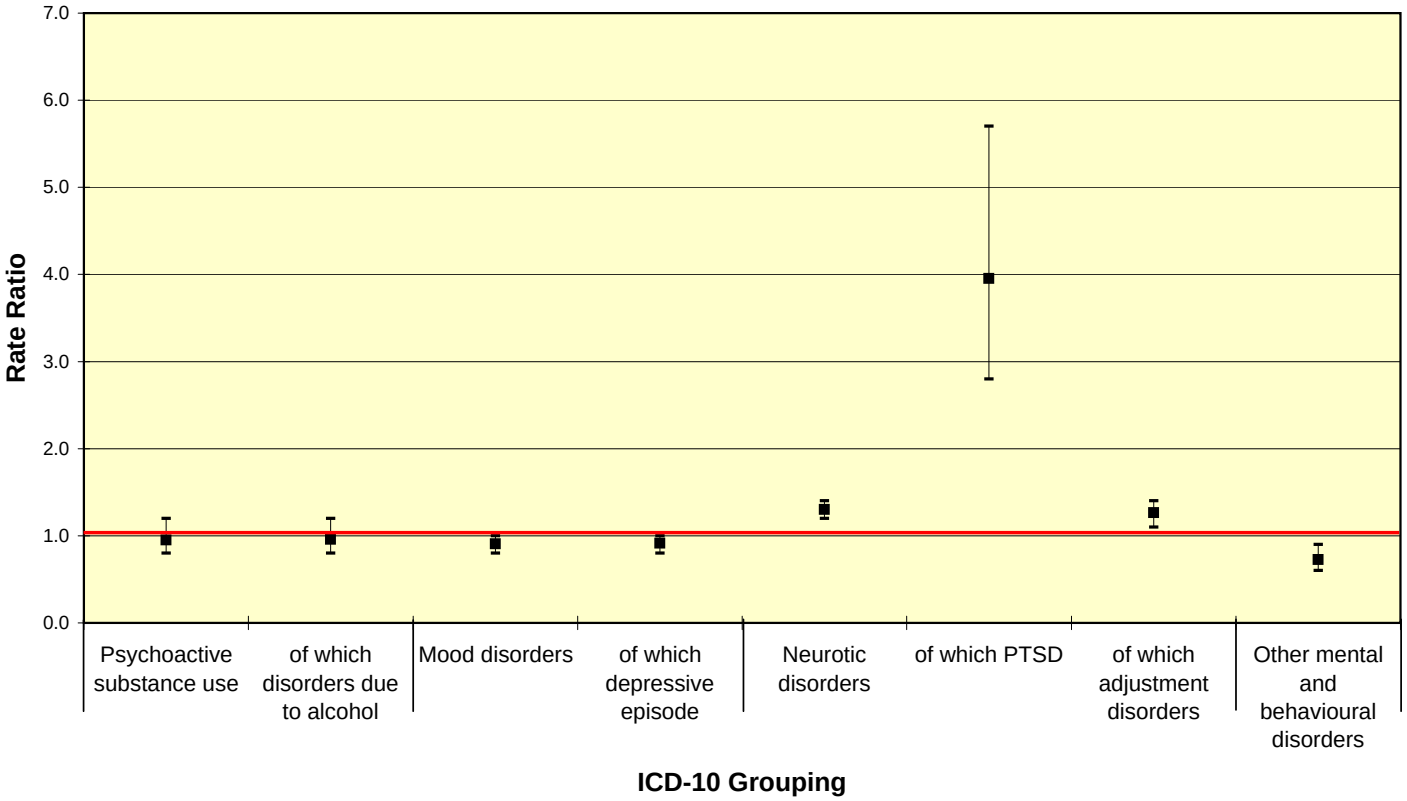
Chart to Table 3.15 Rate ratios of initial mental disorder assessments for all new cases seen at a Department of Community Mental Health: by ICD-10 classification, 2010

This graph presents the rate ratios comparing personnel identified as having deployed to the Iraq and/or Afghanistan theatres of operation and those who have not been identified as having deployed to either theatre. The rate ratio is represented as a square block on the graph with the upper and lower 95% confidence limits above and below. The bold red line on the graph is at 1. A confidence interval which lies entirely below this line indicates statistically significantly lower rates in those deployed than those not deployed, whereas a confidence interval that lies entirely above the red line indicates statistically significantly higher rates in those deployed than those not deployed.



CHAPTER 3 - HEALTH

MENTAL HEALTH

Table 3.16 Admissions to the MOD's in-patient contractor[1]: numbers and rates by demographic characteristics, 2009 and 2010[2,3]

During 2010 there were 315 admissions to the MOD's UK in-patient contractor, representing a rate of 1.6 per 1,000 strength. Statistically significant differences between sub groups of in-patients in 2010 were i) Army personnel had a higher rate of first admission than the other Services, ii) other ranks had a higher rate of first admission than officers and iii) the rate for deployment to Afghanistan was lower than the rate for 'neither Iraq not Afghanistan'.

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

	2009			2010		
Characteristics	Number	Rate[4]	95% CI	Number	Rate[4]	95% CI
All	**218**	***1.1***	***(0.9 - 1.2)***	**315**	***1.6***	***(1.4 - 1.7)***
Service						
Naval Service	43	*1.1*	*(0.8 - 1.4)*	38	*1.0*	*(0.7 - 1.3)*
Army	135	*1.2*	*(1.0 - 1.3)* [r]	245	*2.1*	*(1.8 - 2.3)*
RAF	40	*0.9*	*(0.6 - 1.2)*	32	*0.7*	*(0.5 - 1.0)*
Gender						
Males	185	*1.0*	*(0.9 - 1.2)*	276	*1.5*	*(1.3 - 1.7)*
Females	33	*1.8*	*(1.2 - 2.4)* [r]	39	*2.1*	*(1.4 - 2.7)*
Rank						
Officers	17	*0.5*	*(0.3 - 0.8)*	23	*0.7*	*(0.4 - 1.0)*
Other ranks	201	*1.2*	*(1.0 - 1.4)*	292	*1.7*	*(1.5 - 1.9)*
Deployment - Theatres of operation[3]						
Iraq and/or Afghanistan[5]	126	*1.1*	*(0.9 - 1.3)*	165	*1.4*	*(1.1 - 1.6)*
of which, Iraq	107	*1.2*	*(0.9 - 1.4)*	127	*1.4*	*(1.2 - 1.7)*
of which, Afghanistan [5]	50	*0.9*	*(0.6 - 1.1)*	88	*1.2*	*(1.0 - 1.5)*
Neither Iraq nor Afghanistan[5]	92	*1.1*	*(0.9 - 1.3)* [r]	150	*1.9*	*(1.6 - 2.2)*

Source: DASA(Health Information)

1. Includes admissions to South Staffordshire & Shropshire NHS Healthcare and admissions to healthcare in Germany.
2. Due to a change in methodology, 2009 figures are not directly comparable to 2010 figures (see **Mental Health Introduction** for more information).
3. Numbers deployed to Iraq and numbers deployed to Afghanistan will not sum to number deployed to Iraq and/or Afghanistan, as some individuals will have deployed to both theatres of operation.
4. Per 1,000 strength.
5. Figures do not include personnel deployed to Afghanistan during the period January 2003 to October 2005 (see **Mental Health Introduction** for more information).

CHAPTER 3 - HEALTH

MEDICAL DISCHARGES

The tables in this section present the medical discharges for UK Regular Armed Forces personnel by Service, year and the principal cause leading to discharge. Note that DASA have previously published numbers of medical discharges in the UK Defence Statistics by calendar year. In line with Surgeon General's reporting requirements, annual numbers of medical discharges are now presented by financial year.

Medical discharges are the result of a number of specialists (medical, occupational, psychological, personnel, etc) coming to the conclusion, via a medical board, that an individual is suffering from a medical condition that pre-empts their continued service in the Armed Forces. Statistics based on these discharges do not represent measures of true morbidity or pathology. At best they indicate a minimum burden of ill-health in the Armed Forces. Furthermore, the number and diversity of processes involved with administering a medical discharge introduce a series of time lags, as well as impact on the quality of data recorded.

The information on cases was sourced from electronic personnel records and manually entered paper documents from medical boards. The primary purpose of these medical documents is to ensure the appropriate administration of each individual patient's discharge. Statistical analysis and reporting is a secondary function.

Medical discharges in the UK Armed Forces involve a series of processes, at times complex, which differ in each Service to meet their specific requirements. Due to these differences between the three Services, comparisons between the single Service statistics are invalid.

The World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), 1992 was used to classify medical discharges with a principal cause leading to discharge. Some cause code groups have been further broken down following public interest in specific principal conditions that have led to medical discharge.

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MEDICAL DISCHARGES

Table 3.17 Number of medical discharges for Regular UK Naval Service[1] personnel by principal ICD 10 cause code group[2]

During the 5-year period 2006/07 - 2010/11, musculoskeletal disorders and injuries was the most common principal cause of medical discharge from the Naval Service (795 cases, or 60% of all cause coded Naval Service medical discharges). Mental and behavioural disorders was the second most common principal cause of medical discharge (172 cases, or 13% of all cause coded Naval Service medical discharges).

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

	All	2006/07	2007/08	2008/09	2009/10	2010/11
All medical discharges	**1 363**	**352**	**299**	**216**	**206**	**290**
All Cause Coded medical discharges	**1 331**	**332**	**292**	**212**	**205**	**290**
Infectious and parasitic diseases (A00 - B99)	~	~	-	~	~	~
Neoplasms (C00 - D48)	11	~	~	~	~	~
Blood disorders (D50 - D89)	6	-	-	-	~	~
Endocrine, nutritional and metabolic diseases (E00 - E90)	32	8	6	~	9	~
- Of Which diabetes (E10-E14)	26	6	6	~	7	~
- Of which insulin-dependent (E10)	18	5	5	~	~	~
- Of which non-Insulin-dependent (E11)	6	-	-	~	~	~
Mental and behavioural disorders (F00 - F99)	172	44	36	29	21	42
- Of which Mood disorders (F30 - F39)	69	17	15	11	9	17
- Of Which depression (F32 & F33)	61	15	13	9	8	16
- Of which Neurotic, stress related and somatoform disorders (F40 - F48)	79	24	16	13	7	19
- Of which post-traumatic stress disorder (PTSD) (F431)	29	7	7	~	~	7
- Of which adjustment disorder (F432)	21	7	~	5	~	~
Nervous system disorders (G00 - G99)	71	24	15	9	12	11
- Of which epilepsy (G40)	34	14	9	~	~	~
Eye and adnexa diseases (H00 - H59)	19	10	~	-	~	~
- Of which blindness, low vision and visual disturbance (H53 & H54)	8	5	~	-	-	~
Ear and mastoid process diseases (H60 - H95)	23	~	~	7	7	5
- Of which hearing loss (H833 & H90 - H91)	20	-	~	6	7	~
- Of which noise-induced hearing loss (H833)	7	-	-	~	~	~
- Of which tinnitus (H931)	~	-	-	~	-	-
Circulatory system disorders (I00 - I99)	34	~	8	~	7	10
Respiratory system disorders (J00 - J99)	27	6	~	~	7	~
- Of which asthma (J45 & J46)	23	~	~	~	~	~
Digestive system disorders (K00 - K93)	32	15	~	~	~	8
Skin and subcutaneous tissue diseases (L00 - L99)	33	8	9	~	~	7
Musculoskeletal disorders (M00 - M99) and Injuries (S00 - T98)	795	188	187	138	116	166
- Of which Injuries and disorders of the knee[3]	225	60	58	39	26	42
- Of which knee pain (M2556)	79	25	16	12	13	13
- Of which back pain (M549)	115	28	28	13	20	26
- Of which low back pain (M544-5)	94	24	23	12	15	20
- Of which heat injury (T67)	-	-	-	-	-	-
- Of which cold injury (T68 & T69)	13	~	~	5	~	~
Genitourinary system diseases (N00 - N99)	6	~	~	-	-	~
Pregnancy, childbirth and puerperium (O00 - O99)	~	-	~	-	-	-
Congenital malformations (Q00 - Q99)	13	5	~	~	~	~
Clinical and laboratory findings (R00 - R99)	41	11	8	6	7	9
Factors influencing health status (Z00 - Z99)	10	~	~	-	~	6
No details held on principle condition for medical boarding	31	19	7	~	~	-
Withheld consent	~	~	-	-	-	-

Source: DASA(Health Information)

1. Includes Royal Navy and Royal Marines.
2. Numbers smaller than five have been suppressed in line with DASA Health Information's rounding policy. Suppressed numbers are represented as ~ and where there is only one number smaller than five in any column the next smallest number has also been suppressed. This may include numbers larger than five.
3. ICD 10 Groups: M17, M22, M23, M2406, M2416, M2436, M2446, M2536, M2566, M2586, M2596, M7046, M7126, M7636, M7656, M925, S83, S89.

CHAPTER 3 - HEALTH

MEDICAL DISCHARGES

Table 3.18 Number of medical discharges for Regular UK Army personnel by principal ICD 10 cause code group[1]

During the 5-year period 2006/07 - 2010/11, musculoskeletal disorders and injuries was the most common principal cause of medical discharge from the Army (2,603 cases, or 62% of all cause coded Army medical discharges). Mental and behavioural disorders was the second most common principal cause of medical discharge (606 cases, or 14% of all cause coded Army medical discharges).

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

	All	2006/07	2007/08	2008/09	2009/10	2010/11
All medical discharges	**4 333**	**854**	**1 118**	**841**	**686**	**834**
All Cause Coded medical discharges	**4 223**	**845**	**1 057**	**811**	**678**	**832**
Infectious and parasitic diseases (A00 - B99)	**21**	~	6	5	~	5
Neoplasms (C00 - D48)	**31**	9	7	7	~	~
Blood disorders (D50 - D89)	**7**	-	-	~	~	~
Endocrine, nutritional and metabolic diseases (E00 - E90)	**28**	5	9	~	~	7
- Of Which diabetes (E10-E14)	**17**	~	~	~	~	~
- Of which insulin-dependent (E10)	**14**	~	~	~	~	~
- Of which non-Insulin-dependent (E11)	**~**	-	-	-	~	~
Mental and behavioural disorders (F00 - F99)	**606**	96	139	140	103	128
- Of which Mood disorders (F30 - F39)	**175**	29	51	37	25	33
- Of Which depression (F32 & F33)	**141**	26	42	31	17	25
- Of which Neurotic, stress related and somatoform disorders (F40 - F48)	**310**	45	63	71	60	71
- Of which post-traumatic stress disorder (PTSD) (F431)	**127**	15	21	32	26	33
- Of which adjustment disorder (F432)	**50**	7	12	10	12	9
Nervous system disorders (G00 - G99)	**162**	27	61	20	31	23
- Of which epilepsy (G40)	**61**	11	22	6	11	11
Eye and adnexa diseases (H00 - H59)	**47**	9	14	7	7	10
- Of which blindness, low vision and visual disturbance (H53 & H54)	**22**	~	7	~	~	5
Ear and mastoid process diseases (H60 - H95)	**130**	32	23	21	17	37
- Of which hearing loss (H833 & H90 - H91)	**117**	27	21	18	17	34
- Of which noise-induced hearing loss (H833)	**40**	11	7	~	~	14
- Of which tinnitus (H931)	**~**	~	-	-	-	-
Circulatory system disorders (I00 - I99)	**80**	8	21	17	8	26
Respiratory system disorders (J00 - J99)	**84**	22	22	10	16	14
- Of which asthma (J45 & J46)	**75**	22	19	10	11	13
Digestive system disorders (K00 - K93)	**55**	9	14	13	8	11
Skin and subcutaneous tissue diseases (L00 - L99)	**72**	24	9	15	11	13
Musculoskeletal disorders (M00 - M99) and Injuries (S00 - T98)	**2 603**	538	664	500	405	496
- Of which Injuries and disorders of the knee[2]	**575**	108	143	101	89	134
- Of which knee pain (M2556)	**291**	56	78	53	42	62
- Of which back pain (M549)	**327**	63	95	61	46	62
- Of which low back pain (M544-5)	**200**	42	49	36	33	40
- Of which heat injury (T67)	**10**	-	-	~	~	5
- Of which cold injury (T68 & T69)	**181**	14	62	61	28	16
Genitourinary system diseases (N00 - N99)	**27**	10	8	~	~	6
Pregnancy, childbirth and puerperium (O00 - O99)	-	-	-	-	-	-
Congenital malformations (Q00 - Q99)	**18**	5	-	~	6	~
Clinical and laboratory findings (R00 - R99)	**212**	47	55	37	37	36
Factors influencing health status (Z00 - Z99)	**40**	~	~	6	18	9
No details held on principle condition for medical boarding	**102**	**9**	**60**	**29**	**~**	**~**
Withheld consent	**8**	-	**~**	**~**	**5**	**~**

Source: DASA(Health Information)

1. Numbers smaller than five have been suppressed in line with DASA Health Information's rounding policy. Suppressed numbers are represented as ~ and where there is only one number smaller than five in any column the next smallest number has also been suppressed. This may include numbers larger than five.

2. ICD 10 Groups: M17, M22, M23, M2406, M2416, M2436, M2446, M2536, M2566, M2586, M2596, M7046, M7126, M7636, M7656, M925, S83, S89.

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MEDICAL DISCHARGES

Table 3.19 Number of medical discharges for Regular UK RAF personnel by principal ICD 10 cause code group[1]

During the 5-year period 2006/07 - 2010/11, musculoskeletal disorders and injuries was the most common principal cause of medical discharge from the RAF (447 cases, or 51% of all cause coded RAF medical discharges). Mental and behavioural disorders was the second most common principal cause of medical discharge 217 cases, or 25% of all cause coded RAF medical discharges).

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

	All	2006/07	2007/08	2008/09	2009/10	2010/11
All medical discharges	**977**	**245**	**212**	**196**	**179**	**145**
All Cause Coded medical discharges	**871**	**223**	**200**	**174**	**145**	**129**
Infectious and parasitic diseases (A00 - B99)	~	-	~	~	~	-
Neoplasms (C00 - D48)	18	~	~	6	5	~
Blood disorders (D50 - D89)	-	-	-	-	-	-
Endocrine, nutritional and metabolic diseases (E00 - E90)	11	~	5	~	~	~
- Of Which diabetes (E10-E14)	9	~	~	~	~	~
- Of which insulin-dependent (E10)	7	~	~	~	~	~
- Of which non-Insulin-dependent (E11)	~	~	-	-	-	~
Mental and behavioural disorders (F00 - F99)	217	78	45	41	23	30
- Of which Mood disorders (F30 - F39)	95	31	15	24	11	14
- Of Which depression (F32 & F33)	88	28	14	22	11	13
- Of which Neurotic, stress related and somatoform disorders (F40 - F48)	77	28	20	11	8	10
- Of which post-traumatic stress disorder (PTSD) (F431)	10	~	~	~	~	~
- Of which adjustment disorder (F432)	42	19	11	8	~	~
Nervous system disorders (G00 - G99)	60	17	15	10	11	7
- Of which epilepsy (G40)	5	~	~	~	-	-
Eye and adnexa diseases (H00 - H59)	10	~	5	~	~	-
- Of which blindness, low vision and visual disturbance (H53 & H54)	~	-	~	-	~	-
Ear and mastoid process diseases (H60 - H95)	11	5	~	~	~	~
- Of which hearing loss (H833 & H90 - H91)	7	~	~	~	~	~
- Of which noise-induced hearing loss (H833)	~	~	-	-	-	-
- Of which tinnitus (H931)	-	-	-	-	-	-
Circulatory system disorders (I00 - I99)	25	10	7	~	~	~
Respiratory system disorders (J00 - J99)	10	~	~	~	~	-
- Of which asthma (J45 & J46)	6	~	-	~	~	-
Digestive system disorders (K00 - K93)	16	5	~	6	~	~
Skin and subcutaneous tissue diseases (L00 - L99)	12	~	~	~	~	~
Musculoskeletal disorders (M00 - M99) and Injuries (S00 - T98)	447	90	109	90	85	73
- Of which Injuries and disorders of the knee[2]	82	19	18	17	11	17
- Of which knee pain (M2556)	30	6	~	7	~	11
- Of which back pain (M549)	109	23	32	19	19	16
- Of which low back pain (M544-5)	93	21	27	16	17	12
- Of which heat injury (T67)	-	-	-	-	-	-
- Of which cold injury (T68 & T69)	~	~	-	~	~	-
Genitourinary system diseases (N00 - N99)	8	~	~	~	-	~
Pregnancy, childbirth and puerperium (O00 - O99)	-	-	-	-	-	-
Congenital malformations (Q00 - Q99)	~	-	-	~	~	-
Clinical and laboratory findings (R00 - R99)	13	-	~	~	~	6
Factors influencing health status (Z00 - Z99)	5	~	-	~	-	~
No details held on principle condition for medical boarding	78	22	12	21	23	-
Withheld consent	28	-	-	~	~	16

Source: DASA(Health Information)

1. Numbers smaller than five have been suppressed in line with DASA Health Information's rounding policy. Suppressed numbers are represented as ~ and where there is only one number smaller than five in any column the next smallest number has also been suppressed. This may include numbers larger than five.
2. ICD 10 Groups: M17, M22, M23, M2406, M2416, M2436, M2446, M2536, M2566, M2586, M2596, M7046, M7126, M7636, M7656, M925, S83, S89.

CHAPTER 3 - HEALTH

HEALTH AND SAFETY

Deaths

Tables 3.20 and 3.21 present the number of work related deaths and the number of on-duty workplace incidents resulting in injury-related deaths to UK Armed Forces and civilians between 2001 and 2010. The information on deaths presented here is for the UK regular Armed Forces, non-regulars who died whilst deployed on operations, MOD civilian staff and any other civilians killed on MOD property or in or by MOD vehicles. Deaths to UK regular Armed Forces personnel and non-regulars who died whilst deployed on operations are sourced from DASA (Health Information). Deaths to all other personnel are as notified by Safety, Sustainable Development & Continuity Division (SSD&C).

Major and Serious Injuries and Illnesses

Tables 3.22 and 3.23 present summary statistics on the number and rate of major and serious injuries to UK Armed Forces personnel and MOD civilians between 2007/08 and 2010/11. The information on major and serious injuries presented here is for the UK Regular Armed Forces and MOD Non-Industrial and Industrial personnel. Only UK Regular personnel and MOD civilians with identifiable staff and service numbers have been included in the figures. Please note that in previous years these tables have included injuries and illnesses to non-Regular personnel and non-MOD civilians. To enable valid rates to be calculated and to ensure consistency with the *MOD Health and Safety Statistics Annual Report 2010/11* , these categories of personnel have now been excluded. Furthermore, the tables are now presented by financial year to ensure consistency with other published health and safety statistics.

Under the Health and Safety Executive (HSE) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) civilians are required to notify the HSE when they are involved in an incident. For Service personnel, there is no current legal requirement, set out under RIDDOR, for their injuries to be notified to the HSE. However, all these incidents should be recorded on the MOD's Health and Safety systems. Service personnel and civilians report incidents to Incident Notification Cells or via their on-site Safety, Health, Environment and Fire (SHEF) advisors.

In order to calculate rates, an estimate of the person time at risk is required for the denominator value. The estimate was calculated using a 13-month average of the UK Armed Forces and MOD civilian strength figures (e.g. the strength at the first of every month between April 2010 and April 2011 divided by 13 for 2010/11 financial year strengths). UK Armed Forces strength figures include regulars and Gurkhas. MOD civilian strength figures include MOD Non-Industrial and Industrial personnel.

Further information can be found in the *Health and Safety incidents among MOD Personnel* reports and the *MOD Health and Safety Statistics Annual Report 2010/11* , which are published on the DASA website.

Table 3.20 Number of UK Armed Forces and civilian[1] work-related deaths: by year of occurrence and type of incident, 2001-2010

"Work-related deaths" have been defined as injury related deaths occurring on-duty or on MOD property, excluding suicides. Hostile action includes deaths categorised as Killed in Action (KIA) and Died of Wounds (DOW) where KIA is a battle casualty who is killed outright or who dies as a result of wounds or other injuries before reaching a medical treatment facility and DOW is a battle casualty who dies of wounds or other injuries received in action, after having reached a medical treatment facility. Between 2000 and 2009 the UK Regular Armed Forces have been deployed to Northern Ireland, Sierra Leone, the Balkans, Afghanistan and Iraq.

A 'work place incident' is a fatality for which the MOD is responsible, that is it is deemed to be 'within the wire', thus work place incidents will include any vehicle incidents that occur on MOD property. A further breakdown of work place incidents is provided in **Table 3.21**.

Over the 10 year period 2001 to 2010, the number of UK Armed Forces and civilian work-related deaths was lowest in 2002 (26 deaths) and highest in 2009 (123 deaths). From 2005 onwards, hostile action is the incident group consistently responsible for the largest number of deaths each year

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

Type of Incident	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total	**33** r	**26**	**63** r	**45** r	**40** r	**78** r	**107** r	**67** r	**123** r	**112**
Hostile action	2	-	40	11	21	48	73	52	107	95
Road traffic accident - on duty[2]	12 r	8	10 r	10	7	7 r	13 r	6	2 r	7
Work place incident	19 r	18	13 r	24 r	12 r	23 r	21	9 r	14 r	10

Source: DASA(Health Information) and SSD&C

1. Include regular Armed Forces and MOD Industrial and Non-Industrial civilians. Non-regulars who died on deployment are also included, as is any other person killed on MOD property or by MOD vehicles.
2. 'Road traffic accidents - on duty' are those which occur on public highways whilst the Service personnel are on duty.

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Table 3.21 Number of on-duty[1] work place incidents[2] of UK Armed Forces personnel and civilians[3] resulting in injury-related deaths: by year of occurrence and cause, 2001-2010

Over the 10 year period 2001 to 2010, the number of on-duty work place incidents resulting in injury-related deaths was lowest in 2008 (9 deaths) and highest in 2004 (24 deaths). Over the 10 year period, transport accidents was the incident group that accounted for the largest number of injury related deaths

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

Work Place Incidents	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total	**19**	**18**	**13** [r]	**24** [r]	**12** [r]	**23** [r]	**21**	**9** [r]	**14** [r]	**10**
Adventure training	3	2 [r]	-	3 [r]	4 [r]	-	1	1 [r]	1	2
Electrocution	1	2	-	-	-	-	1	-	-	-
Falls	2 [r]	-	- [r]	- [r]	-	1	-	-	1 [r]	3
Gunshot wounds and other explosive related agents	2	3	4	1	4	- [r]	2 [r]	- [r]	-	-
Heat injury	-	-	2	-	1	1	-	-	-	-
Parachuting accidents	1	2	-	-	2	-	1	-	-	-
Sport	-	1	-	-	1	-	-	-	-	-
Transport accidents	7	5	6	16	0	19 [r]	12	4 [r]	10 [r]	2
Fixed wing aircraft	1	1	1	2	-	14	1 [r]	-	8 [r]	-
Rotary blade aircraft	4	2	2	11	-	1	7	2	1	-
Land transport[4]	2	2	3	3	-	4 [r]	3 [r]	2 [r]	1	2
Water transport	-	-	-	-	-	-	1	-	-	-
Water based activities[5]	2	2	1	1	-	-	1	1 [r]	1	1
Other	1	1 [r]	-	3	-	1 [r]	3 [r]	1 [r]	-	2
Pending investigation	-	-	-	-	-	1	-	2	1	-

Source: DASA(Health Information) and SSD&C

1. Duty status is as specified on initial notification of death or any subsequent information received.
2. For definition of work place incident, see Table 3.20.
3. Include regular Armed Forces and MOD Industrial and Non-Industrial civilians. Non-regulars who died on deployment are also included since they are classified as 'regular' personnel for the duration of their overseas deployment. Cadets and members of the public who are killed on MOD property or by MOD vehicles are also included.
4. Includes land transport accidents and road traffic accidents that took place on MOD property.
5. Includes incidents such as diving and drowning.

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Table 3.22 Number and rates per 100,000 of major injuries and illnesses of UK Regular Armed Forces personnel and MOD civilians: by year of occurrence and Service, 2007/08-2010/11 [1,2,3,4,5]

Major injuries and illnesses are defined by the Health and Safety Executive (HSE) as work-related cases which:
- could result in death or hospitalisation (or being confined to bed, if at sea) for more than 24 hours
- could result in a person who was not in MOD employment and not at work to be taken from a MOD site to a hospital for treatment as a result of MOD work activity or site infrastructure.

The number of major injuries and illnesses reported increased from 765 in 2007/08 to 1,165 in 2010/11, an increase of 52%. The rate of major injury and illnesses increased over the four years from 283 per 100,000 MOD personnel in 2007/08 to 441 per 100,000 in 2010/11. Improvements in reporting mechanisms are thought to be partly responsible for this increase.

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

Numbers	2007/08	2008/09	2009/10	2010/11
Total	**765**	**1 090**	**1 265**	**1 165**
Naval Service	85	130	90	80
Army	605	830	945	885
Royal Air Force	15	40	125	120
MOD Civilian	60	85	105	80

Rate (per 100,000 strength)	2007/08	2008/09	2009/10	2010/11
Total	***283***	***411***	***473***	***441***
Naval Service	*220*	*337*	*239*	*213*
Army	*556*	*765*	*847*	*799*
Royal Air Force	*32*	*95*	*281*	*282*
MOD Civilian	*78*	*116*	*142*	*109*

Source: DASA(Health Information)

1. Regular personnel with identifiable service numbers only have been included in the UK Armed Forces figures. The MOD civilian figures include Non-Industrial and Industrial personnel only.
2. Figures exclude Health and Safety related deaths.
3. Rates are calculated using UK Regular Armed Forces and Full-time equivalent civilian strengths as the denominator.
4. The numbers of injuries have been rounded to the nearest 5, and therefore may not always add up to the totals provided.
5. Figures exclude battlefield injuries and off duty road traffic accidents.

Table 3.23 Number and rates per 100,000 of serious injuries and illnesses of UK Regular Armed Forces personnel and MOD civilians: by year of occurrence and Service, 2007/08-2010/11 [1,2,3,4,5]

Serious injuries and illnesses are those that are not defined as “major” according to the Health and Safety Executive (HSE) criteria, but which could result in a person being unable to perform their normal duties for more than three days.

The rate of serious injury and illnesses reported has increased over the four years from 376 per 100,000 MOD personnel in 2007/08 to 579 per 100,000 in 2010/11.

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

Numbers	2007/08	2008/09	2009/10	2010/11
Total	**1 020**	**1 210**	**1 250**	**1 530**
Naval Service	140	90	85	80
Army	590	755	790	1 130
Royal Air Force	60	80	100	90
MOD Civilian	225	285	280	225

Rate (per 100,000 strength)	2007/08	2008/09	2009/10	2010/11
Total	***376***	***456***	***467***	***579***
Naval Service	*368*	*230*	*218*	*208*
Army	*541*	*694*	*706*	*1 023*
Royal Air Force	*141*	*185*	*224*	*210*
MOD Civilian	*286*	*384*	*380*	*316*

Source: DASA(Health Information)

1. Regular personnel with identifiable service numbers only have been included in the UK Armed Forces figures. The MOD civilian figures include Non-Industrial and Industrial personnel only.
2. Figures exclude Health and Safety related deaths.
3. Rates are calculated using UK Regular Armed Forces and Full-time equivalent civilian strengths as the denominator.
4. The numbers of injuries have been rounded to the nearest 5, and therefore may not always add up to the totals provided.
5. Figures exclude battlefield injuries and off duty road traffic accidents.

CHAPTER 3 - HEALTH

HEALTH AND SAFETY

Chart to Table 3.22 Major injuries and illnesses of UK Armed Forces personnel and MOD civilians:by year of occurrence and Service, rates [1,2,3,4,5] per 100,000, 2007/08-2010/11

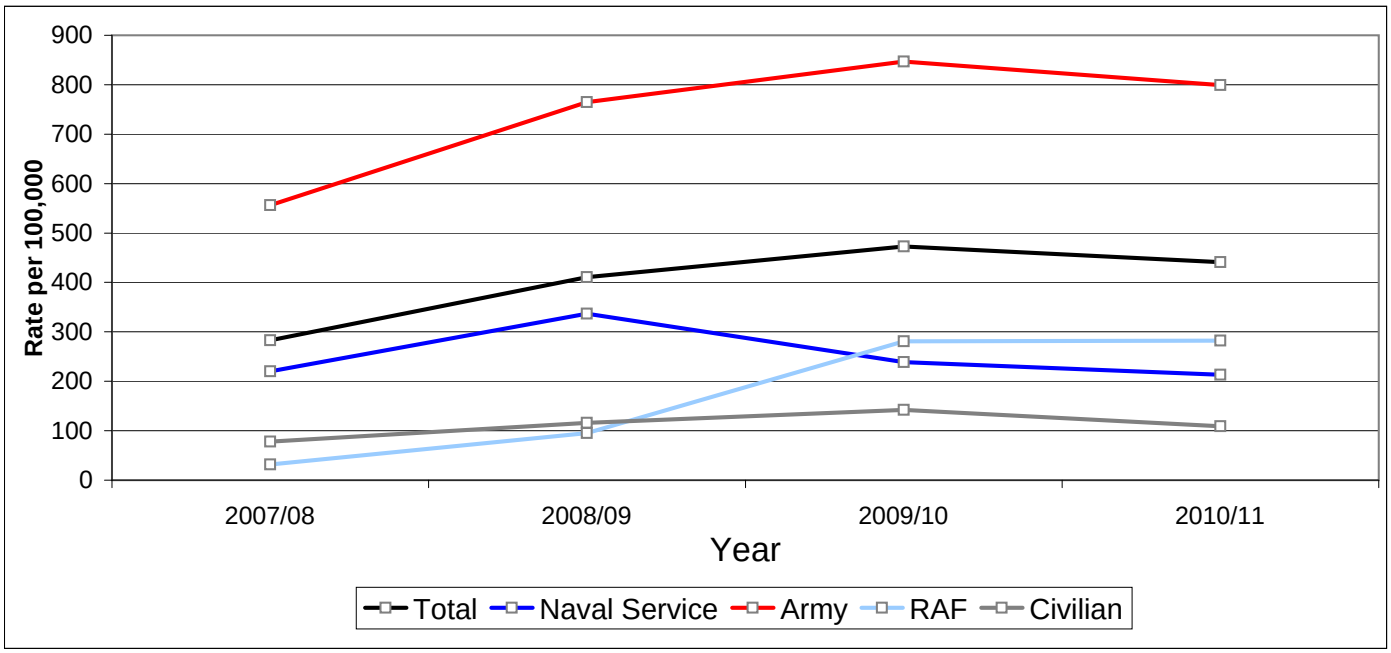
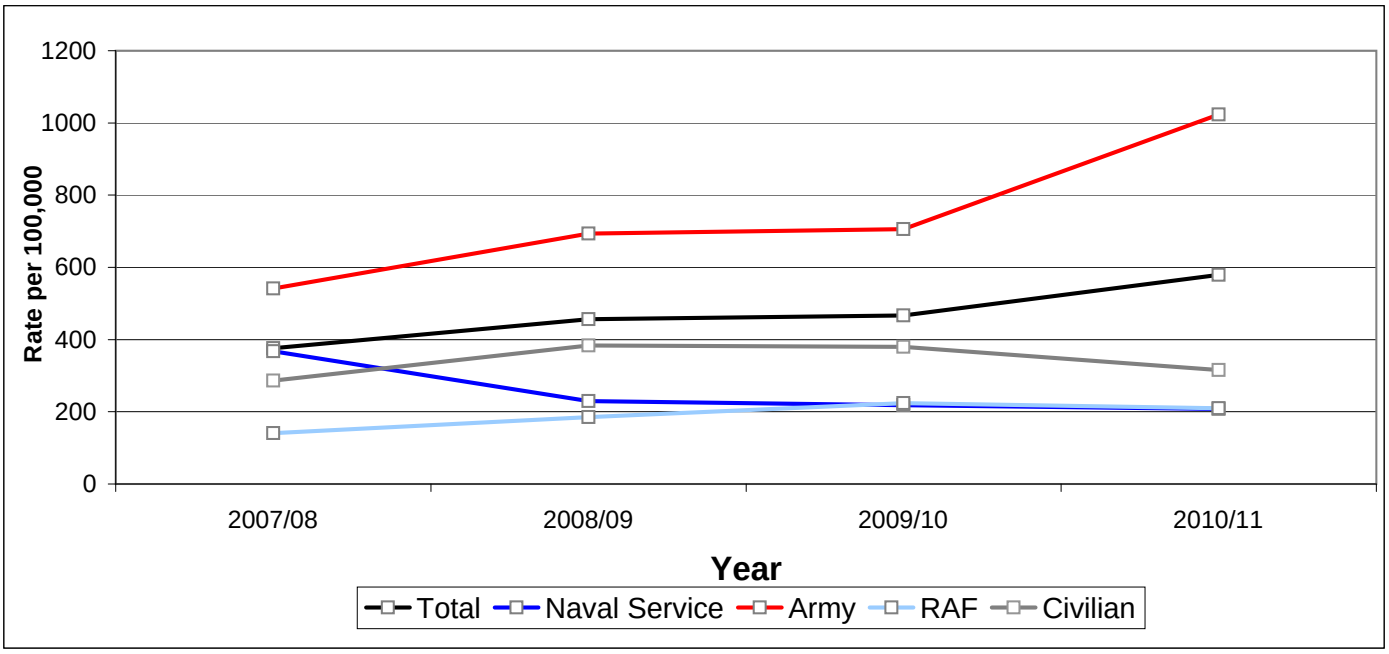


Chart to Table 3.23 Serious injuries and illnesses of UK Armed Forces personnel and MOD civilians: by year of occurrence and Service, rates [1,2,3,4,5] per 100,000, 2007/08-2010/1



1. Regular personnel with identifiable service numbers only have been included in the UK Armed Forces figures. The MOD civilian figures include Non-Industrial and Industrial personnel only.
2. Figures exclude Health and Safety related deaths.
3. Rates are calculated using UK Regular Armed Forces and Full-time equivalent civilian strengths as the denominator.
4. The numbers of injuries have been rounded to the nearest 5, and therefore may not always add up to the totals provided.
5. Figures exclude battlefield injuries and off duty road traffic accidents.

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CIVILIAN PERSONNEL SICKNESS ABSENCE

Table 3.24 Number of working days lost per year due to sickness of civilian personnel[1], by ICD Code and industrial/non-industrial marker

The source data used in this table are from the MOD's HRMS civilian administration database. The Trading Funds each have separate administration systems which have been augmented into one data source.

The main causes of sickness absence in the non-industrial population are: Mental and behavioural disorders (this includes stress related conditions), Diseases of the musculoskeletal system and connective tissue, Diseases of the respiratory system. These conditions account for 48% of all working days lost to sickness absence in 2010. The rate of sick absence and the number of working days lost have declined for both non-industrial and industrial staff between 2009 and 2010.

Working days (thousands)

		Year ending 31 December[2]			
		2007	2008	2009	2010
	Non-industrial total[3]	**471.7**	**423.7**	**399.8**	**387.2**
	ICD category[4]				
IPO	Certain infectious and parasitic diseases	41.1	38.6	35.2	32.8
NGB	Neoplasms	14.7	13.0	14.4	14.2
PSD	Mental and behavioural disorders	99.6	81.3	72.6	74.5
NSS	Diseases of the nervous system	16.9	15.3	14.3	15.7
CIR	Diseases of the circulatory system	18.3	17.2	15.7	16.3
DRS	Diseases of the respiratory system	64.0	61.7	59.9	50.0
DDS	Diseases of the digestive system	35.4	33.8	30.8	30.8
ACI	Injury, poisoning and certain other consequences of external causes	37.1	33.2	30.5	30.4
BFO	Diseases of the blood forming organs and certain disorders	2.7	2.9	3.4	3.4
DEM	Diseases of the ear and mastoid process	4.6	4.6	3.5	4.3
DEY	Diseases of the eye and adnexa	4.6	3.8	3.7	4.0
DGY	Diseases of the genito-urinary system	16.4	14.6	14.2	13.9
EMN	Endocrine, nutritional and metabolic diseases	3.4	2.4	2.3	2.8
MSD	Diseases of the musculoskeletal system and connective tissue	64.1	60.3	61.2	60.0
OPP	Factors influencing health status and contact with health service	31.1	27.2	26.1	23.0
PCP	Pregnancy, childbirth and the peurperium	6.7	5.2	4.7	4.9
SCO	Diseases of the skin and subcutaneous tissue	3.4	2.8	2.3	2.2
SID	Cause of absence not yet known	7.5	5.5	5.0	4.2
	Industrial total	**154.8**	**133.0**	**117.2**	**112.4**

Source:DASA (Statistical Methodological Group)

Sickness rates[5]: number of days divided by the average strength (FTE) for that period

	Year ending 31 December [2, 6]			
	2007	2008	2009	2010
Non-industrial total	*8.22*	*7.91*	*7.68*	*7.58*
Industrial total	*11.85*	*11.26*	*10.62*	*10.46*
Trading Funds	..	*6.12*	*6.70*	*6.66*

Source:DASA(Statistical Methodological Group)

1. This excludes Royal Fleet Auxiliary and locally engaged personnel. The upper table on working days lost also excludes Trading Funds personnel.
2. A break in series occurs because from 31st March 2008 strength figures exclude personnel classified as being on zero pay for any reason and sickness absence figures exclude absences where a person is classed as being on zero pay. One day OPP medical appointments are excluded.
3. The numbers of days lost have been rounded and therefore may not add up to the totals provided.
4. World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), 1992.
5. Rates are based on absence days and are Full Time Equivalent (FTE) working days lost. For example, if a part-time employee working 50% of full-time hours is sick for 7 calendar days, this is 5 x 50% = 2.5 FTE working days lost.
6. Trading Funds data are based on Sickness Absence since 1st April 2008.

CHAPTER 3 - HEALTH

WAR PENSIONS & ARMED FORCES COMPENSATION SCHEME

This section looks at the number of War Pensions in payment under the War Pension Scheme and the number and outcomes of claims registered, as well as tariff of injury table information, for lump sum awards under the Armed Forces Compensation Scheme.

The War Pension Scheme (WPS)

Pensions, allowances or other payments may be awarded under the WPS where disablement or death is a result of Service in HM Forces, or of an injury sustained as a result of war-time Service in the Naval Auxiliary Service, or the Mercantile Marine, prior to 6 April 2005. Awards may also be made in respect of Service in the Polish Forces under British command during World War Two. While most payments are made to people living in the United Kingdom, some recipients are from overseas. Pensions, allowances or other payments may also be awarded where the disablement or death of a civilian or a member of the Civil Defence Organisation is the direct result of an injury sustained as a result of enemy action in World War Two.

Table 3.25 is produced using the Service Personnel and Veterans Agency (SPVA) War Pension Computer System. Further information on the WPS can be found in the *War Pension Scheme National Statistic* which is published on the DASA website.

The Armed Forces and Reserve Forces Compensation Scheme (AFCS)

The Armed Forces and Reserve Forces Compensation Scheme (AFCS) came into force on 6 April 2005 to pay compensation for injury, illness or death attributable to Service that occurred on or after that date. It replaced the previous compensation arrangements provided by the War Pensions Scheme (WPS) and the attributable elements of the Armed Forces Pensions Scheme. Under the AFCS, all compensation payments include a tariff-based lump sum payment to compensate for injury and where appropriate to provide payment in recognition of the pain and suffering caused by the injury or illness. For more serious injuries, broadly those at tariff levels 1-11, a tax-free index-linked income stream is paid from service termination for life to recognise loss of future earnings due to the injury or illness. Under the AFCS, a claim can be made and awarded while still in Service. Continuing financial support is also available in the form of a Survivor's Guaranteed Income Payment (SGIP) for surviving dependants of members of the Armed Forces that have died as a result of Service. Surviving dependants include spouses (husband/wife/entitled partner) and children.

In February 2010 a review of the AFCS conducted under the chairmanship of former Chief of Defence Staff Admiral the Lord Boyce was completed. Since then, the Ministry of Defence has been working to implement the review's recommendations. The majority of the improvements to the scheme require detailed legislative amendments which were published in February 2011 and enacted on 9 May 2011. As this publication includes data up to 31 March 2011 (prior to enactment of the review changes) the figures are based on the original scheme rules, given below.

A lump sum payment can comprise of one or more awarded conditions. When the condition awarded the highest tariff level is 1 to 4, or two conditions are awarded at tariff levels 5 & 6, 5 & 5, or 6 & 6, a GIP is paid at 100%. When the condition awarded the highest tariff level is 5 or 6, a Guaranteed Income Payment (GIP) is paid at 75%. When the condition awarded the highest tariff level is 7 or 8, a GIP is paid at 50%, and when the condition awarded the highest tariff level is 9 to 11, a GIP is paid at 30%. When the condition awarded the highest tariff level is 12 to 15, no GIP is paid.

When a claim is awarded a GIP at 100%, the lump sum payment is calculated using 100% of the tariff level for all of the conditions awarded. When a claim is awarded a GIP at 75%, 50%, 30%, or no GIP is awarded, the lump sum payment is calculated using 100% of the tariff level for the most severe condition, 30% of the tariff level for the second most severe condition, and 15% of the tariff level for the third most severe condition. Any further conditions awarded will not increase the lump sum paid.

Under the AFCS conditions are assessed against a tariff of injuries table which specifies how much should be paid depending on the severity of the condition. The tariff of injuries consists of nine condition tables and full details of the tariff can be found at http://www.veterans-uk.info/pdfs/afcs/tariff.pdf.

In addition, a temporary award can be made where an injury is predominantly caused by Service for which no provision is made in the tariff. A temporary award will be amended and become permanent within one year of the decision to award, to include the injury for which the temporary award was made.

SPVA have been migrating data from their interim system onto the Compensation and Pension System (CAPS). The interim system contains claims registered under the AFCS at the start of the scheme between 6 April 2005 and 31 October 2005. As a result of the migration, all AFCS tables in this publication now include these migrated cases and interim system figures are no longer presented separately.

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WAR PENSIONS & ARMED FORCES COMPENSATION SCHEME

Claims can be divided into two categories:
Injury claims - made by serving or former members of the Armed Forces for an injury or illness caused by Service on or after 6 April 2005;
Survivors' claims - those made by surviving dependants of former members of the Armed Forces where death was caused by Service on or after 6 April 2005.

Injury claims include:

- In-Service claims - those made by serving members of the Armed Forces;
- Medical discharge claims - automatic considerations referred directly to the SPVA as a result of individuals being medically discharged from the Services;
- Post Service claims - those made by former Service Personnel;
- Additional claims - those made following in-Service, medical discharge, or post service claims, to include additional information not presented in the initial claim.

Survivors' claims include:

- Death in-Service - those automatically referred to the SPVA;
- Death post Service claims - those made by surviving dependants of ex-Service Personnel who died after leaving Service;
- Additional child claims - these claims are made for additional children who was not included within the initial claim.

Further information on the AFCS can be found in the *Armed Forces Compensation Scheme Official Statistic* which is published on the DASA website.

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WAR PENSIONS & ARMED FORCES COMPENSATION SCHEME

Table 3.25 Number of War Pensions in payment by type of pension, as at 31 March each year

	2000	2005 [1]		2006	2007	2008	2009	2010	2011
TOTAL IN PAYMENT	**295 675**	**235 300**	**||**	**223 850**	**212 535**	**201 265**	**190 745**	**180 400**	**170 910**
Disablement pensioners	**240 760**	**191 750**	**||**	**182 800**	**173 850**	**165 165**	**157 125**	**148 945**	**141 715**
1914 war[2]	30	~	||	~	-	-	-	-	-
Inter-war[3]	305	95	||	75	60	50	40	30	25
1939 war onwards[4]	233 865	187 465	||	178 890	170 320	161 970	154 240	146 405	139 450
Civilian	2 940	2 090	||	1 945	1 805	1 680	1 550	1 390	1 275
Polish	1 605	980	||	865	755	675	595	510	440
Mercantile marine	1 805	1 115	||	1 005	895	785	700	605	525
Not known	205	5	||	15	10	~	~	~	-
Other pensioners	**54 915**	**43 550**	**||**	**41 035**	**38 685**	**36 100**	**33 620**	**31 450**	**29 195**
War widows pension[5]	53 990	42 525	||	40 065	37 730	35 165	32 715	30 580	28 350
War widower pension[5]	5	55	||	60	65	70	70	75	75
War orphans pension[6]	165	35	||	35	30	25	30	25	25
War parents pension[7]	155	50	||	40	35	30	25	20	20
Adult dependant pension	25	15	||	15	10	10	10	10	~
Unmarried dependant pension[8]	-	~	||	~	~	~	~	~	~
Allowance for lowered standard of occupation only[9]	..	460	||	435	410	420	400	390	380
Child allowance only[10]	575	405	||	400	400	380	370	350	340

Source: DASA(Health Information)

1. The discontinuity between 2005 and 2006 is due to improvements in data processing.
2. Disabled because of Service between 4 August 1914 and 30 September 1921.
3. Disabled because of Service between 1 October 1921 and 2 September 1939.
4. Disabled because of Service from 3 September 1939 to date.
5. Paid to the spouse of an ex-Service person whose death was in service or related to disablement because of service from 4 August 1914 to date.
6. Paid to: (i) the child of a deceased Service person who has no surviving parent; (ii) a child whose mother was divorced from a serviceman at the time of death; or (iii) a child who is not in the care of the surviving parent.
7. Paid to a parent of a deceased Service person.
8. Paid to a partner who lived with the ex-Serviceman for at least six months before his enlistment, was maintained by him, and who has borne his child.
9. A number of pensioners receive an allowance for lower standard of occupation, but do not receive an ongoing war pension. Some, but not all, of these were formerly classified as disablement pensioners.
10. A case where a child allowance is in payment for a child, is where one parent has died, and either the surviving parent does not qualify for a War Widows/Widowers Pension, because of remarriage or cohabitation, or the child does not live with the surviving parent.

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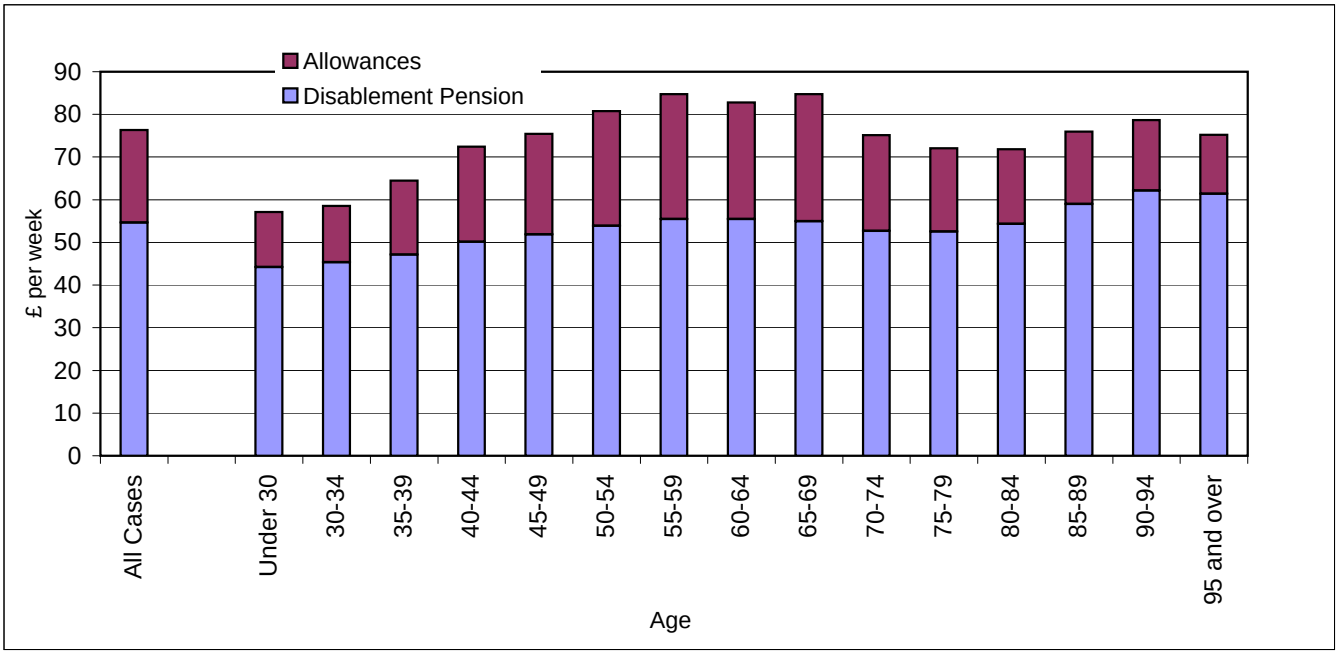
WAR PENSIONS & ARMED FORCES COMPENSATION SCHEME

Charts to Table 3.25

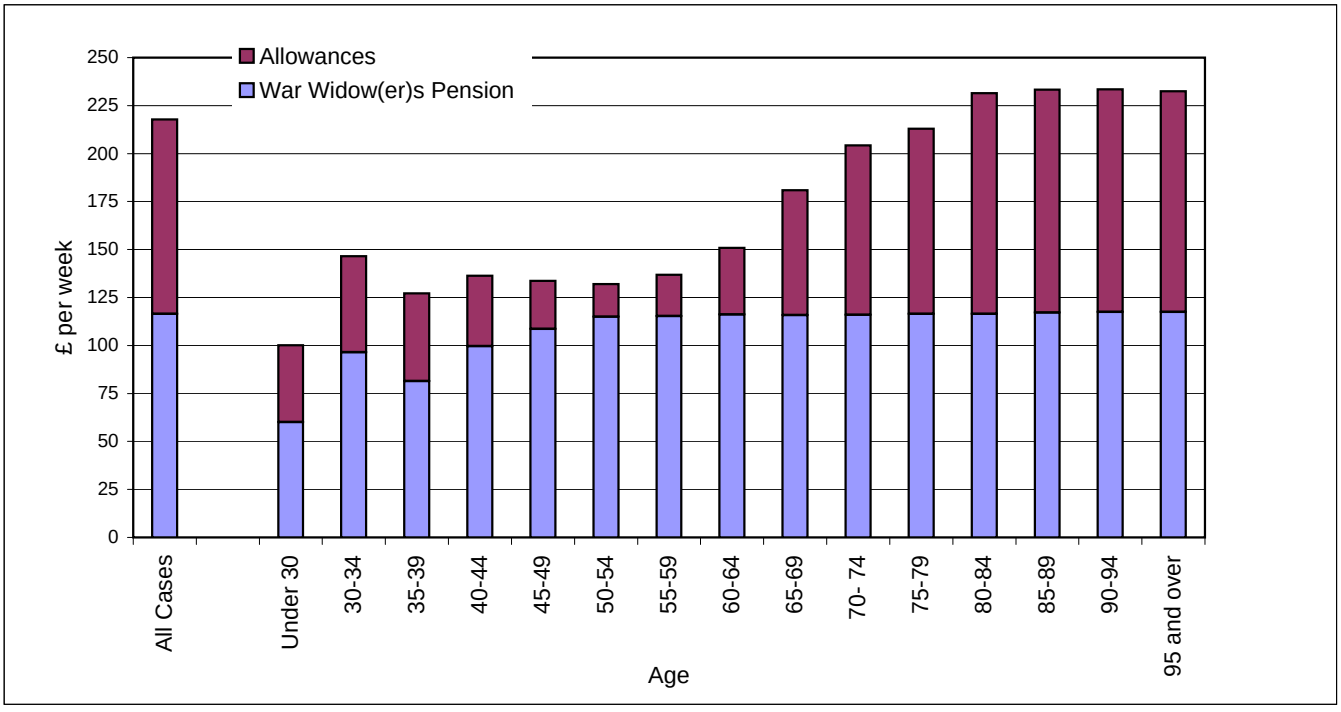
Average weekly amount of Disablement Pension (entitlement) - as at 31 March 2011

The overall average weekly amount of war disablement pension and associated supplementary allowances is £76.32.



Average amount of Widow(er)'s Pensions (entitlement) - as at 31 March 2011

The average weekly amount received by widow(er)s is £217.79. The actual War Widow(er)s portion of the pension makes up just over half the total, with the remainder being made up of supplementary allowances.



CHAPTER 3 - HEALTH

WAR PENSIONS & ARMED FORCES COMPENSATION SCHEME

Table 3.26 Number of claims registered under the Armed Forces Compensation Scheme by claim type and financial year[1,2]

Claims are dealt with by the Service Personnel & Veterans Agency (SPVA) and requests can be made for an internal reconsideration. Requests to appeal are made externally to the independent Pensions Appeal Tribunal following the outcome of all claim types. If an appeal is requested before a reconsideration has been conducted, the reconsideration will be generated automatically and an outcome must be obtained before an appeal can be launched.

The number of claims, reconsiderations and appeals registered under the AFCS since the scheme began have continued to increase year on year. This is due to an increasing awareness of the scheme, as well as increasing numbers who are eligible to claim, i.e. Service related injury/illness with an incident/onset date on or after 6 April 2005.

Please note that some figures have been revised since the last publication of this table. This is due to a processing error that resulted in incorrect allocation of claims to the In-Service and Post Service categories. The majority of the corrections have resulted in minor percentage changes; however, due to small numbers, some of the revisions to the number of Post Service claims have resulted in a larger percentage change.

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

Claim Type	All Years [3]	CAPS					
		6 Apr 05 - 31 Mar 06	2006/07	2007/08	2008/09 [3]	2009/10 [3]	2010/11 [3]
Claims	**24 295** [p]	**355**	**1 665**	**3 545**	**5 125** [p,r]	**6 185** [p,r]	**7 415** [p]
Injury Claims	**23 645** [p]	**330**	**1 540**	**3 410** [r]	**5 010** [p,r]	**6 050** [p,r]	**7 300** [p]
In-Service	15 950 [p]	200	765 [r]	1 840 [r]	3 210 [p,r]	4 405 [p,r]	5 530 [p]
Medical Discharge	2 765 [p]	120	610	635	745 [p]	305 [p,r]	355 [p]
Post Service	4 515 [p]	10	165 [r]	895 [r]	940 [p,r]	1 215 [p,r]	1 290 [p]
Additional Claim	415 [p]	-	~	40	120 [p]	125 [p]	125 [p]
Survivors' Claims[4]	**650** [p]	**25**	**120**	**130**	**120** [p]	**135** [p,r]	**115** [p]
Death In-Service	630 [p]	25	120	130	110 [p]	135 [p,r]	110 [p]
Death Post Service	10 [p]	-	-	~	~ [p]	~ [p]	~ [p]
Additional Child	15 [p]	-	~	-	~ [p]	~ [p]	5 [p]
Reconsiderations	**2 725** [p]	-	**125**	**260**	**635** [p,r]	**815** [p,r]	**890** [p]
Appeals	**1 365** [p]	-	**40**	**125**	**310** [p,r]	**365** [p,r]	**525** [p]

Source: DASA(Health Information)

1. These figures exclude all "spanning cases"; claims considered first for entitlement under the Armed Forces Compensation Scheme, but passed to the War Pension Scheme where the cause or injury occurred prior to 6 April 2005. There were 880 spanning cases registered in 2005/06, 2,540 spanning cases registered in 2006/07, 2,570[r] spanning cases registered in 2007/08, 2,490[p] spanning cases registered in 2008/09 and 2,095[r,p] spanning cases registered in 2009/10 and 840[p] spanning cases registered in 2010/11.
2. Some data has been revised since the previous edition of UKDS due to ongoing data validation of the live 'CAPS' system.
3. Claims registered in 2008/09, 2009/10, 2010/11 and All Years are provisional, as some claims do not have an outcome and may go on to become spanning cases. The total number of registered claims will not increase but may decrease if any claims become spanning cases, and therefore the number of spanning cases may also increase. For the financial years 2008/09, 2009/10 and 2010/11 there were 265[p], 460[p] and 3,220[p] registered claims respectively, with a pending outcome as at 31 March 2011.
4. A single survivor's claim may result in an award which gives entitlement to one or more Survivors' Guaranteed Income Payments (GIPs).

CHAPTER 3 - HEALTH

WAR PENSIONS & ARMED FORCES COMPENSATION SCHEME

Table 3.27 Number of claims cleared under the Armed Forces Compensation Scheme by claim type, outcome and financial year[1,2]

The number of claims registered (**Table 3.26**) will not match the number of claims cleared because not all claim outcomes are cleared during the same financial year that they are registered.

The number of claims cleared under the AFCS since the scheme began has continued to increase year on year. This is due to an increasing awareness of the scheme, as well as increasing numbers who are eligible to claim, i.e. Service related injury/illness with an incident/onset date on or after 6 April 2005.

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

		CAPS					
Claim Type	All Years	6 Apr 05 - 31 Mar 06	2006/07	2007/08	2008/09	2009/10	2010/11
Injury Claims							
Total	**20 205**	**130**	**1 330** r	**2 570**	**4 035** r	**5 280** r	**6 860**
Awarded - Lump sum & GIP[3]	770	~	50	90	185 r	160	280
Awarded - Lump sum only	9 950	80	520 r	1 180	1 835 r	2 725 r	3 610
Rejected	8 020	50	735	1 120 r	1 630	1 915	2 565
Withdrawn	1 470	~	20	180 r	385	480 r	400
Survivors' Claims[4]							
Total	**610**	**5**	**115** r	**135** r	**115** r	**125**	**115**
Awarded	230	~	45 r	50 r	40	50	50
Rejected	375	5	70	85	70	75	65
Withdrawn	~	-	-	-	~	-	~

Source: DASA(Health Information)

1. These figures exclude all "spanning cases"; claims considered first for entitlement under the Armed Forces Compensation Scheme, but passed to the War Pension Scheme where the cause or injury occurred prior to 6 April 2005.
2. Some data has been revised since the previous edition of UKDS due to ongoing data validation of the live 'CAPS' system.
3. For the most severe injuries, tariffs 1-11, as well as a lump sum, a further sum is paid in the form of a Guaranteed Income Payment (GIP) which consists of regular payments to provide a continuous income stream. The GIP is not paid while the individual is serving but is deferred until the individual is discharged.
4. A single survivor's claim may result in an award which give entitlement to one or more Survivors' Guaranteed Income Payments.

CHAPTER 3 - HEALTH

WAR PENSIONS & ARMED FORCES COMPENSATION SCHEME

Table 3.28 Number of lump sum payments that were awarded a GIP at 100% under the Armed Forces Compensation Scheme, by tariff of injury table and financial year[1,2,3,4]

This table presents claims awarded a GIP at 100%, showing all conditions that have been awarded at 100% of all the tariff levels. **Table 3.29** presents separately claims awarded a GIP at 75%, 50%, 30%, or nil, showing the most severe condition that has been awarded at 100% of the tariff level only. The **AFCS Introduction Section** provides further details about the tariff of injuries tables.

The number of lump sums cleared under the AFCS since the scheme began has continued to increase year on year. This is due to an increasing awareness of the scheme, as well as increasing numbers who are eligible to claim, i.e. Service related injury/illness with an incident/onset date on or after 6 April 2005. For claims awarded a GIP at 100%, the highest numbers of awarded conditions were within the tariff of injury tables of injury, wounds and scarring and amputations. In 2010/11 there was an average of just under 10 conditions awarded per claim.

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

Tariff of Injury Table	All Years	All lump sums cleared during: 6 Apr 05 - 31 Mar 06	2006/07	2007/08	2008/09	2009/10	2010/11
All claims awarded	**140**	**-**	**10**	**25**	**20**	**20**	**60**
All conditions awarded	**1 075**	**-**	**25**	**140** [r]	**135**	**190**	**585**
Burns	25	-	~	5	10 [r]	~	~
Injury, wounds and scarring	445	-	5	55 [r]	55	75	250
Mental disorders	10	-	-	~	~	~	5
Physical disorders including infectious diseases	15	-	-	-	~	~	10
Amputations	210	-	~	10	20	35	145
Neurological disorders (including spinal cord, head or brain injuries)	65	-	10	15	10	5	25
Senses[5]	75	-	~	15	10 [r]	15	35
Fractures and dislocations	175	-	5	30	25 [r]	40	75
Muscoskeletal disorders	45	-	~	5	5	10 [r]	25
Temporary award[6]	10 [p]	-	-	-	-	~ [p]	10 [p]
Condition unknown[7]	~	-	-	-	-	-	~

Source: DASA(Health Information)

1. Figures for lump sum awards include injury claims and further additional claims.
2. Some data has been revised since the previous edition of UKDS due to ongoing data validation of the live 'CAPS' system.
3. The table shows all of the conditions that have been awarded for a single claim.
4. Figures include awarded claims that were registered on CAPS from 6 April 2005 onwards.
5. This Tariff of Injury Table refers to injuries and conditions relating to eyes and ears.
6. Temporary award figures will remain provisional until they have been made permanent under a Tariff of Injury table. Lump sums may increase under any of the Tariff of Injuries tables once the temporary awards have been made permanent. The total number of awards made in any year will remain unchanged.
7. There are some claim records where condition information is not available and these records have been assigned to unknown.

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WAR PENSIONS & ARMED FORCES COMPENSATION SCHEME

Table 3.29 Number of lump sum payments that were awarded a GIP at 75%, 50%, 30% or nil under the Armed Forces Compensation Scheme, by tariff of injury table for most severe condition, and financial year[1,2,3,4]

This table presents claims awarded a GIP at 75%, 50%, 30%, or nil, showing the most severe condition that has been awarded a lump sum at 100% of the tariff level only. **Table 3.28** presents separately claims awarded a GIP at 100%, showing all conditions that have been awarded at 100% of all the tariff levels. The AFCS introduction section provides further details about the tariff of injuries tables.

The number of lump sums cleared under the AFCS since the scheme began has continued to increase year on year. This is due to an increasing awareness of the scheme, as well as increasing numbers who are eligible to claim, i.e. Service related injury/illness with an incident/onset date on or after 6 April 2005. The highest number of claims awarded a GIP at 75%, 50%, 30% or nil were for claims in which the most severe condition was within the tariff of injury tables of musculoskeletal disorders and fractures and dislocations.

The data in this table are not National Statistics because they have not been designated as such by the Ministry of Defence.

Tariff of Injury Table	All Years	All lump sums cleared during: 6 Apr 05 - 31 Mar 06	2006/07	2007/08	2008/09	2009/10	2010/11
All claims awarded	**10 590**	**85**	**560** [r]	**1 245**	**2 000** [r]	**2 865** [r]	**3 835**
Burns	100	~	10	10	20	25	25
Injury, wounds and scarring	1 470	10	75	190	270 [r]	360	560
Mental disorders	355	~	10	45	70 [r]	90	140
Physical disorders including infectious diseases	295	-	20	40	120	40	70
Amputations	155	-	15	20	25	25	65
Neurological disorders (including spinal cord, head or brain injuries)	160	-	5	15	35	45 [r]	60
Senses[5]	375	~	10	40	75	100	145
Fractures and dislocations	3 060	40	230 [r]	405	570	840 [r]	975
Musculoskeletal disorders	4 475	10	180 [r]	470 [r]	805	1 310 [r]	1 705
Temporary award[6]	125 [p]	-	-	~ [p]	~ [p]	30 [p]	90 [p]
Condition unknown[7]	20	15	5	-	-	-	-

Source: DASA(Health Information)

1. Figures for lump sum awards include injury claims and further additional claims.
2. Some data has been revised since the previous edition of UKDS due to ongoing data validation of the live 'CAPS' system.
3. Where more than one condition is claimed for, the table shows the single condition awarded at the highest tariff level.
4. Figures include awarded claims that were registered on CAPS from 6 April 2005 onwards.
5. This Tariff of Injury Table refers to injuries and conditions relating to eyes and ears.
6. Temporary award figures will remain provisional until they have been made permanent under a Tariff of Injury table. Lump sums may increase under any of the Tariff of Injuries tables once the temporary awards have been made permanent. The total number of awards made in any year will remain unchanged.
7. There are some claim records where condition information is not available and these records have been assigned to unknown.