UK Armed Forces mental health:
Annual Summary 2010

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INTRODUCTION

1. This report provides statistical information on mental health in the UK Armed Forces in the period January to December 2010. It summarises all attendances for a new episode of care of Service personnel to the MOD's Departments of Community Mental Health (DCMHs) for outpatient care, and all admissions to the MOD's in-patient care contractor.

2. This data has previously been presented in the quarterly Armed Forces Mental Health Reports; however, the accumulation of a year's worth of data has allowed more detailed breakdowns, in particular by age and Service. This report also includes data from the UK's overseas in-patient facility that is not included in the quarterly reports.

3. In addition, this annex provides a summary of personnel seen in Afghanistan by Field Mental Health Teams (FMHT) (**Annex A**), aeromedical evacuations for psychiatric reasons (**Annex B**), psychiatric assessments made at the Defence Medical Rehabilitation Centre (DMRC) Headley Court (**Annex C**), the Reserves Mental Health Program (RMHP) (**Annex D**), medical discharges for psychiatric reasons (**Annex E**), and awards made under the Armed Forces Compensation Scheme (AFCS) for mental health reasons (**Annex F**).

4. DCMHs are specialised psychiatric services based on community mental health teams closely located with primary care services at sites in the UK and abroad. **Information on patients only seen in the primary care system is not currently available.**

5. 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 ensures linkage with deployment databases is possible, so that potential effects of deployment can be measured.

6. The first report[a] in the quarterly series provides important background information on data governance. A summary of this, along with detail of some minor methodology changes, can be found in the section on **'Data, definitions and methods'.**

7. The 2009 annual report provided details of a change in methodology instigated half way through 2009 which resulted in all new episodes of care being reported rather than first attendances only. The 2009 annual report presented the year's figures using first attendances only and an annex which presented the year's figures using first attendances until June 2009 and all new episodes of care from July onwards.

8. New episode of care data has been captured for the whole of 2010, so an increase from last year in the numbers presented in this annual summary is to be expected.

[a] UK Armed Forces psychiatric morbidity: Assessment of presenting complaints at MOD DCMHs and association with deployment on recent operations in the Iraq and/or Afghanistan theatres of operation January – March 2007.

KEY POINTS – NEW EPISODES OF CARE

New Episodes of Care at MOD DCMHs

9. 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.

10. Among the 3,942 personnel with a mental disorder, there were some statistically significant findings:

- Rates for mental disorders in the Royal Navy are lower than the overall Tri-Service rate. Rates are higher for females and other ranks however there is no effect of age group or deployment on mental health. Of the 24 cases of PTSD in the Royal Navy, 13 (54%) have not previously deployed to Iraq and/or Afghanistan.

- Rates for mental disorders in the Royal Marines are lower than the overall Tri-Service rate. There is no impact of age, gender or rank. The overall rates of mental disorder are higher (130% increased risk) for those who have previously deployed to Afghanistan, but this is not associated with a specific condition. All cases of PTSD followed deployment to either Iraq and/or Afghanistan, although it is worth noting that the overall number of PTSD is still low (n=9).

- Rates for mental disorders in the Army are higher than the overall Tri-Service rate. Rates were higher for females, other ranks and those aged between 20-24 years. The Army had an increased risk of PTSD following deployment to Iraq by 320% and 660% following deployment to Afghanistan. The Army also has an increased risk of depressive episodes following deployment to Iraq and Afghanistan by 390% and 310% respectively.

- Rates for mental disorders in the RAF are higher than the overall Tri-Service rate. Rates were higher for females and other ranks. The RAF are at an increased risk of 190% for PTSD following deployment to Afghanistan but they also see a 40% decreased risk in mood disorders following deployment to either Iraq and/or Afghanistan.

11. There were 315 admissions to the MOD's in-patient contractor in 2010, including those treated as in-patients in Germany. There were some statistically significant differences between sub-groups of in-patients:

- rates for the Army were higher than the other two Services
- rates for Other ranks were higher than for officers

12. Also included in this annual summary are findings from other data sources not covered in the quarterly reports, the main findings are;

- 158 Armed Forces personnel were seen at a FMHT in Afghanistan, of which 133 had a mental disorder.
- 30 Armed Forces personnel were aeromedically evacuated from Afghanistan with a mental disorder and less than 5 were aeromedically evacuated from Iraq.
- 230 Armed Forces personnel were treated at DMRC Headley court, of which 150 had a mental health disorder.
- There were 60 calls to the RMHP of which there were 37 cases assessed and 70% (n=26) of those were combat related mental disorders.
- In 2009 there were 164 medical discharges for a mental disorder, data covering 2010/2011 will be available July 2011.

RESULTS

New Episodes of Care at MOD DCMHs

Tri-Service

13. During 2010 a total of 5,581 new episodes of care for UK Service personnel were recorded at the MOD's DCMHs, representing a rate for the year of 27.7 per 1,000 strength.

14. **Table 1** (see page 3) provides details of the key socio-demographic characteristics of the 5,581 episodes of care at the MOD's DCMHs during 2010. The rates presented in **Table 1** are also

illustrated in **Figures 1** to **4**.

15. Of the 5,581 new episodes of care, 3,942 (71%) were assessed with a mental disorder, representing an overall annual rate for episodes of care for a mental disorder of 19.6 per 1,000 strength.

16. There were some statistically significant differences in the initial assessment rates between various sub-groups of patients.

- RAF and Army personnel had higher rates of mental disorder (21.8 per 1,000 strength, 95% CI: 20.5-23.2, N=965 and 21.7 per 1,000 strength, 95% CI: 20.9-22.6, N=2,553 respectively) than Royal Navy and Royal Marine personnel (11.8 per 1,000 strength, 95% CI: 10.6-13.0, N=366, and 7.1 per 1,000 strength, 95% CI: 5.3-8.9, N=58 respectively) (**Figure 1**).
- Female personnel had a higher rate of mental disorder at 43.1 per 1,000 strength (95% CI: 40.1-46.0, N=805) than male personnel at 17.2 per 1,000 strength (95% CI: 16.6-17.8, N=3,137) (**Figure 2**).
- Other ranks had a higher rate of mental disorder at 21.4 per 1,000 strength (95% CI: 20.7-22.1, N=3,586) than Officers at 10.5 per 1,000 strength (95% CI: 9.4-11.6, N=356) (**Figure 2**).
- Personnel in the 20-24 age group had higher rates of mental disorder at 23.7 per 1,000 strength (95% CI: 22.3-25.1, N=1,083), than all other age groups (**Figure 3**).
- Personnel who had deployed to the Iraq and/or Afghanistan theatres of operation had a higher rate of mental disorder at 20.4 per 1,000 strength (95% CI: 19.6-21.2 N=2,495) than those who had not deployed there (18.3 per 1,000 strength (95% CI: 17.4-19.3) (**Figure 4**).

Table 1: New episodes of care at the MOD's DCMHs by demographic characteristics, 2010, numbers and rates per 1,000 strength.

			Patients assessed with a mental disorder			
Characteristic	**Strength[2]**	**All patients seen**	**Number**	**Rate**	**95% CI**	**Patients assessed without a mental disorder**
All	201,000	5,581	3,942	19.6	(19.0 - 20.2)	1,639
Service						
Royal Navy	31,100	634	366	11.8	(10.6 - 13.0)	268
Royal Marines	8,200	94	58	7.1	(5.3 - 8.9)	36
Army	117,600	3,497	2,553	21.7	(20.9 - 22.6)	944
RAF	44,200	1,356	965	21.8	(20.5 - 23.2)	391
Gender						
Males	182,300	4,519	3,137	17.2	(16.6 - 17.8)	1,382
Females	18,700	1,062	805	43.1	(40.1 - 46.0)	257
Rank						
Officers	33,800	456	356	10.5	(9.4 - 11.6)	100
Other ranks	167,200	5,125	3,586	21.4	(20.7 - 22.1)	1,539
Age						
<20	13,800	473	257	18.7	(16.4 - 20.9)	216
20-24	45,800	1,666	1,083	23.7	(22.3 - 25.1)	583
25-29	43,300	1,239	896	20.7	(19.3 - 22.0)	343
30-34	31,000	804	610	19.7	(18.1 - 21.3)	194
35-39	29,600	722	560	18.9	(17.3 - 20.5)	162
40-44	20,400	421	332	16.3	(14.5 - 18.0)	89
45-49	10,600	172	138	13.0	(10.8 - 15.2)	34
50+	6,600	84	66	10.0	(7.6 - 12.5)	18
Deployment - Theatres of operation						
Iraq and/or Afghanistan[1]	122,100	3,287	2,495	20.4	(19.6 - 21.2)	792
of which, Iraq	*88,500*	*2,218*	*1,682*	*19.0*	*(18.1 - 19.9)*	*536*
of which, Afghanistan [1]	*73,000*	*2,050*	*1,582*	*21.7*	*(20.6 - 22.7)*	*468*
Neither Iraq nor Afghanistan[1]	79,000	2,294	1,447	18.3	(17.4 - 19.3)	847

1. Does not include personnel deployed to Afghanistan during the period January 2003 to October 2005 (see paragraph 70).
2. Strengths data rounded to the nearest 100. Strengths are a 13-month average (see paragraph 70).

Figure 1: Episodes of care at the MOD's DCMHs by Service, 2010, rates per 1,000 strength.

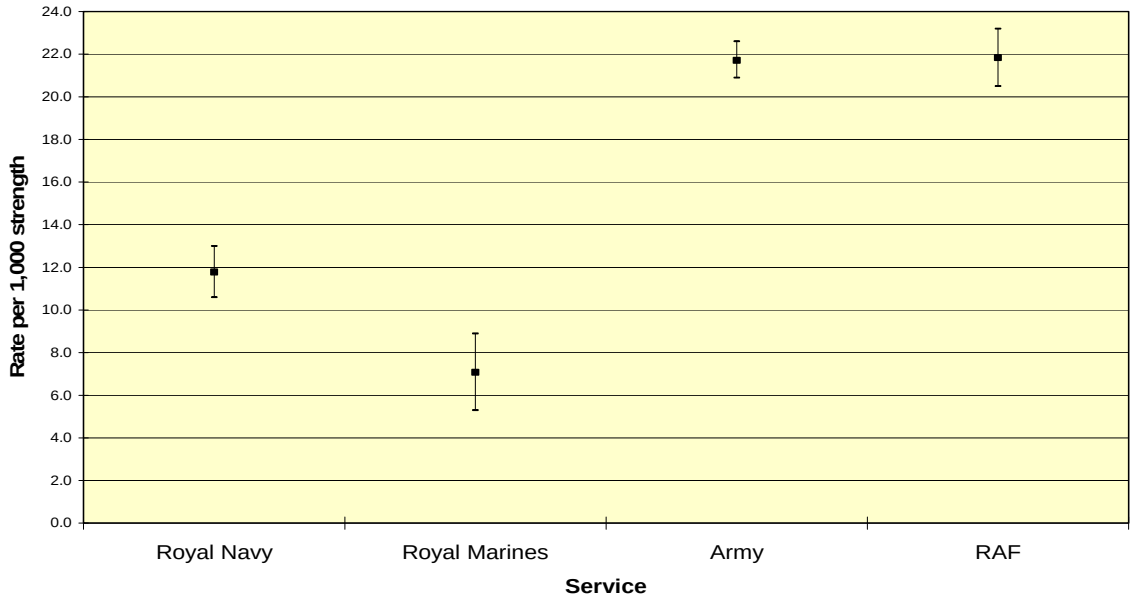


Figure 2: Episodes of care at the MOD's DCMHs by Gender and Rank, 2010, rates per 1,000 strength.

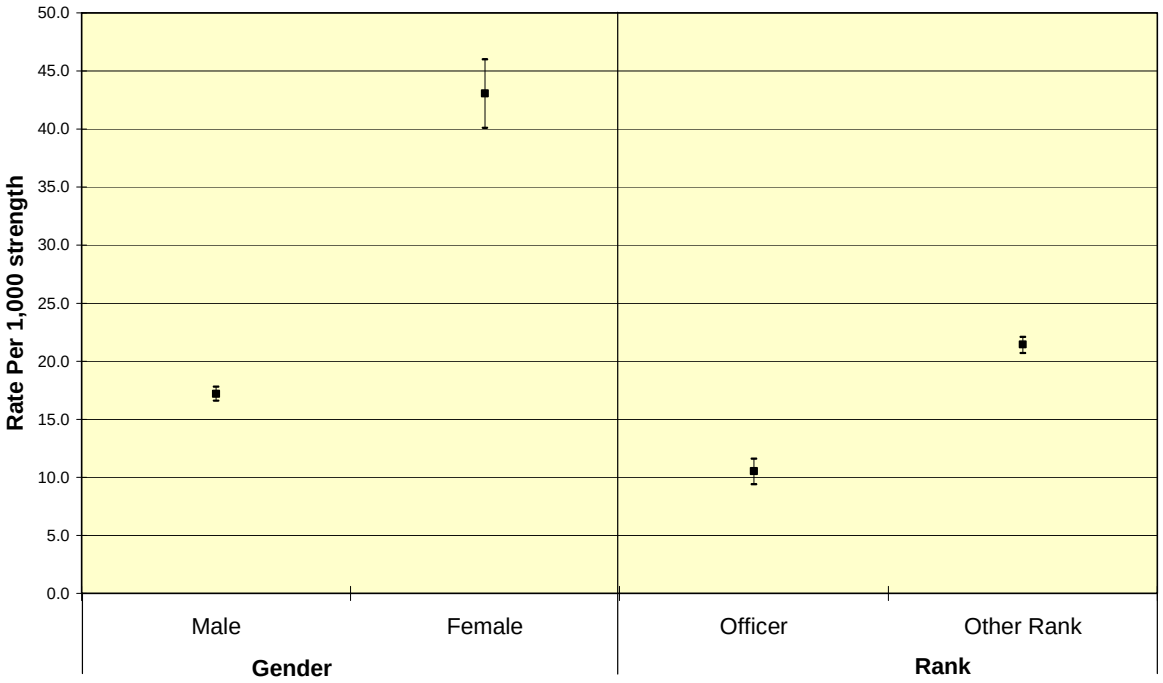


Figure 3: Episodes of care at the MOD's DCMHs by age group, 2010, rates per 1,000 strength.

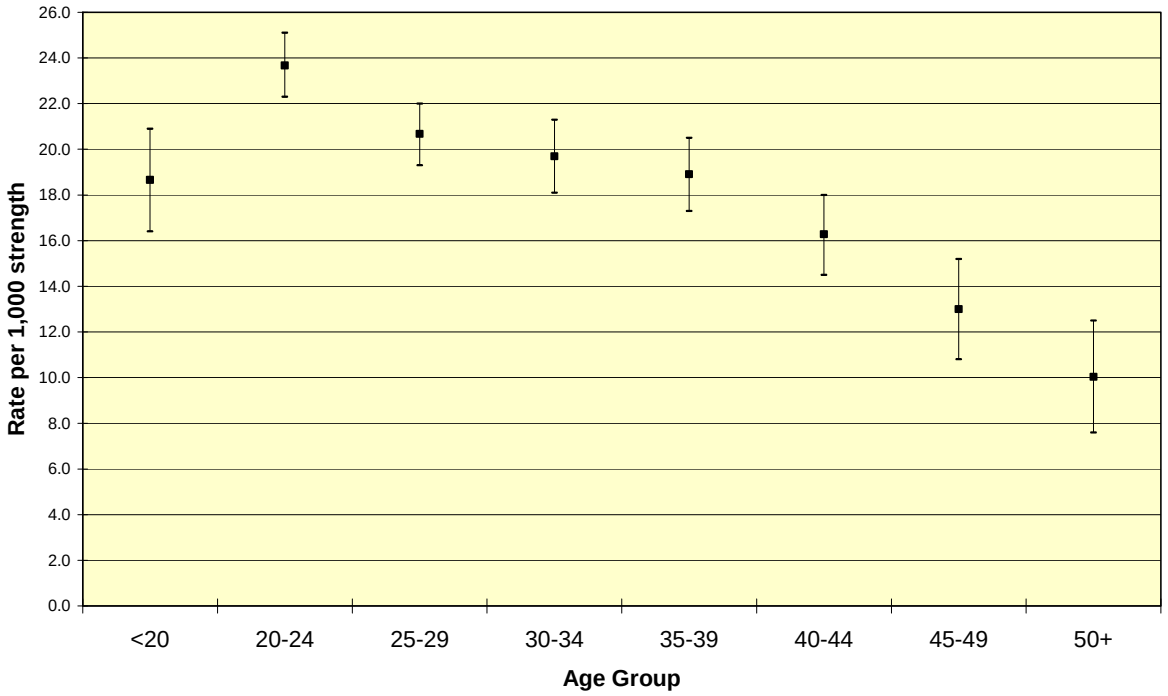
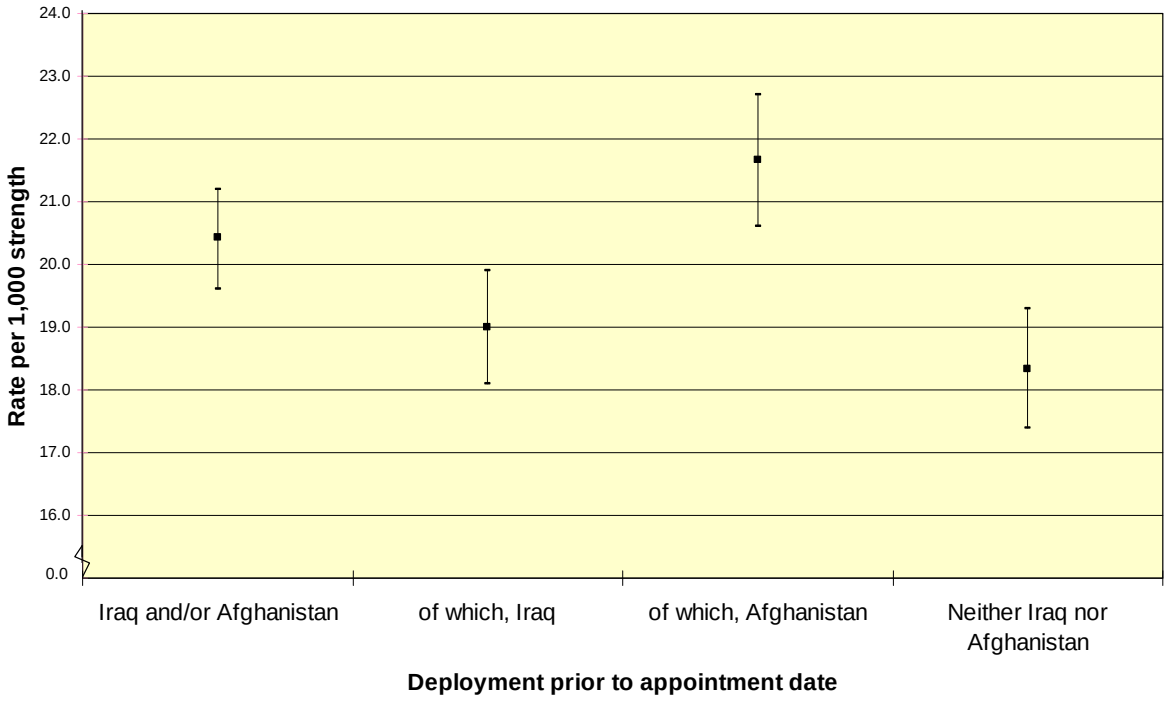


Figure 4: Episodes of care at the MOD's DCMHs by deployment to the Iraq and/or Afghanistan[1] theatres of operation, 2010, rates per 1,000 strength.



1. Does not include personnel deployed to Afghanistan during the period January 2003 to October 2005 (see paragraph 70).

17. **Table 2** (see page 6) provides details of the types of presenting complaints, by ICD-10 grouping and Service, for new episodes of care during 2010.

18. Adjustment disorders were the most condition accounting for 1,568 episodes of care during

2010. Adjustment disorder accounted for 38% in the Royal Navy (N=138), 52% in the Royal Marines (N=30), 38% in the Army (N=970) and 45% in the RAF (N=430).

19. PTSD remained a rare condition accounting for 249 episodes of care during 2010. PTSD accounted for 7% of mental disorders in the Royal Navy (N=24), 16% in the Royal Marines (N=9), 7% in the Army (N=189) and 3% in the RAF (N=27). However, the rate of PTSD is not significantly higher for the Royal Marines compared to the other Services. (1.1 per 1,000 strength, 95%CI: 0.5-2.1)

20. There were some statistically significant results when comparing the rates of specific mental disorders between the Services.

- The Army had the highest rate of psychoactive substance abuse (2.0 per 1,000 strength, 95% CI: 1.7-2.2, N=230) compared to the other Services.
- The Royal Marines had the lowest rate of mood disorders (1.1 per 1,000 strength, 95% CI: 0.5-2.1, N=9) compared to the other Services.
- The Army and the RAF had higher rates of neurotic disorders (13.3 per 1,000 strength, 95% CI: 12.7-14.0, N=1,567 and 14.3 per 1,000 strength, 95% CI: 13.2-15.4, N=631) compared to the Royal Navy and Royal Marines.
- The Army had a higher rate of PTSD (1.6 per 1,000 strength, 95% CI: 1.4-1.8, N=189) than the RAF and Royal Navy, but not compared to the Royal Marines.

Table 2: Initial mental disorder assessments for episodes of care at a DCMH by Service and ICD-10 grouping, 2010, numbers and rates per 1,000 strength[1].

	Service														
	All			Royal Navy			Royal Marines			Army			RAF		
ICD-10 description	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval
All cases seen by DCMH	**5,581**	**27.8**	**(27 - 28.5)**	**634**	**20.4**	**(18.8 - 22.0)**	**94**	**11.5**	**(9.2 - 13.8)**	**3,497**	**29.7**	**(28.8 - 30.7)**	**1,356**	**30.7**	**(29.1 - 32.3)**
Cases of Mental Health disorder	**3,942**	**19.6**	**(19 - 20.2)**	**366**	**11.8**	**(10.6 - 13.0)**	**58**	**7.1**	**(5.3 - 8.9)**	**2,553**	**21.7**	**(20.9 - 22.6)**	**965**	**21.8**	**(20.5 - 23.2)**
Psychoactive substance use	309	1.5	(1.4 - 1.7)	~	1.1	(0.7 - 1.4)	~	0.7	(0.3 - 1.6)	230	2.0	(1.7 - 2.2)	40	0.9	(0.6 - 1.2)
of which disorders due to alcohol	*293*	*1.5*	*(1.3 - 1.6)*	*~*	*1.0*	*(0.6 - 1.3)*	*~*	*0.7*	*(0.3 - 1.6)*	*216*	*1.8*	*(1.6 - 2.1)*	*40*	*0.9*	*(0.6 - 1.2)*
Mood disorders	901	4.5	(4.2 - 4.8)	107	3.4	(2.8 - 4.1)	9	1.1	(0.5 - 2.1)	559	4.8	(4.4 - 5.1)	226	5.1	(4.4 - 5.8)
of which depressive episode	*835*	*4.2*	*(3.9 - 4.4)*	*100*	*3.2*	*(2.6 - 3.8)*	*9*	*1.1*	*(0.5 - 2.1)*	*515*	*4.4*	*(4.0 - 4.8)*	*211*	*4.8*	*(4.1 - 5.4)*
Neurotic disorders	2,443	12.2	(11.7 - 12.6)	203	6.5	(5.6 - 7.4)	42	5.1	(3.6 - 6.7)	1,567	13.3	(12.7 - 14.0)	631	14.3	(13.2 - 15.4)
of which PTSD	*249*	*1.2*	*(1.1 - 1.4)*	*24*	*0.8*	*(0.5 - 1.1)*	*9*	*1.1*	*(0.5 - 2.1)*	*189*	*1.6*	*(1.4 - 1.8)*	*27*	*0.6*	*(0.4 - 0.9)*
of which adjustment disorders	*1,568*	*7.8*	*(7.4 - 8.2)*	*138*	*4.4*	*(3.7 - 5.2)*	*30*	*3.7*	*(2.4 - 5.0)*	*970*	*8.3*	*(7.7 - 8.8)*	*430*	*9.7*	*(8.8 - 10.7)*
Other mental and behavioural disorders	289	1.4	(1.3 - 1.6)	~	0.7	(0.5 - 1.1)	~	0.1	(0.0 - 0.7)	197	1.7	(1.4 - 1.9)	68	1.5	(1.2 - 1.9)
No mental disorder	1,639	8.2	(7.8 - 8.5)	268	8.6	(7.6 - 9.7)	36	4.4	(3.0 - 5.8)	944	8.0	(7.5 - 8.5)	391	8.8	(8.0 - 9.7)

1. Data presented as "~" has been suppressed in accordance with DASA's rounding policy (see paragraph 73).

21. **Table 3** provides details of the types of mental disorder by the patients' past deployment to the Iraq and/or Afghanistan theatres of operation. The rate ratios presented 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, whereas 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

Table 3: Initial mental disorder assessments for episodes of care at a DCMH by deployment and ICD-10 grouping, 2010, numbers and rates per 1,000 strength.

		Deployment - Theatres of operation										
						of which						
		Iraq and/or Afghanistan[1]				Iraq			Afghanistan[1]			Neither
ICD-10 description	All patients seen	Patients seen	Rate ratio	95% CI		Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen
All patients seen	**5,581**	**3,287**				**2,218**			**2,050**			**2,294**
All patients assessed with a mental disorder	**3,942**	**2,495**	1.1	(1.0 - 1.2)		**1,682**	1.0	(1.0 - 1.1)	**1,582**	1.2	(1.1 - 1.3)	**1,447**
Psychoactive substance use	309	184	1.0	(0.8 - 1.2)		126	0.9	(0.7 - 1.2)	113	1.0	(0.8 - 1.3)	125
of which disorders due to alcohol	*293*	*175*	*1.0*	*(0.8 - 1.2)*		*123*	*0.9*	*(0.7 - 1.2)*	*104*	*1.0*	*(0.7 - 1.2)*	*118*
Mood disorders	901	526	0.9	(0.8 - 1.0)		394	0.9	(0.8 - 1.1)	279	0.8	(0.7 - 0.9)	375
of which depressive episode	*835*	*489*	*0.9*	*(0.8 - 1.0)*		*364*	*0.9*	*(0.8 - 1.1)*	*262*	*0.8*	*(0.7 - 1.0)*	*346*
Neurotic disorders	2,443	1,632	1.3	(1.2 - 1.4)		1,053	1.2	(1.1 - 1.3)	1,096	1.5	(1.3 - 1.6)	811
of which PTSD	*249*	*214*	*4.0*	*(2.8 - 5.7)*		*114*	*2.9*	*(2.0 - 4.2)*	*178*	*5.5*	*(3.8 - 7.9)*	*35*
of which adjustment disorders	*1,568*	*1,038*	*1.3*	*(1.1 - 1.4)*		*663*	*1.1*	*(1.0 - 1.3)*	*706*	*1.4*	*(1.3 - 1.6)*	*530*
Other mental and behavioural disorders	289	153	0.7	(0.6 - 0.9)		109	0.7	(0.6 - 0.9)	94	0.7	(0.6 - 1.0)	136
No mental disorder	1,639	792				536			468			847

1. Does not include personnel deployed to Afghanistan during the period January 2003 to October 2005 (see paragraph 70).

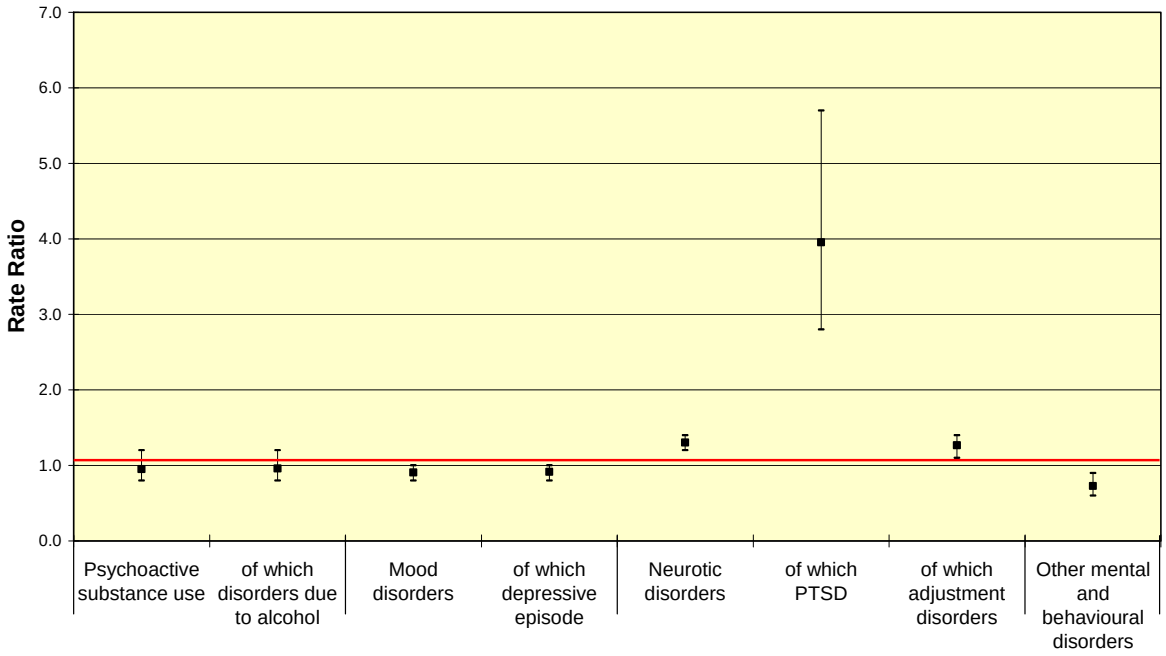
22. When looking at the rates of specific mental disorders, there were some statistically significant differences between those deployed to the Iraq and/or Afghanistan theatres of operation and those not identified as having deployed there;

- Rates of PTSD are higher in those who have deployed to Iraq and Afghanistan (2.9 per 1,000 strength and 5.5 per 1,000 strength respectively). This represents an increase risk for PTSD of 190% for Service personnel deployed to Iraq and 450% for Service personnel deployed to Afghanistan.

- Rates of Adjustment disorder are higher in those who have deployed to Afghanistan at 1.4 per 1,000 strength. This represents an increase risk for Adjustment disorder of 40% for Service personnel previously deployed to Afghanistan.

23. **Figure 5** 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 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.

Figure 5: Initial mental disorder assessments for episodes of care at a DCMH by ICD-10 grouping, for those deployed to Iraq and/or Afghanistan, 2010, rate ratios.



Admissions to the MOD's In-patient Contractors

24. There were 315 admissions to the MOD's UK and Overseas in-patient contractors during 2010. **Table 4** provides details of the key socio-demographic and military characteristics broken down by Service.

Table 4: Admissions to the MOD's in-patient contractors[1] by demographic characteristics, 2010, numbers and rates per 1,000 strength[2].

	All			Naval Service			Army			RAF		
Characteristic	**Number**	**Rate**	**CI**	**Number**	**Rate**	**CI**	**Number**	**Rate**	**CI**	**Number**	**Rate**	**CI**
First Admissions	**315**	1.6	(1.4 - 1.7)	**38**	1.0	(0.7 - 1.3)	**245**	2.1	(1.8 - 2.3)	**32**	0.7	(0.5 - 1.0)
Gender												
Males	**276**	1.5	(1.3 - 1.7)	30	0.8	(0.5 - 1.1)	221	2.0	(1.8 - 2.3)	25	0.7	(0.4 - 1.0)
Females	**39**	2.1	(1.4 - 2.7)	8	2.1	(0.9 - 4.2)	24	2.7	(1.7 - 4.0)	7	1.2	(0.5 - 2.4)
Rank												
Officers	**23**	0.7	(0.4 - 1.0)	~	0.5	(0.1 - 1.3)	14	0.9	(0.5 - 1.5)	~	0.5	(0.2 - 1.2)
Other ranks	**292**	1.7	(1.5 - 1.9)	~	1.1	(0.7 - 1.4)	231	2.3	(2.0 - 2.6)	~	0.8	(0.5 - 1.1)
Age												
Under 30	**185**	1.8	(1.5 - 2.1)	19	1.0	(0.6 - 1.5)	154	2.4	(2.0 - 2.8)	12	0.6	(0.3 - 1.1)
Over 30	**130**	1.3	(1.1 - 1.6)	19	1.0	(0.6 - 1.5)	91	1.7	(1.4 - 2.1)	20	0.8	(0.5 - 1.2)
Deployment - Theatres of												
Iraq or Afghanistan[3]	**165**	1.4	(1.1 - 1.6)	16	0.9	(0.5 - 1.5)	133	1.7	(1.4 - 2)	16	0.6	(0.3 - 1.0)
Of which, Iraq	**127**	1.4	(1.2 - 1.7)	12	0.9	(0.5 - 1.6)	102	1.9	(1.5 - 2.3)	13	0.6	(0.3 - 1.0)
Of which, Afghanistan[3]	**88**	1.2	(1.0 - 1.5)	7	0.9	(0.3 - 1.8)	75	1.5	(1.2 - 1.8)	6	0.4	(0.1 - 0.9)
Neither Iraq nor Afghanistan[3]	**150**	1.9	(1.6 - 2.2)	22	1.0	(0.6 - 1.5)	112	2.8	(2.3 - 3.3)	16	0.9	(0.5 - 1.5)

1. Includes UK (SSSFT) and Germany
2. Data presented as "~" has been suppressed in accordance with DASA's rounding policy (see paragraph 73).
3. Does not include personnel deployed to Afghanistan during the period January 2003 to October 2005 (see paragraph 70).
4. the MOD's overseas in-patient contractor records patients' details on discharge from care, not on admission. This data does not include those currently admitted for inpatient care.

25. There were some statistically significant differences in the admission rates between sub groups of patients.

- The Army had a higher rate of first admission at 2.1 per 1,000 strength (95% CI 1.8-2.3, N=245) than the other Services
- Army ranks had a higher rate of first admission at 2.3 per 1,000 strength (95% CI: 2.0-2.6, N=231 than the other Service ranks and officers.

Episodes of care at MOD DCMHs

Royal Navy

26. During 2010, a total of 634 episodes of care of Royal Navy personnel were recorded at the MOD's DCMHs, representing a rate for the year of 20.4 per 1,000 strength.

27. **Table 5** provides details of the key socio-demographic characteristics of the 634 episodes of care for Royal Navy personnel at the MOD's DCMHs during 2010.

Table 5: Episodes of care for Royal Navy personnel at the MOD's DCMHs by demographic characteristics, 2010, numbers and rates per 1,000 strength.

Characteristic	All patients seen	Patients assessed with a mental disorder			Patients assessed without a mental disorder
		Number	Rate	95% CI	
All	634	366	11.8	(10.6 - 13.0)	268
Gender					
Males	476	260	9.5	(8.3 - 10.6)	216
Females	158	106	29.0	(23.5 - 34.6)	52
Rank					
Officers	75	50	7.4	(5.3 - 9.4)	25
Other ranks	559	316	13.0	(11.6 - 14.4)	243
Age					
<20	51	24	15.7	(10.1 - 23.4)	27
20-24	190	101	15.6	(12.6 - 18.7)	89
25-29	155	88	13.5	(10.7 - 16.3)	67
30-34	70	43	10.2	(7.2 - 13.3)	27
35-39	74	48	9.3	(6.7 - 12.0)	26
40-44	58	39	10.2	(7.0 - 13.4)	19
45+	36	23	6.8	(4.3 - 10.1)	13
Deployment - Theatres of operation					
Iraq and/or Afghanistan[1]	205	130	10.6	(8.8 - 12.4)	75
of which, Iraq	*170*	*108*	*10.2*	*(8.3 - 12.1)*	*62*
of which, Afghanistan[1]	*63*	*39*	*10.5*	*(7.2 - 13.8)*	*24*
Neither Iraq nor Afghanistan[1]	429	236	12.5	(10.9 - 14.1)	193

1. Does not include personnel deployed to Afghanistan during the period January 2003 to October

28. Of the 634 episodes of care, 366 (58%) were assessed with a mental disorder, representing an overall rate for Royal Navy personnel of 11.8 per 1,000 strength (95% CI:10.6-13.0).

29. There were some statistically significant differences in the rates of mental disorder between various sub-groups of Royal Navy patients.

- Female personnel had a higher rate of mental disorder assessment at 29.0 per 1,000 strength (95% CI: 23.5-34.6, N=106) than male personnel at 9.5 per 1,000 strength (95% CI: 8.3-10.6, N=260).
- Other ranks had a higher rate of mental disorder at 13.0 per 1,000 strength (95% CI: 11.6-14.4, N=316) than Officers at 7.4 per 1,000 strength (95% CI: 5.3-9.4, N=50).

30. **Table 6** (see page 11) provides details of the types of presenting complaints, by ICD-10 grouping and Service, for all episodes of care of Service personnel and Royal Navy personnel during 2010.

31. In 2010, trends for the Royal Navy were similar to those of the Armed Forces as a whole, with the greatest proportion of mental disorders attributed to neurotic disorders (55%), of which 68% were adjustment disorders. PTSD made up only 7% of the total cases of mental disorder. The second largest proportion of mental disorders in the Royal Navy for 2010 was mood disorders (29%), of which 93% were depressive episodes.

Table 6: Initial mental disorder assessments for episodes of care at a DCMH by Service and ICD-10 grouping, all Services and Royal Navy personnel, 2010, numbers and rates per 1,000 strength.

	Service					
	All			Royal Navy		
ICD-10 description	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval
All cases seen by DCMH	**5,581**	**27.8**	**(27.0 - 28.5)**	**634**	**20.4**	**(18.8 - 22.0)**
Cases of Mental Health disorder	**3,942**	**19.6**	**(19.0 - 20.2)**	**366**	**11.8**	**(10.6 - 13.0)**
Psychoactive substance use	309	1.5	(1.4 - 1.7)	~	1.1	(0.7 - 1.4)
of which disorders due to alcohol	*293*	*1.5*	*(1.3 - 1.6)*	~	*1.0*	*(0.6 - 1.3)*
Mood disorders	901	4.5	(4.2 - 4.8)	107	3.4	(2.8 - 4.1)
of which depressive episode	*835*	*4.2*	*(3.9 - 4.4)*	*100*	*3.2*	*(2.6 - 3.8)*
Neurotic disorders	2,443	12.2	(11.7 - 12.6)	203	6.5	(5.6 - 7.4)
of which PTSD	*249*	*1.2*	*(1.1 - 1.4)*	*24*	*0.8*	*(0.5 - 1.1)*
of which adjustment disorders	*1,568*	*7.8*	*(7.4 - 8.2)*	*138*	*4.4*	*(3.7 - 5.2)*
Other mental and behavioural disorders	289	1.4	(1.3 - 1.6)	~	0.7	(0.5 - 1.1)
No mental disorder	1,639	8.2	(7.8 - 8.5)	268	8.6	(7.6 - 9.7)

1. Data presented as "~" has been suppressed in accordance with DASA's rounding policy (see paragraph 73)

32. **Table 7** provides details of the types of mental disorder by the patients' past deployment to the Iraq and/or Afghanistan theatres of operation. The rate ratios presented 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, whereas 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.

Table 7: Initial mental disorder assessments for episodes of care of Royal Navy personnel at a DCMH by deployment and ICD-10 grouping, 2010, numbers and rate ratios[1].

		Deployment - Theatres of operation									
					of which						
		Iraq and/or Afghanistan[2]			Iraq			Afghanistan[2]			Neither
ICD-10 description	All patients seen	Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen
All patients seen	**634**	**205**			**170**			**63**			**429**
All patients assessed with a mental disorder	**366**	**130**	0.8	(0.7 - 1.0)	**108**	0.8	(0.6 - 1.0)	**39**	0.8	(0.6 - 1.2)	**236**
Psychoactive substance use	~	~	0.6	(0.3 - 1.2)	8	0.6	(0.3 - 1.3)	~	0.6	(0.2 - 2.1)	~
of which disorders due to alcohol	~	~	*0.6*	*(0.3 - 1.4)*	*8*	*0.6*	*(0.3 - 1.4)*	~	*0.7*	*(0.2 - 2.3)*	~
Mood disorders	107	45	1.1	(0.8 - 1.6)	38	1.1	(0.7 - 1.6)	13	1.1	(0.6 - 1.9)	62
of which depressive episode	*100*	*42*	*1.1*	*(0.7 - 1.7)*	*35*	*1.1*	*(0.7 - 1.6)*	*12*	*1.0*	*(0.6 - 2.0)*	*58*
Neurotic disorders	203	69	0.8	(0.6 - 1.1)	56	0.7	(0.5 - 1.0)	20	0.8	(0.5 - 1.2)	134
of which PTSD	*24*	*11*	*1.3*	*(0.6 - 2.9)*	*8*	*1.1*	*(0.5 - 2.6)*	~	*1.6*	*(0.5 - 4.8)*	*13*
of which adjustment disorders	*138*	*42*	*0.7*	*(0.5 - 1.0)*	*37*	*0.7*	*(0.5 - 1.0)*	*10*	*0.5*	*(0.3 - 1.0)*	*96*
Other mental and behavioural disorders	~	~	0.7	(0.3 - 1.6)	6	0.7	(0.3 - 1.7)	~	1.0	(0.3 - 3.3)	~
No mental disorder	268	75			62			24			193

1. Data presented as "~" has been suppressed in accordance with DASA's rounding policy (see paragraph 73).
2. Does not include personnel deployed to Afghanistan during the period January 2003 to October 2005 (see paragraph 70).

33. During 2010 there were no significant differences in the rates of specific mental disorders when comparing personnel who have deployed to Iraq and /or Afghanistan compared to those not deployed there.

34. During 2010 there were 24 cases of PTSD, of which 11 cases had previously been deployed to Iraq and or Afghanistan (46%), however the risk of PTSD remains low in the Royal Navy.

Episodes of Care at MOD DCMHs

Royal Marines

35. During 2010 a total of 94 episodes of care for Royal Marines were recorded at the MOD's DCMHs, representing a rate for the year of 11.5 per 1,000 strength.

36. **Table 8** provides details of the key socio-demographic characteristics of the 94 episodes of care for Royal Marines at the MOD's DCMHs during 2010. Due to the small numbers involved, gender and officer/other rank breakdowns have been removed and broader age categories have been used to avoid publishing potentially disclosive data. However, there was no significant difference between other ranks and officers, or males and females in the Royal Marines.

Table 8: Episodes of care for Royal Marine personnel at the MOD's DCMHs by demographic characteristics, 2010, numbers and rates per 1,000 strength.

		Patients assessed with a mental disorder			
Characteristic	**All patients seen**	**Number**	**Rate**	**95% CI**	**Patients assessed without a mental disorder**
All	94	58	7.1	(5.3 - 8.9)	36
Age					
<25	33	18	6.1	(3.6 - 9.6)	15
25-34	35	21	6.6	(4.1 - 10.1)	14
35+	26	19	9.2	(5.6 - 14.4)	7
Deployment - Theatres of operation					
Iraq and/or Afghanistan[1]	70	46	8.8	(6.3 - 11.3)	24
of which, Iraq	*28*	*20*	*7.4*	*(4.5 - 11.5)*	*8*
of which, Afghanistan[1]	*60*	*40*	*9.2*	*(6.3 - 12.0)*	*20*
Neither Iraq nor Afghanistan[1]	24	12	4.0	(2.1 - 7.1)	12

1. Does not include personnel deployed to Afghanistan during the period January 2003 to October 2005 (see paragraph 70).

37. Of the 94 episodes of care, 58 (62%) were assessed with a mental disorder, representing an overall rate for Royal Marine personnel of 7.1 per 1,000 strength.

38. There are no significant differences in the rates of new episodes of care when comparing age group or deployment to Iraq and/or Afghanistan.

39. **Table 9** (see page 13) provides details of the types of presenting complaints, by ICD-10 grouping and Service, for all episodes of care for Service personnel and Royal Marine personnel during 2010.

40. In 2010, trends for the Royal Marines were similar to those of the Armed Forces as a whole, with the greatest proportion of mental disorders attributed to neurotic disorders (72%), of which 71% were adjustment disorders. PTSD made up 16% of the cases of mental disorder in the Royal Marines. PTSD remained a rare condition, however, affecting only nine Royal Marine personnel during 2010. The second largest proportion of mental disorders in the Royal Marines for 2010 was mood disorders (16%), all of which were depressive episodes.

Table 9: Initial mental disorder assessments for episodes of care at a DCMH by Service and ICD-10 grouping, all Services and Royal Marine personnel, 2010, numbers and rates per 1,000 strength[1].

	Service					
	All			Royal Marines		
ICD-10 description	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval
All cases seen by DCMH	**5,581**	**27.8**	**(27 - 28.5)**	**94**	**11.5**	**(9.2 - 13.8)**
Cases of Mental Health disorder	**3,942**	**19.6**	**(19 - 20.2)**	**58**	**7.1**	**(5.3 - 8.9)**
Psychoactive substance use	309	1.5	(1.4 - 1.7)	~	0.7	(0.3 - 1.6)
of which disorders due to alcohol	*293*	*1.5*	*(1.3 - 1.6)*	*~*	*0.7*	*(0.3 - 1.6)*
Mood disorders	901	4.5	(4.2 - 4.8)	9	1.1	(0.5 - 2.1)
of which depressive episode	*835*	*4.2*	*(3.9 - 4.4)*	*9*	*1.1*	*(0.5 - 2.1)*
Neurotic disorders	2,443	12.2	(11.7 - 12.6)	42	5.1	(3.6 - 6.7)
of which PTSD	*249*	*1.2*	*(1.1 - 1.4)*	*9*	*1.1*	*(0.5 - 2.1)*
of which adjustment disorders	*1,568*	*7.8*	*(7.4 - 8.2)*	*30*	*3.7*	*(2.4 - 5.0)*
Other mental and behavioural disorders	289	1.4	(1.3 - 1.6)	~	0.1	(0.0 - 0.7)
No mental disorder	1,639	8.2	(7.8 - 8.5)	36	4.4	(3.0 - 5.8)

1. Data presented as "~" has been suppressed in accordance with DASA's rounding policy (see paragraph 73).

41. **Table 10** provides details of the types of mental disorder by the patients' past deployment to the Iraq and/or Afghanistan theatres of operation. The rate ratios presented 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, whereas 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.

Table 10: Initial mental disorder assessments for episodes of care of Royal Marine personnel at a DCMH by deployment and ICD-10 grouping, 2010, numbers and rate ratios[1 2].

		Deployment - Theatres of operation									
					of which						
		Iraq and/or Afghanistan[3]			Iraq			Afghanistan[3]			Neither
ICD-10 description	All patients seen	Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen
All patients seen	**94**	**70**			**28**			**60**			**24**
All patients assessed with a mental disorder	**58**	**46**	2.2	(1.2 - 4.1)	**20**	1.8	(0.9 - 3.8)	**40**	2.3	(1.2 - 4.3)	**12**
Psychoactive substance use	~	~	2.8	(0.3 - 24.3)	~	1.1	(0.1 - 17.6)	~	3.4	(0.4 - 29.1)	~
of which disorders due to alcohol	*~*	*~*	*2.8*	*(0.3 - 24.3)*	*~*	*1.1*	*(0.1 - 17.6)*	*~*	*3.4*	*(0.4 - 29.1)*	*~*
Mood disorders	9	~	4.5	(0.6 - 36.3)	~	3.3	(0.3 - 31.8)	7	4.8	(0.6 - 38.7)	~
of which depressive episode	*9*	*~*	*4.5*	*(0.6 - 36.3)*	*~*	*3.3*	*(0.3 - 31.8)*	*7*	*4.8*	*(0.6 - 38.7)*	*~*
Neurotic disorders	42	32	1.8	(0.9 - 3.7)	16	1.8	(0.8 - 3.9)	27	1.8	(0.9 - 3.8)	10
of which PTSD	*9*	*9*	-		*~*	-		*7*	-		*0*
of which adjustment disorders	*30*	*23*	*1.9*	*(0.8 - 4.3)*	*12*	*1.9*	*(0.7 - 4.8)*	*20*	*1.9*	*(0.8 - 4.6)*	*7*
Other mental and behavioural disorders	~	~	-	-	0	-	-	~	-	-	0
No mental disorder	36	24			*8*			*20*			12

1. Data represented with a "-" symbol is not calculable.
2. Data presented as "~" has been suppressed in accordance with DASA's rounding policy (see paragraph 73).
3. Does not include personnel deployed to Afghanistan during the period January 2003 to October 2005 (see paragraph 70).

42. In 2010 the overall rate of mental disorder was statistically significantly higher in those who had deployed to Afghanistan than not deployed there, (Rate ratio 2.3, 95% CI: 1.2-4.3 n=40). This represents a 130% increase risk of Royal Marines of being assessed with a mental disorder following deployment to Afghanistan; it is also worth noting that the overall numbers of mental disorders are still low.

43. All cases of PTSD in the Royal Marines followed deployment to Iraq and/or Afghanistan (n=9), however the overall number of Royal Marines assessed with PTSD remains small.

44. As shown in **Table 10**, there were nine cases of PTSD in Royal Marines in 2010, however, as all of these occurred in personnel that had been deployed to the Iraq and/or Afghanistan theatres of operation, it is not possible to calculate a rate ratio for these disorders.

Episodes of Care at MOD DCMHs

Army

45. During 2010 a total of 3,497 episodes of care for Army personnel were recorded at the MOD's DCMHs, representing a rate for the year of 29.7 per 1,000 strength.

46. **Table 11** provides details of the key socio-demographic characteristics of the 3,497 episodes of care of Army personnel at the MOD's DCMHs during 2010.

Table 11: Episodes of care of Army personnel at the MOD's DCMHs by demographic characteristics, 2010, numbers and rates per 1,000 strength.

		Patients assessed with a mental disorder			Patients assessed without a mental disorder
Characteristic	All patients seen	Number	Rate	95% CI	
All	3,497	2,553	21.7	(20.9 - 22.6)	944
Gender					
Males	3,021	2,176	20.0	(19.2 - 20.9)	845
Females	476	377	42.4	(38.1 - 46.7)	99
Rank					
Officers	189	154	9.5	(8.0 - 11.0)	35
Other ranks	3,308	2,399	23.7	(22.7 - 24.6)	909
Age					
<20	333	198	20.0	(17.2 - 22.8)	135
20-24	1,187	814	27.7	(25.8 - 29.6)	373
25-29	779	589	23.1	(21.2 - 24.9)	190
30-34	503	389	20.7	(18.7 - 22.8)	114
35-39	398	315	18.9	(16.8 - 21.0)	83
40-44	193	163	16.5	(13.9 - 19.0)	30
45-49	67	53	12.3	(9.0 - 15.6)	14
50+	37	32	10.1	(6.6 - 13.6)	5
Deployment - Theatres of operation					
Iraq and/or Afghanistan[1]	2,303	1,766	22.7	(21.6 - 23.8)	537
of which, Iraq	1,460	1,115	20.8	(19.6 - 22.0)	345
of which, Afghanistan[1]	1,555	1,215	24.4	(23.0 - 25.8)	340
Neither Iraq nor Afghanistan[1]	1,194	787	19.8	(18.4 - 21.2)	407

1. Does not include personnel deployed to Afghanistan during the period January 2003 to October 2005 (see paragraph 70).

47. Of the 3,497 episodes of care, 2,553 (73%) were assessed with a mental disorder, representing an overall rate for Army personnel of 21.7 per 1,000 strength.

48. There were some statistically significant differences in the rates of mental disorder between various sub-groups of Army patients.

- Female personnel had a higher rate of mental disorder assessment at 42.4 per 1,000 strength (95% CI: 38.1-46.7, N=377) than male personnel at 20.0 per 1,000 strength (95% CI: 19.2-20.9, N=2,176).
- Other ranks had a higher rate of mental disorder at 23.7 per 1,000 strength (95% CI: 22.7-24.6, N=2,399) than Officers at 9.5 per 1,000 strength (95% CI: 8.0-11.0, N=154).
- The 20-24 age group had a higher rate of mental disorder at 27.7 per 1,000 strength (95% CI: 25.8 – 29.6, N=814) than all other age groups.
- Personnel who have deployed to Afghanistan had higher rates at 24.4 per 1,000 strength (95% CI: 23.0 – 25.8, N=1,215) than those who deployed to Iraq (at 20.8 per 1,000 strength, 95% CI:19.6 – 22.0, N=1,115) and those who have not deployed to either Iraq or Afghanistan, (19.8 per 1,000 strength, 95% CI: 18.4-21.2, N=787).

49. **Table 12** (see page 15) provides details of the types of presenting complaints, by ICD-10 grouping and Service, for episodes of care for all Service personnel and Army personnel during 2010.

50. In 2010, trends for the Army were similar to those of the Armed Forces as a whole, with the greatest proportion of mental disorders attributed to neurotic disorders (61%), of which 62% were adjustment disorders. PTSD made up only 7% of the total cases of mental disorder. The second

largest proportion of mental disorders in the Army for 2010 was mood disorders (22%) of which 92% were depressive episodes.

Table 12: Initial mental disorder assessments for episodes of care at a DCMH by Service and ICD-10 grouping, all Services and Army personnel, 2010, numbers and rates per 1,000 strength.

	Service					
	All			Army		
ICD-10 description	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval
All cases seen by DCMH	**5,581**	**27.8**	**(27.0 - 28.5)**	**3,497**	**29.7**	**(28.8 - 30.7)**
Cases of Mental Health disorder	**3,942**	**19.6**	**(19.0 - 20.2)**	**2,553**	**21.7**	**(20.9 - 22.6)**
Psychoactive substance use	309	1.5	(1.4 - 1.7)	230	2.0	(1.7 - 2.2)
of which disorders due to alcohol	293	1.5	(1.3 - 1.6)	216	1.8	(1.6 - 2.1)
Mood disorders	901	4.5	(4.2 - 4.8)	559	4.8	(4.4 - 5.1)
of which depressive episode	835	4.2	(3.9 - 4.4)	515	4.4	(4.0 - 4.8)
Neurotic disorders	2,443	12.2	(11.7 - 12.6)	1,567	13.3	(12.7 - 14.0)
of which PTSD	249	1.2	(1.1 - 1.4)	189	1.6	(1.4 - 1.8)
of which adjustment disorders	1,568	7.8	(7.4 - 8.2)	970	8.3	(7.7 - 8.8)
Other mental and behavioural disorders	289	1.4	(1.3 - 1.6)	197	1.7	(1.4 - 1.9)
No mental disorder	1,639	8.2	(7.8 - 8.5)	944	8.0	(7.5 - 8.5)

51. **Table 13** provides details of the types of mental disorder by the patients' past deployment to the Iraq and/or Afghanistan theatres of operation. The rate ratios presented 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, whereas 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.

Table 13: Initial mental disorder assessments for episodes of care of Army personnel at a DCMH by deployment and ICD-10 grouping, 2010, numbers and rate ratios.

		Deployment - Theatres of operation									
		Iraq and/or Afghanistan[1]			of which Iraq			of which Afghanistan[1]			Neither
ICD-10 description	All patients seen	Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen
All patients seen	**3,497**	**2,303**			**1,460**			**1,555**			**1,194**
All patients assessed with a mental disorder	**2,553**	**1,766**	1.1	(1.1 - 1.2)	**1,115**	1.1	(1.0 - 1.2)	**1,215**	1.2	(1.1 - 1.3)	**787**
Psychoactive substance use	230	150	1.0	(0.7 - 1.3)	101	0.9	(0.7 - 1.3)	93	0.9	(0.7 - 1.3)	80
of which disorders due to alcohol	*216*	*141*	*1.0*	*(0.7 - 1.3)*	*98*	*1.0*	*(0.7 - 1.3)*	*84*	*0.9*	*(0.7 - 1.2)*	*75*
Mood disorders	559	360	0.9	(0.8 - 1.1)	260	1.0	(0.8 - 1.2)	198	0.8	(0.7 - 1.0)	199
of which depressive episode	*370*	*334*	*4.7*	*(3.4 - 6.7)*	*240*	*4.9*	*(3.5 - 7.0)*	*184*	*4.1*	*(2.9 - 5.8)*	*36*
Neurotic disorders	1,567	1,146	1.4	(1.2 - 1.6)	681	1.2	(1.1 - 1.4)	853	1.6	(1.4 - 1.8)	421
of which PTSD	*189*	*173*	*5.5*	*(3.3 - 9.2)*	*90*	*4.2*	*(2.4 - 7.1)*	*152*	*7.6*	*(4.5 - 12.7)*	*16*
of which adjustment disorders	*970*	*708*	*1.4*	*(1.2 - 1.6)*	*408*	*1.2*	*(1.0 - 1.3)*	*538*	*1.6*	*(1.4 - 1.9)*	*262*
Other mental and behavioural disorders	197	110	0.6	(0.5 - 0.9)	73	0.6	(0.5 - 0.8)	71	0.7	(0.5 - 0.9)	87
No mental disorder	944	537			345			340			407

1. Does not include personnel deployed to Afghanistan during the period January 2003 to October 2005 (see paragraph 70).

52. In 2010, there were some statistically significant differences for Army personnel deployed to the Iraq and/or Afghanistan theatres of operation compared to those not identified as having deployed there:

- The rates of depressive episode were higher in those deployed to the Iraq and Afghanistan theatre of operation (rate ratio 4.9, 95% CI: 3.5-7.0 and rate ratio 4.1, 95% CI: 2.9-5.8 respectively) than those not identified as having deployed there. This represents an increased risk for depressive episode in Army personnel who have deployed to Iraq or Afghanistan of 390% and 310% respectively.

- The rates of PTSD were higher in those deployed to the Iraq and Afghanistan theatres of operation (rate ratio 4.2, 95% CI: 2.4-7.1 and rate ratio 7.6, 95% CI: 4.5-12.7 respectively) than those not identified as having deployed there. This represents an increase in risk for PTSD in Army personnel who have deployed to Iraq or Afghanistan of 320% and 660% respectively.

Initial Assessments at MOD DCMHs

RAF

53. During 2010 a total of 1,356 episodes of care for RAF personnel were recorded at the MOD's DCMHs, representing a rate for the year of 30.7 per 1,000 strength.

54. **Table 14** provides details of the key socio-demographic characteristics of the 1,356 episodes of care for RAF personnel at the MOD's DCMHs during 2010.

Table 14: Episodes of care of RAF personnel at the MOD's DCMHs by demographic characteristics, 2010, numbers and rates per 1,000 strength.

		Patients assessed with a mental disorder			Patients assessed without a mental disorder
Characteristic	All patients seen	Number	Rate	95% CI	
All	1,356	965	21.8	(20.5 - 23.2)	391
Gender					
Males	930	644	16.9	(15.6 - 18.2)	286
Females	426	321	53.1	(47.3 - 58.9)	105
Rank					
Officers	183	145	14.5	(12.2 - 16.9)	38
Other ranks	1,173	820	24.0	(22.3 - 25.6)	353
Age					
<20	88	34	18.8	(12.5 - 25.2)	54
20-24	257	151	20.1	(16.9 - 23.3)	106
25-29	286	208	22.6	(19.6 - 25.7)	78
30-34	215	168	24.3	(20.7 - 28.0)	47
35-39	237	186	26.7	(22.9 - 30.5)	51
40-44	162	125	20.9	(17.2 - 24.6)	37
45-49	78	66	18.4	(13.9 - 22.8)	12
50+	33	27	12.1	(7.9 - 17.6)	6
Deployment - Theatres of operation					
Iraq and/or Afghanistan[1]	709	553	20.6	(18.9 - 22.4)	156
of which, Iraq	560	439	20.4	(18.5 - 22.3)	121
of which, Afghanistan[1]	372	288	19.0	(16.8 - 21.2)	84
Neither Iraq nor Afghanistan[1]	647	412	23.7	(21.4 - 26.0)	235

1. Does not include personnel deployed to Afghanistan during the period January 2003 to October 2005 (see paragraph 70).

55. Of the 1,356 episodes of care, 965 (71%) were assessed with a mental disorder, representing an overall rate for RAF personnel seen under a new episode of care for a mental disorder of 21.8 per 1,000 strength.

56. There were some statistically significant differences in the rates of mental disorder between various sub-groups of RAF patients.

- Female personnel had a higher rate of mental disorder assessment at 53.1 per 1,000 strength (95% CI: 47.3-58.9, N=321) than male personnel at 16.9 per 1,000 strength (95% CI: 15.6-18.2, N=644).
- Other ranks had a higher rate of mental disorder at 24.0 per 1,000 strength (95% CI: 22.3-25.6, N=820) than Officers at 14.5 per 1,000 strength (95% CI: 12.2-16.9, N=145).

57. **Table 15** (see page 17) provides details of the types of presenting complaints, by ICD-10 grouping and Service, for episodes of care for all Service personnel and RAF personnel during 2010.

58. In 2010, trends for the RAF were similar to those of the Armed Forces as a whole, with the greatest proportion of mental disorders attributed to neurotic disorders (65%), of which 68% were adjustment disorders. PTSD made up only 3% of the total cases of mental disorder in the RAF. The second largest proportion of mental disorders in the RAF for 2010 was mood disorders (23%), of which 93% were depressive episodes.

Table 15: Initial mental disorder assessments for episodes of care at a DCMH by Service and ICD-10 grouping, all Services and RAF personnel, 2010, numbers and rates per 1,000 strength.

	Service					
	All			RAF		
ICD-10 description	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval
All cases seen by DCMH	**5,581**	**27.8**	**(27.0 - 28.5)**	**1,356**	**30.7**	**(29.1 - 32.3)**
Cases of Mental Health disorder	**3,942**	**19.6**	**(19.0 - 20.2)**	**965**	**21.8**	**(20.5 - 23.2)**
Psychoactive substance use	309	1.5	(1.4 - 1.7)	40	0.9	(0.6 - 1.2)
of which disorders due to alcohol	293	1.5	(1.3 - 1.6)	40	0.9	(0.6 - 1.2)
Mood disorders	901	4.5	(4.2 - 4.8)	226	5.1	(4.4 - 5.8)
of which depressive episode	835	4.2	(3.9 - 4.4)	211	4.8	(4.1 - 5.4)
Neurotic disorders	2,443	12.2	(11.7 - 12.6)	631	14.3	(13.2 - 15.4)
of which PTSD	249	1.2	(1.1 - 1.4)	27	0.6	(0.4 - 0.9)
of which adjustment disorders	1,568	7.8	(7.4 - 8.2)	430	9.7	(8.8 - 10.7)
Other mental and behavioural disorders	289	1.4	(1.3 - 1.6)	68	1.5	(1.2 - 1.9)
No mental disorder	1,639	8.2	(7.8 - 8.5)	391	8.8	(8.0 - 9.7)

59. **Table 16** provides details of the types of mental disorder by the patients' past deployment to the Iraq and/or Afghanistan theatres of operation. The rate ratios presented 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, whereas 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.

Table 16: Initial mental disorder assessments for episodes of care of RAF personnel at a DCMH by deployment and ICD-10 grouping, 2010, numbers and rate ratios.

		Deployment - Theatres of operation								
		Iraq and/or Afghanistan[1]			*of which* *Iraq*			*Afghanistan*[1]			Neither
ICD-10 description	All patients seen	Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen
All patients seen	**1,356**	**709**			***560***			***372***			**647**
All patients assessed with a mental disorder	**965**	**553**	0.9	(0.8 - 1.0)	***439***	*0.9*	*(0.8 - 1.0)*	***288***	*0.8*	*(0.7 - 0.9)*	**412**
Psychoactive substance use	40	20	0.6	(0.3 - 1.2)	*16*	*0.6*	*(0.3 - 1.2)*	*12*	*0.7*	*(0.3 - 1.4)*	20
of which disorders due to alcohol	*40*	*20*	*0.6*	*(0.3 - 1.2)*	*16*	*0.6*	*(0.3 - 1.2)*	*12*	*0.7*	*(0.3 - 1.4)*	*20*
Mood disorders	226	113	0.6	(0.5 - 0.8)	*93*	*0.7*	*(0.5 - 0.9)*	*61*	*0.6*	*(0.5 - 0.8)*	113
of which depressive episode	*211*	*105*	*0.6*	*(0.5 - 0.8)*	*86*	*0.7*	*(0.5 - 0.9)*	*59*	*0.6*	*(0.5 - 0.9)*	*106*
Neurotic disorders	631	385	1.0	(0.9 - 1.2)	*300*	*1.0*	*(0.8 - 1.2)*	*196*	*0.9*	*(0.8 - 1.1)*	246
of which PTSD	*27*	*21*	*2.3*	*(0.9 - 5.6)*	*12*	*1.6*	*(0.6 - 4.3)*	*15*	*2.9*	*(1.1 - 7.4)*	*6*
of which adjustment disorders	*430*	*265*	*1.0*	*(0.9 - 1.3)*	*206*	*1.0*	*(0.8 - 1.2)*	*138*	*1.0*	*(0.8 - 1.2)*	*165*
Other mental and behavioural disorders	68	35	0.7	(0.4 - 1.1)	*30*	*0.7*	*(0.4 - 1.2)*	*19*	*0.7*	*(0.4 - 1.2)*	33
No mental disorder	391	156			*121*			*84*			235

1. Does not include personnel deployed to Afghanistan during the period January 2003 to October 2005 (see paragraph 70).

60. In 2010, there were some statistically significant differences for RAF personnel deployed to the Iraq and/or Afghanistan theatres of operation compared to those not identified as having deployed there:

- The rates of PTSD were higher in those who deployed to Afghanistan theatre of operation (rate ratio 2.9, 95% CI: 1.1-7.4) than those not identified as having deployed there. This represents an increase risk for PTSD of 190% for RAF personnel previously deployed to Afghanistan.

- The rates of mood disorder were lower for those who had deployed to Iraq and/or Afghanistan (rate ratio 0.6, 95% CI 0.5-0.8). This represents a 40% decrease in risk for RAF personnel who have deployed to Iraq or Afghanistan compared to those not deployed there.

POINTS TO NOTE

61. Interpretation of the findings in this report continues to require caution. The data contained within this report 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 patients seen for a new episodes of care during the period, not all those who were receiving treatment.

62. Mental health problems are present in both civilian and military populations and result from multi-factorial issues. The Surgeon General's Headquarters (SGHQ) and Joint Medical Command (JMC) are striving to minimise the stigma associated with mental illness and foster the appropriate understanding, recognition and presentation for management of these issues in Armed Forces personnel. Stigma concerning mental health issues is, however, deeply embedded in both military and civilian populations and it will take time produce attitudinal cultural change.

63. 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[b].

DATA, DEFINITIONS AND METHODS

64. DCMH staff record the initial psychiatric assessment for each episode of care, 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. 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 Health-Related Disorders 10th edition (ICD-10).

65. A number of patients present to DCMHs with symptoms that require the treatment skills of DCMH staff, whilst not necessarily having a specific and identifiable mental disorder. In the **Results** section, these cases are referred to as "assessed without a mental disorder".

66. As in the quarterly reports, a range of validation and verification quality assurance procedures were applied to the data DASA received from the DCMHs. Records submitted were excluded from the main analysis if they were duplicates or repeat attendances in the same episode of care, and civilian or non-UK military personnel. If a person has more than one episode of care within the time period then they will be counted more than once. Therefore the numbers and rates presented here represent the number of episodes of care rather than the number of people affected.

67. From July 2009 onwards, DASA have included data from four mental health posts located in medical centres, attached to a DCMH, staffed by mental health nurses and operating in the same way as a DCMH; seeing and treating personnel referred for specialist care with suspected mental health disorders. Throughout this report the term DCMH includes these four mental health posts.

68. In addition to the DCMH data collected, DASA Health Information also collect in-patient contractor data from UK and British Forces Germany (BFG). We currently only present these data on an annual basis.

69. In order to calculate the rates in this report, 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 (e.g. the strength at the first of every month between January 2010 and January 2011 divided by 13

[b] Their findings are published in the peer-reviewed medical literature and are freely available in the public domain at URL:http://www.kcl.ac.uk/kcmhr/information/publications/publications.html.

for 2010 strengths). This estimate is in line with the method used for the 2007 annual report. Strengths figures include regulars (including Gurkhas and 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. Please 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. Due to small numbers, in order to present demographic breakdowns in the single Service tables, strengths figures have been taken out where previously they have been presented to ensure small numbers can not be derived from the calculated rates.

70. 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. About 4% of the deployment records were not successfully validated against the "gold standard" personnel records held by the Service Personnel and Veterans Agency[c].

71. Deployment markers were assigned using the criteria 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, this report compares those who had been deployed before their episode of care with those who have not been identified as having deployed before their episode of care.**

72. This report includes an additional breakdown by age. The age used is the patient's age as at the date of their first attendance at a DCMH or, for the in-patient data, the date of admission.

73. In line with DASA's rounding policy (May 2009) all numbers fewer than five have been suppressed. Where there is only one cell in a row or column that is fewer than five, the next smallest number has also been suppressed so that numbers cannot be derived from totals. Where there are equal values, both numbers have been suppressed. Armed Forces Compensation Scheme (AFCS) figures have been rounded to the nearest five. Each case of suppression has been considered on an individual basis and where risk of disclosure is deemed to be low risk, small values have been retained.

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[c] It is reassuring that the research carried out by the Kings Centre for Military Health Research on a large tri-Service sample of personnel deployed during the first phase of Op TELIC in 2003, who were identified from DASA's deployment database, reported a cohort error rate of less than 0.5 per cent.[4]

Annex A: Field Mental Health Team Data (Afghanistan)

74. Field Mental Health Teams (FMHTs) provide clinical assessment, mental health training and command advisory roles to the deployed force. The team consists of community mental health nurses and a visiting consultant psychiatrist, although the team may be supplemented by additional staff if the operational situation requires.

75. The FMHT visits forward locations and practice forward psychiatry using the PIES principles (proximity, immediacy, expectancy and simplicity) in order to maximise the opportunities to keep personnel functioning well in the operational environment. Although the FMHT is based with UK Med Group it primarily acts to ensure that personnel remain occupationally effective, rather than simply as a treatment service.

76. **Table 17**provides details of the types of presenting complaints, by ICD-10 grouping and year, for Armed Forces personnel assessed by FMHT professionals whilst on operations in Afghanistan in 2010.

Table 17: Presenting complaints of UK Armed Forces personnel assessed by FMHTs by ICD-10 grouping, 2010, numbers[1] [2].

	Year				
	2006	**2007**	**2008**	**2009**	**2010**
All patients seen	**53**	**119**	**100**	**131**	**158**
Patients assessed with a mental disorder	**39**	**84**	**78**	**96**	**113**
Psychoactive substance use	0	~	~	0	~
of which disorders due to alcohol	*0*	~	~	*0*	~
Mood disorders	~	13	5	~	11
of which depressive episode	~	*12*	~	~	*11*
Neurotic disorders	33	64	69	86	95
adjustment disorders	*11*	*20*	*30*	*43*	*53*
Other mental and behavioural disorders	~	5	~	6	~
No mental disorder	0	0	0	14	45
No assessment provided	14	35	22	21	0

1. *Data presented as "~" has been suppressed in accordance with DASA's rounding policy (see paragraph 73).*
2. *These data may represent a potential undercount of all personnel seen assessed by the FMHTs, as data may be incomplete due to operational constraints.*

77. Data is supplied to DASA on aggregate level on a weekly basis, therefore demographic breakdowns, including Service, gender, officer/rank status and age group, are not available.

Annex B: Aeromedical Evacuations – Afghanistan and Iraq

78. Personnel are aeromedically evacuated from theatre for a range of medical conditions. **Table 18** details the number of UK Armed Forces personnel aeromedically evacuated from the Iraq or Afghanistan theatres of operation for psychiatric reasons in 2010.

Table 18: UK Armed Forces personnel aeromedically evacuated[1] for psychiatric reasons from the Afghanistan and Iraq theatres of operation, 2010, numbers[2 3].

	Afghanistan	Iraq
Total number of evacuations	**30**	~
1A - Severe Psychiatric Patient	~	0
1B - Psychiatric Patients of Intermediate Severity	~	~
1C - Mildly Disturbed Psychiatric Patients	22	0
Unknown Severity	0	0

1. Patients flown home to the UK either by the aeromed evacuation team or other flights.
2. The numbers reported here reflect the reason for evacuation as recorded. There may be patients who are evacuated for other medical reasons who are also suffering from a mental disorder.
2. Data presented as "~" has been suppressed in accordance with DASA's rounding policy (see paragraph 73).

79. Aeromedical Evacuations data provided in this report have been compiled using data from Brize Norton Aeromedical Evacuation Control Centre (AECC) and the Defence Patient Tracking System (DPTS). Please note that it is possible that there will have been some individuals who returned to the UK without being recorded on the AECC or DPTS as having a mental health disorder, and their details will not have been recorded centrally.

80. **Table 19** shows the first location of medical care following aeromedical evacuation from the Afghanistan and Iraq theatres of operation during 2010.

Table 19: First location of medical care for UK Armed Forces personnel aeromedically evacuated for psychiatric reasons from the Afghanistan and Iraq theatres of operation, 2010, numbers[1 2 3].

	Afghanistan	Iraq
Total number of evacuations	**30**	**~**
DCMH or in-patient care contractor	~	0
Unit/Unit Primary Healthcare	22	0
of which subsequently seen at a DCMH or in-patient care contractor	*10*	*0*
Ministry of Defence Hospital Unit (MDHU)	0	0
Reserve Training and Mobilisation Centre (RTMC)	0	0
Unknown	~	~

1. The DPTS is a live system and is constantly being updated retrospectively as such the data are provisional and subject to change.
2. These figures include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel and Reservists. These exclude Other Nations Service Personnel.
3. Data presented as "~" has been suppressed in accordance with DASA's rounding policy (see paragraph 73).

81. Of the 30 UK Service personnel aeromedically evacuated for psychiatric reasons in 2010, 73% (N=22) had their first medical care at their unit/unit primary healthcare following evacuation.

Annex C: Assessments at Defence Medical Rehabilitation Centre, Headley Court

82. The Defence Medical Rehabilitation Centre (DMRC) Headley Court houses individuals requiring any physical and/or psychological nursing support due to their injuries or pre-existing medical conditions, and offers assistance to those individuals who are unable to manage independently in mess accommodation due to the nature of their medical needs and abilities.

83. Individuals that are seen at DMRC Headley Court following a battle injury are automatically assessed for mental health issues. Any patients referred to DMRC Headley Court that have been flagged as potentially having a mental health condition are also assessed.

84. Patients assessed with a mental health condition are then treated at DMRC Headley Court for the duration of their care. Some individuals may be referred to a different DCMH if they are not a permanent patient of DMRC Headley Court.

85. In 2010, a total of 230 Armed Forces personnel were assessed for potential mental health issues at DMRC Headley Court, representing a rate for the year of 1.1 per 1,000 strength.

86. **Table 20** provides details of the key socio-demographic and military characteristics of the 230 Armed Forces personnel assessed for potential mental health issues at DMRC Headley Court in 2010.

Table 20: Initial mental health assessments at DMRC Headley Court by demographic and military characteristics, 2010, numbers and rates per 1,000 strength[1].

			Patients assessed with a mental disorder			
Characteristic	Strength	All patients seen	Number	Rate	95% CI	Patients assessed without a mental disorder
All	201,000	230	150	0.7	(0.6 - 0.9)	80
Gender						
Males	182,300	209	133	0.7	(0.6 - 0.9)	76
Females	18,700	20	17	0.9	(0.5 - 1.5)	3
Rank						
Officers	33,800	18	12	0.4	(0.2 - 0.6)	6
Other ranks	167,200	212	138	0.8	(0.7 - 1.0)	74
Age						
<20	13,800	19	12	0.9	(0.5 - 1.5)	7
20-24	45,800	73	41	0.9	(0.6 - 1.2)	32
25-29	43,300	67	45	1.0	(0.7 - 1.3)	22
30-34	31,000	33	24	0.8	(0.5 - 1.2)	9
35+	67,200	35	27	0.4	(0.3 - 0.6)	8
Deployment - Theatres of operation						
Iraq and/or Afghanistan[2]	122,100	201	129	1.1	(0.9 - 1.2)	72
of which, Iraq	88,500	92	64	0.7	(0.5 - 0.9)	28
of which, Afghanistan[2]	73,000	181	113	1.5	(1.3 - 1.8)	68
Neither Iraq nor Afghanistan[2]	79,000	29	21	0.3	(0.2 - 0.4)	8

1. Strengths data rounded to the nearest 100. Strengths are a 13-month average (see paragraph 70).
2. Does not include personnel deployed to Afghanistan during the period January 2003 to October 2005 (see paragraph 69).

87. Of the 230 patients seen, 150 (65%) were assessed with a mental disorder, representing an overall rate for Armed Forces personnel assessed at DMRC with a mental disorder of 0.7 per 1,000 strength.

88. There were some statistically significant differences in the initial assessment rates between various sub-groups of patients:

- Other ranks had higher rates (0.8 per 1,000 strength, 95%CI: 0.7-1.0, N= 138) than officers (0.4, 95% CI: 0.2-0.6, N=12).
- The rate of mental disorder among personnel deployed to the Afghanistan theatre of operation was higher than among those who had not deployed there (1.5 per 1,000 strength, 95% CI: 1.3-1.8, N=113).

Annex D: Reserves Mental Health Programme

89. The Reserves Mental Health Programme (RMHP) is open to any current or former member of the UK Volunteer and Regular Reserves who has been demobilised since 1 January 2003 following an overseas operational deployment as a reservist, and who believes that the deployment may have adversely affected their mental health.

90. Under the RMHP, Defence Medical Services (DMS) liaise with the individual's GP and offer a mental health assessment at the Reserves Training and Mobilisation Centre in Chilwell. If diagnosed with a combat-related mental health condition, out-patient treatment is offered via one of the MOD's 15 Departments of Community Mental Health (DCMHs). If more acute cases present, the DMS will assist access to NHS in-patient care.

91. An individual, who believes they are eligible, and who would like an assessment, should ask their GP for a referral. This is the preferred method of contact, to ensure that both the GP and the RMHP assessors are kept aware of all the factors affecting the individual's health. Referrals from civilian psychiatric services (such as Combat Stress) are also accepted but the patient's GP is to be kept informed. Individuals can contact the assessment centre directly, but no patient will be accepted for treatment without GP registration. **Table 21** provides a summary of the method of contact made to the RMHP in 2008 to 2010. Despite publicised details that primary referral should be through a GP, this accounted for only 20% of calls in 2010.

Table 21: Calls received by the Reserves Mental Health Programme, 2008 to 2010, numbers and percentages.

	2008[1]		2009[2]		2010[3]	
	Number of calls	%	Number of calls	%	Number of calls	%
Total calls received	**51**	**100**	**55**	**100**	**60**	**100**
Self Referral	42	82	27	49	36	60
GP referral	6	12	7	13	12	20
3rd Party Referral	3	6	21	38	12	20

1. Period 29 December 2007 to 26 December 2008.
2. Period 27 December 2008 to 01 January 2010.
3. Period 02 January 2010 to 31 December 2010.

92. **Table 22** provides a summary of appointments made through the RMHP in 2008 to 2010.

Table 22: Appointments through the Reserves Mental Health Programme, 2008 to 2010[1], numbers and percentages.

	2008[2]		2009[3]		2010[4]	
	Number	%	Number	%	Number	%
Cases assessed	**36**	**100**	**25**	**100**	**37**	**100**
No mental disorder	8	22	6	24	8	6
Mental disorder not combat-related	2	6	3	12	3	2
Mental disorder combat-related	26	72	16	64	26	70
Cases waiting to be seen at end date	**4**		**6**		**6**	
Appointments cancelled	**11**		**1**		**3**	
Did not attend	**0**		**0**		**0**	

*1. Individuals will not necessarily be seen in the same time period in which they place a call, so figures in **Tables 22** and **23** will not be comparable.*
2. Period 29 December 2007 to 26 December 2008.
3. Period 27 December 2008 to 01 January 2010.
4. Period 02 January 2010 to 31 December 2010.

93. Of the cases assessed in 2010, 70% were assessed as having a combat-related mental disorder and were offered mental health treatment at an MOD DCMH.

94. It is important to note that whilst mobilised, Reserve personnel receive the same healthcare provision as their Regular counterparts. Any Reserve personnel identified as having a mental health condition during deployment and the pre-demobilisation period will continue to receive medical treatment from the Defence Medical Services post-deployment and should be captured in the DCMH figures presented in this report. The figures in **Tables 21** and **21** were provided in aggregated form by the RMHP practice manager and have not been validated by DASA, or linked to DCMH data.

Annex E: Medical Discharges

95. Medical discharges are the result of a number of specialists (medical, occupational, psychological, personnel, etc) coming to the conclusion that an individual is suffering from a medical condition that pre-empts their continued service in the Armed Forces.

96. 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.

97. Although Medical Boards recommend medical discharges they do not attribute the principal disability leading to the board to Service. A Medical Board could take place many months or even years after an event or injury and it is not clinically possible in some cases to link an earlier injury to a later problem which may lead to a discharge. Decisions on attributability to Service are made by the Service Personnel and Veterans' Agency.

98. **Table 23** shows the numbers of personnel discharged from each Service in 2009, with the principal condition leading to discharge attributed to mental health. 2010 figures for medical discharges are not available until the end of May 2011.

Table 23: Personnel medically discharged with the principal condition attributed to mental health by Service, 2009, numbers[1].

	Service			
ICD-10 description	**All**	**Naval Service**	**Army**	**RAF**
Discharges for psychiatric reasons	**164**	**28**	**104**	**32**
Psychoactive substance use	6	0	~	~
of which disorders due to alcohol	*6*	0	~	~
Mood disorders	49	14	20	15
of which depressive episode	*42*	13	*15*	*14*
Neurotic disorders	80	9	61	10
of which PTSD	*35*	~	*27*	~
of which adjustment disorders	*16*	~	*9*	~
Other mental and behavioural disorders	29	5	19	5

1. Data presented as "~" has been suppressed in accordance with DASA's rounding policy (see paragraph 73).

99. Medical discharges in the UK Armed Forces involve a series of processes which differ between the Services in order to meet their specific requirements. Due to these differences between the three Services and to technical statistical reasons, comparisons between the single Service figures are theoretically invalid. Therefore these figures should be viewed as three separate single Service sets collated together rather than a single set.

Annex F: Armed Forces Compensation Scheme Awards

100. 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.

101. Injury benefits include a tariff-based lump sum payment to compensate for injury and, where, appropriate to provide payment to assist with the immediate costs of disablement. For more severe injuries, tariffs 1-11, a further sum is paid in the form of a Guaranteed Income Payment (GIP) which consists of tax free monthly payments to provide a continuous income stream. For the first time, a claim can be made and awarded while still in-Service; although when a GIP is awarded in-Service its payment is deferred until the individual has left Service. Once awarded, a GIP is payable for life and up-rated annually in line with inflation to the Retail Price Index (RPI).

102. The tariff is separated into nine tariff of injury tables; injuries/illnesses are grouped together by common factors, and each tariff of injury table if separated into tariff levels (1-15), depending on the severity of the injury/illness. Full details of the tariff can be found at http://www.veterans-uk.info/pdfs/afcs/tariff.pdf

103. **Table 24** shows the number of claims that have been awarded under the AFCS in 2010 that contain a condition under the tariff of injury table of 'Mental Disorders', by claim type.

Table 24: Claims awarded under the AFCS that contain a condition under the tariff of injury table of 'Mental Disorders' by claim type[1], 2010, numbers[2].

Claim Type	
All	**165**
In-Service	100
Medical Discharge	20
Post Service	40

1. *Includes claims and further additional claims.*
2. *In accordance with DASA's rounding policy, AFCS data has been rounded to the nearest five. Totals may not add due to rounding (see paragraph 73).*

104. In-Service claims are made by serving members of the Armed Forces and post Service claims are made by former Service personnel. Medical discharge claims are automatically generated when a member of the Armed Forces is medically discharged after a period of Service of two or more years.

105. Claims made under the AFCS tariff of injuries for mental disorders are assessed in terms of severity and longevity, not by individual mental disorder diagnosis. For this reason, it is not possible to present a breakdown by each mental disorder.

106. For further information regarding the Armed Forces Compensation Scheme or the tariff of injuries tables, please see the AFCS Official Statistic that can be found on the DASA website at www.dasa.mod.uk.