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UK Armed Forces mental health:
Annual Summary & Trends Over Time, 2007/08 - 2012/13

INTRODUCTION

1. This annual report provides statistical information on mental health in the UK Armed Forces for the period 1 April 2007 to 31 March 2013. It summarises all attendances for a new episode of care of Service personnel to the MOD's Departments of Community Mental Health (DCMH) for outpatient care, and all admissions to the MOD's in-patient care contractor by financial year. This data updates previous reports and includes previously unpublished data for 1 April 2012 – 31 March 2013.

2. This data has previously been presented in the quarterly Armed Forces Mental Health Reports; however, the accumulation of a financial year's worth of data has allowed more detailed breakdowns, in particular by age and Service. This report also presents six year trends for these detailed breakdowns.

3. This is the first report in this annual series providing new episodes of care at DCMH in 2012/13 using the MOD electronic primary care patient record (DMICP[a]) in addition to those submitted to the existing Defence Statistics (DS) database. The inclusion of new episodes of care from DMICP has resulted in an increase of 21% in reported episodes of care. The quarterly data for 2012/13 has been updated in the latest quarterly mental health report, available at www.dasa.mod.uk.

KEY POINTS

4. Of the 6,700 new episodes of care at DCMH in 2012/13, 5,058 (75%) were assessed as having a mental disorder, representing a rate of 27.1 per 1,000 at strength.

5. The populations at risk for new episodes of mental health disorders in the UK Armed Forces between 2007/08 and 2012/13 were :

- Army and RAF personnel (Lower rates of mental disorder among Royal Marines may be the due to the recruitment selection process and support received as a result of tight unit cohesion);
- Females (this is replicated in the UK civilian population and may be a result of females being more likely to report mental health problems than males);
- Other Ranks (Higher educational attainment and socio-economic background are associated with lower levels of mental health disorder and this may explain differences in the rates between officers and other ranks)
- Personnel aged between 20 and 39 years

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6. Previous deployment to Iraq/Afghanistan was not a predictor for being seen at a DCMH for a mental health condition for the Armed Forces as a whole.

7. Neurotic disorders were the most prevalent disorder throughout the six year period and had a significantly higher rate than all other mental health disorders over all years presented. Adjustment disorder accounted for the majority of all neurotic disorders (61%, n=8,679), whilst PTSD remained a rare condition and only accounted for 10% of all neurotic disorders (n=1,369) over the six year time period.

8. In 2012/13, there was an increased risk for PTSD of 90% for Service personnel deployed to Iraq and 190% for Service personnel deployed to Afghanistan.

9. Depressive episodes accounted for around 80-90% of all mood disorders year on year since 2007/08. The most likely explanation is that the other types of mood disorder (manic episode, bipolar effective disorder and

[a] Defence Medical Information Capability Programme

persistent mood disorder) are rare in a fit young population which typifies the UK Armed Forces.

BACKGROUND NOTE

10. DCMH 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 seen only by their GP or medical officer will be investigated for the next annual report in July 2014. All UK based and aero-medically evacuated Service personnel based overseas requiring in-patient admission are treated by one of eight NHS trusts in the UK which are part of a consortium headed by the South Staffordshire and Shropshire NHS Foundation trust; UK based Service personnel from British Forces Germany were treated at Guys and St Thomas Hospital in the UK up until April 2013 and from this date, at Gilead IV hospital, Bielefield under a contract with SSAFA through the Limited Liability Partnership.

11. This is the first report in this annual series providing new episodes of care at DCMH in 2012/13 using the MOD electronic primary care patient record (DMICP[b]) in addition to those submitted to the existing Defence Statistics (DS) reporting database. This improves the robustness and integrity of the data which has only been possible since the introduction of system developments enabling DCMH to begin recording new episodes of care in mental health templates within DMICP. The inclusion of new episodes of care from the MOD patient electronic record (DMICP) in 2012/13 has resulted in an increase of approximately 20% compared to the number previously published for 2012/13 in the quarterly series of the UK Armed Forces mental health report using data submitted by DCMH in the existing DS system. The quarterly reports affected by this methodology change in 2012/13 have been revised and are available on the Defence Statistics website. Detail of the methodology change and a summary of it's impact can be found in the section on **'Data, definitions and methods'.**

12. Due to the methodology changes implemented in July 2009 and in July 2013, when looking at trends over time for new episodes of care, it is advisable to note :

- Prior to 2009/10, only an individual's first attendance at a DCMH or an in-patient provider were included in the data collected.
- Since 2009/10, the report captures all new episodes of care provided by DCMH to Defence Statistics in monthly returns.
- Since 2012/13, the report captures all new episodes of care recorded in the MOD patient electronic record in addition to monthly returns provided by DCMH.

Therefore, data between 2009/10 and 2011/12 use the same methodology of capturing new episodes of care and data in years 2007/08, 2008/09 and 2012/13 cannot be directly compared to this period.

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

14. In addition, the annexes provide a summary by financial year for each individual Service (Annex A); personnel seen in Afghanistan by Field Mental Health Teams (FMHT) (not updated in this report, see paragraph 5 in Annex B) (Annex B); aero-medical evacuations for psychiatric reasons (Annex C); psychiatric assessments made at the Defence Medical Rehabilitation Centre (DMRC) Headley Court (Annex D); the Reserves Mental Health Program (RMHP) (Annex E); medical discharges for psychiatric reasons (Annex F); and awards made under the Armed Forces Compensation Scheme (AFCS) for mental health reasons (Annex G).

POINTS TO NOTE

15. 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. DS (formerly DASA) data starts from January 2007 and if personnel were receiving treatment prior this date they would not be captured in the following data. These figures report only attendances for new episodes of care after January 2007, not all those who were receiving treatment at the start of data collection.

16. Mental health problems are present in both civilian and military populations and result from multi-factorial issues. The Headquarters Surgeon General (HQ SG) 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 UK Armed Forces personnel. Stigma concerning mental health issues is,

[b] Defence Medical Information Capability Programme

however, deeply embedded in both military and civilian populations and it will take time to produce attitudinal cultural change.

17. Some mental health problems will be resolved through peer support and individual resources; patients presenting to the UK Armed Forces' mental health services will have undergone a 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 DCMH, which may be subject to later amendment. For epidemiological information on mental health problems in the UK 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[c].

DATA, DEFINITIONS AND METHODS

DATA SOURCES

18. DCMH 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 seen only by their GP or medical officer will be investigated for the next report.

19. All UK based and aero-medically evacuated Service personnel based overseas requiring in-patient admission are treated by one of eight NHS trusts in the UK which are part of a consortium headed by the South Staffordshire and Shropshire NHS Foundation trust; UK based Service personnel from British Forces Germany were treated at Guys and St Thomas Hospital. When presenting in-patient data in this report, the data include returns from both medical providers.

20. Defence Statistics receive data from DCMH and in-patient providers for all UK regular Armed Forces personnel from the following sources :

- Since January 2007, DCMH have submitted relevant information required to produce this report to Defence Statistics on a monthly basis (captured on the DS database).
- Since April 2012, system developments enabled DCMH to begin recording on the MOD's electronic patient record system (DMICP) in a consistent way for reporting.
- Since January 2007, SSSFT and Guys and St Thomas' hospital have submitted relevant information required to produce this report to Defence Statistics.

21. DMICP data is compiled from the DMICP data warehouse. DMICP comprises an integrated primary Health Record (iHR) used by clinicians to enter and review patient information and a pseudo-anonymised central data warehouse. Free text entered by clinicians in the patient record does not transfer to the data warehouse. Prior to this data warehouse, medical records were kept locally, at each individual medical centre.

22. The DMICP programme commenced during 2007 and by 2010 was in place for the UK and the majority of Germany. Rollout to other overseas locations took place between November 2011 and May 2013.

23. A DMICP template is a specifically designed electronic form which is accessed by clinicians entering data in the patient record. Templates are used to ensure key pieces of information relating to a specific patient consultation are recorded in a consistent way for analysis. Items in templates are coded in order that they transfer into the data warehouse. The circumstances under which clinicians must enter data into the patient record through a template are mandated through policy and protocols.

24. In April 2012, a new set of templates enabled DCMH to begin recording information on mental health episodes of care in the integrated health record; capturing the information in the format required to produce this report. These templates were designed to capture information in the same way as the existing Defence Statistics database, with the ultimate aim of reducing duplicate data entry by clinicians.

25. There has been no audit of the clinical accuracy of the DMICP mental health data entered in the patient record and no validation of the patient record with data held in the data warehouse.

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[c] 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.

26. The patient data from each data sources were cross referenced with the Joint Personnel Administration (JPA) system for UK Armed Forces personnel. JPA is the most accurate source for demographic information on UK Armed Forced personnel and is used to gather information on a person's service, Regular/Reservist status, gender, age and deployment.

DATA COVERAGE

27. The data in this report include regular UK Armed Forces personnel (including Ghurkhas 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.

28. DCMH staff record the initial mental health 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. The mental health assessment of condition 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).

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

30. From July 2009 onwards, Defence Statistics (formerly DASA) have also 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 included these four mental health posts.

31. Up to 2009 if Service personnel withheld consent, their data was supplied in fully anonymised format. DS received 148 records for personnel assessed with a mental disorder for the period April 2007 – June 2009, but with no demographic information provided. These cases were reported as 'not known' (Tables 6, 7 and 9). In 2009/10 DCMH staff agreed to collect basic demographic information (Service, gender, rank, age and deployment) for Service personnel who withheld consent thus enabling DS to include these cases within the tables.

METHODOLOGY

Change to methodology in July 2009

32. To ensure these statistics pick up all new episodes of care, DS have made some changes to data collection and validation from July 2009 onwards. Prior to July 2009, we identified individuals who had previously attended a DCMH and removed them from the analysis. Following discussions with mental health professionals, DS reviewed the methodology and expanded our data collection in order to more effectively capture the overall burden of mental health in the UK Armed Forces, including the effect of deployment on those who might have previously been seen for an unrelated mental health condition. We now include all new episodes of care, including both first referrals and patients who were seen at a DCMH previously, were discharged from care and have been referred again for a new episode of care.

33. As a result of the change in methodology, recorded numbers for 2009/10 have increased from previous years. This increase should be treated with caution, however, as is clear by comparison to the figures produced using the previous methods, that this increase was due to the change in the methodology used and not an increase in the absolute number of Armed Forces personnel in attendance at a DCMH (see UK Armed Forces mental health reports July – September 2009 and October – December 2009 for methodology comparisons). Importantly, the patterns and main trends remained the same and high profile findings such as rates of PTSD and substance abuse did not significantly change.

Change to methodology implemented in July 2013

34. In April 2012, system developments enabled the DCMH to begin recording episodes of care in mental health templates on the MOD's electronic patient record system, DMICP[a,] providing Defence Statistics with the same pseudo-anonymised information sourced from the legal patient record. These data gathered in the templates covered all the data needed to produce this report. As submitting information using the existing Defence Statistics (DS) database incurs a resource burden within DCMH, it is now appropriate to take the first step towards reducing this resource burden and using a more robust and appropriate data source to underpin the reporting of incidence of mental health in the Armed Forces.

35. For the period 2012/13 there were :

- 5,728 new episodes of care recorded in the DMICP data warehouse;
- 5,531 new episodes of care recorded in the DS database

36. Initial investigations by Defence Statistics comparing new episodes of care recorded on both systems revealed differences :

- 2,565 records had an exact match;
- 2,031 records had a match but with a different attendance date and/or mental disorder assessment;
- 827 DMICP records had no match in the DS database[d].
- 723 DS database records had no match in the DMICP data warehouse[e].

37. This initial step towards using DMICP as the single source of new episodes of care data therefore required records from both the DS database and DMICP to be included in this report.

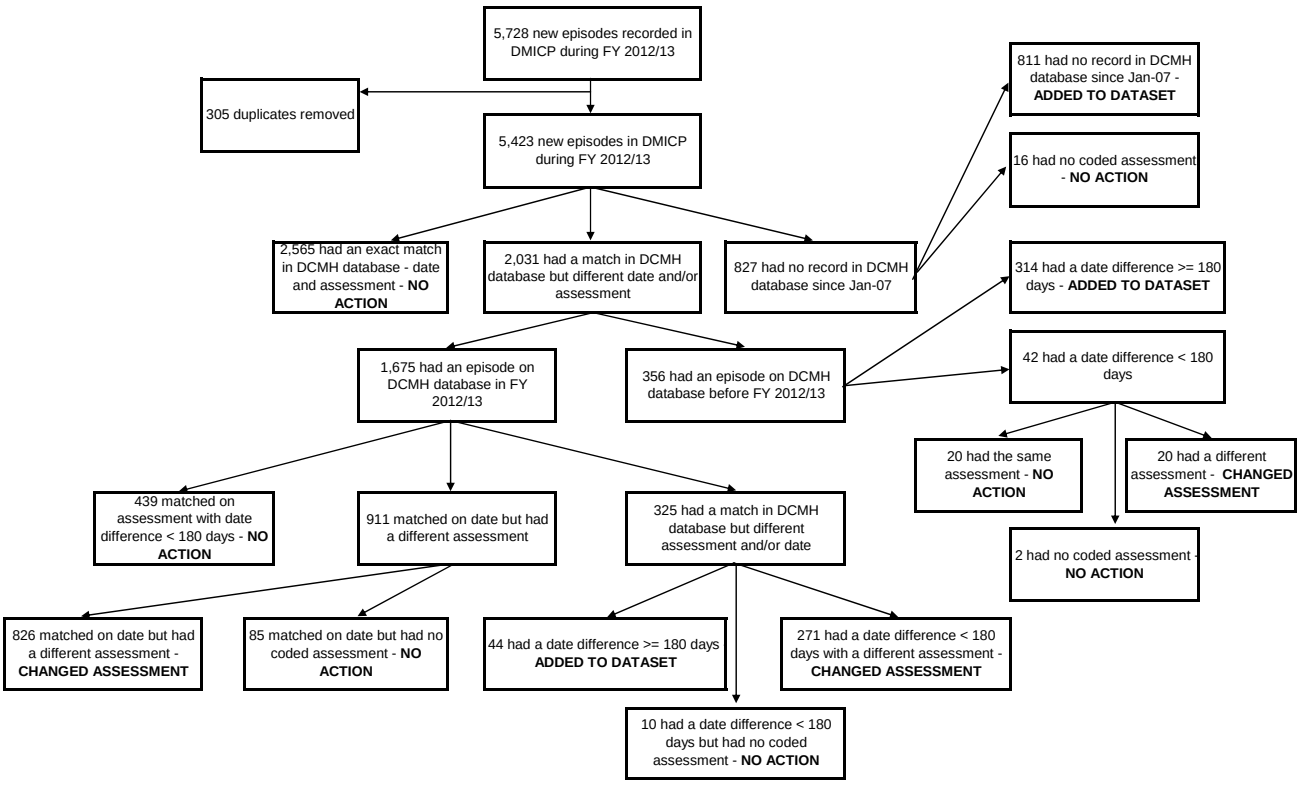
38. Where a new episode of care was held in both data sources, data was processed according to validation rules created in consultation with Defence Consultant Advisor (Psychiatry) to ensure data accuracy and integrity :

- Where there was a difference in the initial assessment for mental disorder, the assessment recorded on DMICP was reported as this is the legal patient record. Difficulties in recording where a patient has multiple mental health disorders in the DS database may explain these differences; it may also be the result of a reporting error by clinician's to the DCMH administrator for inputting in the DS database.
- Where there was a difference in first appointment date in both data sources, if the date difference was less than 180 days and no record of patient discharge was held, the two records were assumed to be for the same episode of care and the existing DS database record was retained. If the date difference was greater than 180 days, the records were assumed to be for two separate episodes of care and both the DS database and DMICP records were reported.

[d] A possible explanation for this could be clinician's not informing DCMH administrators of all records for submission to the DS reporting system each month

[e] This may be due to the introduction of the new system for recording mental health consultations where the transition from paper to electronic records may lead to less than 100% compliance on the electronic system and issues with accuracy in the initial stages, as well as the inclusion of 140 records submitted by DCMH Cyprus and Gibraltar who are not currently using DMICP.

39. The following flow diagram illustrates the methodology used in creating the number of new episodes of care for this report. The diagram shows the process of comparing DMICP data (n=5,728) to the DS reporting system (n=5,531) for the period 2012/13 :



Key :
NO ACTION : The DMICP new episode of care was already accounted for in the existing DS reporting system and no further action was required.
CHANGED ASSESSMENT : The DMICP new episode of care was already accounted for in the existing DS reporting system with the same appointment date but with a different mental health disorder coded at initial assessment. The DMICP assessment was used in this report.
ADDED TO DATASET : The DMICP new episode of care was not accounted for in the existing DS reporting system and was added to the dataset.
DUPLICATES REMOVED : Where multiple templates were completed for the same episode of care

40. In summary, for the period 2012/13 :
- 5,531 new episodes of care were previously reported in the DS database.
- 1,169 new episodes of care on DMICP with no matching record in the DS database were added to the report dataset.
- 1,117 previously reported mental disorder assessments in the DS database were changed to reflect the assessment coded in DMICP.

41. The impact of this change in methodology was an increase on the number of new episodes of care for 2012/13 compared to that previously reported on the DS database of 21%. This same increase was also seen in the number assessed with a mental disorder and associated demographic breakdowns, however, increases for each Service varied (36% increase in Royal Navy; 31% increase in Royal Marines; 19% increase in Army and 14% increase in RAF), indicating larger differences within the Services in the coverage and accuracy of new episodes of care reported on DMICP.

42. Of the 1,117 previously reported mental disorder assessments amended to reflect the assessment made in the DMICP record, around 85% of disorder types remained within the same ICD-10 grouping. For example, 84% of Neurotic Disorders originally reported in the DS system remained as a Neurotic Disorder after the inclusion of DMICP data.

43. Comparisons between 2012/13 and previous years should be treated with caution as it is possible this increase may be due to the change in methodology or a real rise.

44. Defence Statistics are working closely with DCMH to improve coverage and accuracy of coding and use of templates within the electronic patient record to enable DMICP to become the single source of new episode of

care data for this report and to enable the removal of the existing DS database, reducing the data capture burden with the DCMH.

45. It should be noted Defence Statistics cannot verify demographic information submitted in the DS database (Service, gender, rank, age and deployment) for Service personnel who withheld consent (see paragraph 31). Without the anonymised unique patient identifier, records for these personnel submitted in the DS database could not be identified in the DMICP record. It is therefore possible that new episodes of care for personnel who withhold consent may be counted twice in this report. In 2012/13, 25 Service personnel withheld consent in records submitted in the DS database.

46. 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 thirteen-month average of strengths figures (e.g. the strength at the first of every month between April 2012 and May 2013 divided by thirteen for 2012/2013). Strengths figures include regulars (including Ghurkhas 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.

47. With the recent changes to the Armed Forces population through redundancy programmes, changes in recruitment patterns and the move to the new employment model and the new structures required to meet Future Force 2020[f], there will be an impact on the trends in rates presented as the Armed Forces population shrinks and the age and gender profile of the serving population changes, as seen in 2012/13 for rates of new episodes of care, caused by the reduction in recruitment of personnel under 20 years of age.

48. The 95% confidence interval for a rate provides the range of values within which we expect to find the real value of the indicator under study, with a probability of 95%. If a 95% confidence interval around a rate excludes the comparison value, then a statistical test for the difference between the two values would be significant at the 0.05 level. If two confidence intervals do not overlap, a comparable statistical test would always indicate a statistically significant difference. The rates and confidence intervals presented have been rounded to 1 decimal place and therefore when small numbers are presented the rate may lie towards one end of the confidence interval instead of more centrally between the lower and upper confidence interval.

49. To test for trend in the rates of mental health disorder presented, Logistic regression analysis was conducted in SPSS v19 using the Forced Entry Method for the period 2009-10 to 2011/12 and presented in the 2011/12 report. Due to the methodology change, this regression has not been updated to include 2012/13 data, however, this analysis will be repeated in the future when sufficient time point data is available under the revised methodology.

50. Time was measured by the number of Service Personnel assessed each quarter between 2009/10 and 2011/12. A categorical variable was derived to represent the number of those on strength with no mental health disorder at each quarter point measured.

51. Logistics Regression analysis to identify demographic factors associated with PTSD assessments at a MOD DCMH between 2007/08 and 2011/12 was conducted and presented in the 2011/12 report. This analysis has not been updated in this report due to resource constraints, however it will be reviewed and published in the next release.

52. Analysis was conducted in SPSS v19 using Forced Entry Method, placing all independent variables into the model in one block. In order to analyse demographic associations with PTSD, categorical values were derived *a prioiri* to prepare the data for analysis. Having an assessment of PTSD was compared to having an assessment of 'Other mental health disorders' comprised of psychoactive substance use, Mood disorders, Neurotic disorders (excluding PTSD) and other mental and behavioural disorders. The independent variables entered into the model were gender, Service, Officer/Rank, age group and deployment.

53. It is considered standard practice to oversample rare events to enable better predictions in statistical analysis (Scott and Wild, 1986). Due to the small number of personnel with PTSD (n=608) compared to all other mental health disorders (n=11,568), adjustments for oversampling were made, random sampling 65% of PTSD cases and 35% other mental health disorders.

54. Defence Statistics maintains a database of individual deployment records from November 2001. Data prior to April 2007 was derived from the single services Operation Location tracking (OPLOC) systems[g] and data since

[f] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/62487/Factsheet5-Future-Force-2020.pdf
[g] Around 4% of data obtained prior to April 2007 could not be fully validated for a number of reasons including data entry errors, personnel not

April 2007 is obtained from the Joint Personnel Administration (JPA) system. The data covers deployments on Operation TELIC (Iraq) (2003-2011) and Operation HERRICK (Afghanistan) (2001-present).

55. The deployment data presented in this report represent deployments to the theatre of operation and not deployment to a specific country i.e. deployment to Op TELIC includes deployment to Iraq and other countries in the Gulf region such as Kuwait and Oman. Therefore, this data cannot be compared to data on personnel deployed to a specific country such as Iraq.

56. 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. Person level deployment data for Afghanistan was not available between 1 January 2003 and 14 October 2005. Therefore, it is possible that some UK Armed Forces personnel who were deployed to Afghanistan during this period and subsequently attended a DCMH have not been identified as having deployed to Afghanistan in this report but have been captured in the overall figures for episodes of care at a DCMH. **Please note: 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.**

57. Operation TELIC is the name for UK operations in Iraq which started in March 2003 and finished on 21 May 2011. UK Forces were deployed to Iraq to support the Government's objective to remove the threat that Saddam posed to his neighbours and his people and, based on the evidence available at the time, disarm him of his weapons of mass destruction. The Government also undertook to support the Iraqi people in their desire for peace, prosperity, freedom and good government.

58. Operation HERRICK is the name for UK operations in Afghanistan which started in April 2006. UK Forces are deployed to Afghanistan in support of the UN authorised, NATO led International Security Assistance Force (ISAF) mission and as part of the US-led Operation Enduring Freedom (OEF).

59. This report includes additional breakdown by age. The age presented is the patients age at the date of their episode of care, or for the in-patient data, the date of their admission.

60. In line with Defence Statistics' rounding policy for health statistics (May 2009), and in keeping with the Office for National Statistics Guidelines, all numbers less than five have been suppressed and presented as '~'. Where there is only one cell in a row or column that is less 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.

STRENGTHS AND WEAKNESSES OF THE DATA PRESENTED IN THIS REPORT

61. A key strength of this report is the presentation of the number of Service personnel who have been seen for a new episode of care at a DCMH or in-patient facility, as reported by clinician's. The inclusion in this report of new episodes of care direct from the legal electronic patient record improves the robustness and integrity of the underlying data. As the data is held in a pseudo-anonymised format in the DMICP data warehouse, patient consent is not an issue. A further strength is the use of the pseudo-anonymised patient identifier to enable DS to validate data therefore improving accuracy and enabling linkage to deployment records to identify any effect of deployment on mental health in the Armed Forces and in addition, the tables in this report have been scrutinised to ensure individual identities have not been revealed inadvertently.

62. Users should be aware that this report does not currently include information on patients seen only by their GP or Medical Officer. Mental disorder types reported here are the clinician's initial assessment during a patient's first appointment at a DCMH, based on presenting complaints, therefore final diagnosis may differ as some patients do not show full range of symptoms, signs or clinical history during their first appointment. It should also be noted that the clinician's primary diagnosis is reported here, however patients can present with more than one disorder. A further weakness of data in this report is that with any new data collection system, there is a training burden; user inexperience with the new mental health templates in DMICP may have affected coverage and accuracy.

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recording on the system in the theatre of operation, records of contractors or personnel from other Government Departments. However research carried out by the King's 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.

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RESULTS

SECTION ONE : *New Episodes of Care at MOD DCMH and admissions to in-patient contractors, 2011/12 summary.*

63. **Table 1** presents the demographic breakdowns of episodes of care for those seen at a MOD DCMH in 2013/13.

Table 1: New episodes of care at the MOD's DCMH by demographics, 2012/13, numbers and rates per 1,000 strength.

Characteristic	All patients seen	Patients assessed with a mental disorder			Patients assessed without a mental disorder[1]
		Number	Rate	95% CI	
All	6,700	5,058	27.1	(26.4 - 27.9)	1,642
Service					
Royal Navy	847	589	21.5	(19.8 - 23.3)	258
Royal Marines	155	121	15.4	(12.6 - 18.1)	34
Army	4,224	3,231	28.8	(27.8 - 29.8)	993
RAF	1,474	1,117	28.6	(26.9 - 30.2)	357
Gender					
Males	5,392	4,002	23.7	(22.9 - 24.4)	1,390
Females	1,308	1,056	60.4	(56.7 - 64.0)	252
Rank					
Officers	603	484	15.4	(14.0 - 16.7)	119
Other ranks	6,097	4,574	29.5	(28.6 - 30.4)	1,523
Age					
<20	267	148	16.0	(13.4 - 18.6)	119
20-24	1,752	1,244	30.5	(28.8 - 32.2)	508
25-29	1,586	1,217	28.7	(27.1 - 30.3)	369
30-34	1,276	990	29.8	(28.0 - 31.7)	286
35-39	852	700	28.9	(26.8 - 31.1)	152
40-44	608	482	24.8	(22.6 - 27.0)	126
45-49	232	186	17.6	(15.0 - 20.1)	46
50+	127	91	13.5	(10.7 - 16.3)	36
Deployment - Theatres of operation[2]					
Op TELIC and/or Op HERRICK[3]	4,088	3,226	27.0	(26.1 - 27.9)	862
of which, Op TELIC	*2,318*	*1,862*	25.8	*(24.6 - 26.9)*	*456*
Op HERRICK[3]	*3,202*	*2,535*	27.3	*(26.2 - 28.4)*	*667*
Neither Op TELIC nor Op HERRICK[3]	2,612	1,832	27.3	(26.1 - 28.6)	780

Data Source : DS Database and DMICP
1. Patients assessed without a mental disorder (see paragraph 29).
2. Deployment to the wider theatre of operation (see paragraph 55).
3. Figures for Afghanistan theatre of Operation for period October 2005 – present (see paragraph 56).

64. Of the 6,700 episodes of care in 2012/13, 5,058 (75%) were assessed as having a mental disorder, representing a rate of 27.1 per 1,000 at strength. **Table 1** shows some statistically significant findings:

65. The highest rates of patients assessed with a mental health disorder were among the Army (28.8 per 1,000 strength) and RAF (28.6 per 1,000 strength) compared to the Royal Navy (21.5 per 1,000 strength) and Royal Marines (15.4 per 1,000 strength). The Royal Marines had the lowest rate of mental disorders compared to the other Services. A possible explanation for why there were differences in rates of mental disorders between the Services can be found in section 2, paragraphs 88-90.

66. The rate of mental disorders in females in 2012/13 was higher than males (60.4 per 1,000 strength and 23.7 per 1,000 strength respectively). For further explanation and six year trend analysis see section 2 paragraph 92.

67. Rates of those assessed with a mental health disorder in other ranks was higher than Officers, a possible explanation for why there were differences between the different rank rates of mental disorders can be found in section 2 paragraphs 93-94.

68. In 2012/13, those aged between 20 and 39 had higher rates of mental health disorders than personnel aged less than 20 and those over 40 years of age. (**Table 1)**

69. **Table 2** presents details of mental disorder types by Service for each episode of care at MOD DCMH's during 2012/13.

Table 2: New episodes of care at the MOD's DCMH by ICD-10 description and Service, 2012/13, numbers and rates per 1,000 strength.

	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	**6,700**	**35.9**	**(35.0 - 36.8)**	**847**	**30.9**	**(28.9 - 33.0)**	**155**	**19.7**	**(16.6 - 22.8)**	**4,224**	**37.6**	**(36.5 - 38.8)**	**1,474**	**37.7**	**(35.8 - 39.6)**
Cases of Mental Health disorder	**5,058**	**27.1**	**(26.4 - 27.9)**	**589**	**21.5**	**(19.8 - 23.3)**	**121**	**15.4**	**(12.6 - 18.1)**	**3,231**	**28.8**	**(27.8 - 29.8)**	**1,117**	**28.6**	**(26.9 - 30.2)**
Psychoactive substance use	308	1.7	(1.5 - 1.8)	36	1.3	(0.9 - 1.7)	19	2.4	(1.5 - 3.8)	231	2.1	(1.8 - 2.3)	22	0.6	(0.4 - 0.9)
of which disorders due to alcohol	*294*	*1.6*	*(1.4 - 1.8)*	*35*	*1.3*	*(0.9 - 1.7)*	*18*	*2.3*	*(1.4 - 3.6)*	*219*	*2.0*	*(1.7 - 2.2)*	*22*	*0.6*	*(0.4 - 0.9)*
Mood disorders	1,425	7.6	(7.2 - 8.0)	210	7.7	(6.6 - 8.7)	28	3.6	(2.4 - 5.1)	843	7.5	(7.0 - 8.0)	344	8.8	(7.9 - 9.7)
of which depressive episode	*1,129*	*6.1*	*(5.7 - 6.4)*	*191*	*7.0*	*(6.0 - 8.0)*	*24*	*3.0*	*(2.0 - 4.5)*	*680*	*6.1*	*(5.6 - 6.5)*	*234*	*6.0*	*(5.2 - 6.8)*
Neurotic disorders	3,146	16.9	(16.3 - 17.4)	326	11.9	(10.6 - 13.2)	70	8.9	(6.8 - 11.0)	2,037	18.1	(17.4 - 18.9)	713	18.2	(16.9 - 19.6)
of which PTSD	*334*	*1.8*	*(1.6 - 2.0)*	*38*	*1.4*	*(0.9 - 1.8)*	*17*	*2.2*	*(1.3 - 3.5)*	*258*	*2.3*	*(2.0 - 2.6)*	*21*	*0.5*	*(0.3 - 0.8)*
of which adjustment disorders	*1,773*	*9.5*	*(9.1 - 9.9)*	*171*	*6.2*	*(5.3 - 7.2)*	*32*	*4.1*	*(2.7 - 5.5)*	*1,122*	*10.0*	*(9.4 - 10.6)*	*448*	*11.5*	*(10.4 - 12.5)*
Other mental and behavioural disorders	179	1.0	(0.8 - 1.1)	17	0.6	(0.4 - 1.0)	4	0.5	(0.1 - 1.3)	120	1.1	(0.9 - 1.3)	38	1.0	(0.7 - 1.3)
No mental disorder	1,642			258			34			993			357		

Data Source : DS Database and DMICP

70. Neurotic disorders were the most prevalent disorder in 2012/13 (at 16.9 per 1,000 strength) and within each Service (see **Table 2**).

71. Adjustment disorder accounted for 56% of all neurotic disorders assessed, with adjustment disorder rates in Army and RAF personnel (10.0 and 11.5 per 1,000 strength respectively) significantly higher than for Royal Navy and Royal Marine personnel (6.2 and 4.1 per 1,000 strength respectively). See section 2 paragraphs 110-113 for discussion on the six year trend.

72. PTSD remained a rare condition at 1.8 per 1,000 strength in the Armed Forces. The Army and Royal Marines had the highest rate of PTSD (2.3 and 2.2 per 1,000 strength respectively), this may be due to the effect of deployment and the role each Service plays whilst deployed. Further discussion on the trend of PTSD is provided in paragraphs 115-119.

73. Mood disorders had the second highest rate of any mental disorder type at 7.6 per 1,000 strength and depressive episodes accounted for 79% of all mood disorders. Royal Marines had a significantly lower rate (3.0 per 1,000 strength) compared to the other three Services. Further discussion on this finding can be found in paragraphs 120-124.

74. Psychoactive substance misuse rates remained low at 1.7 per 1,000 strength.

75. **Table 3 and Figure 1** 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: New episodes of care at the MOD's DCMH by ICD-10 and deployment 2012/13, numbers and rate ratios.

		Deployment - Theatres of operation									
					of which						Not previously deployed
		Op TELIC and/or Op HERRICK[2]			Op TELIC			Op HERRICK[2]			
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	**6,700**	**4,088**	**0.9**	**(0.8 - 0.9)**	**2,318**	**0.8**	**(0.8 - 0.9)**	**3,202**	**0.9**	**(0.8 - 0.9)**	**2,612**
All patients assessed with a mental disorder	**5,058**	**3,226**	1.0	(0.9 - 1.0)	**1,862**	0.9	(0.9 - 1.0)	**2,535**	1.0	(0.9 - 1.1)	**1,832**
Psychoactive substance use	308	200	1.0	(0.8 - 1.3)	102	0.9	(0.7 - 1.1)	169	1.1	(0.9 - 1.4)	108
of which disorders due to alcohol	*294*	*192*	*1.1*	*(0.8 - 1.3)*	*98*	*0.9*	*(0.7 - 1.2)*	*162*	*1.1*	*(0.9 - 1.5)*	*102*
Mood disorders	1,425	822	0.8	(0.7 - 0.9)	516	0.8	(0.7 - 0.9)	603	0.7	(0.6 - 0.8)	603
of which depressive episode	*1,129*	*633*	*0.7*	*(0.6 - 0.8)*	*413*	*0.8*	*(0.7 - 0.9)*	*447*	*0.7*	*(0.6 - 0.7)*	*496*
Neurotic disorders	3,146	2,111	1.1	(1.1 - 1.2)	1,198	1.1	(1.0 - 1.2)	1,693	1.2	(1.1 - 1.3)	1,035
of which PTSD	*334*	*272*	*2.5*	*(1.9 - 3.2)*	*126*	*1.9*	*(1.4 - 2.6)*	*246*	*2.9*	*(2.2 - 3.8)*	*62*
of which adjustment disorders	*1,773*	*1,199*	*1.2*	*(1.1 - 1.3)*	*667*	*1.1*	*(1.0 - 1.2)*	*977*	*1.2*	*(1.1 - 1.4)*	*574*
Other mental and behavioural disorders	179	93	0.6	(0.5 - 0.8)	46	0.5	(0.3 - 0.7)	70	0.6	(0.4 - 0.8)	86
No mental disorder	1,642	862			456			667			780

Data Source : DS Database and DMICP

1. *Deployment to the wider theatre of operation (see paragraph 55).*
2. *Rate ratio compares personnel identified as deployed to these theatres of operation with those not identified as deployed to either theatre of operation (see paragraph 56).*
3. *Figures for Afghanistan theatre of Operation for period October 2005 – present (see paragraph 56).*

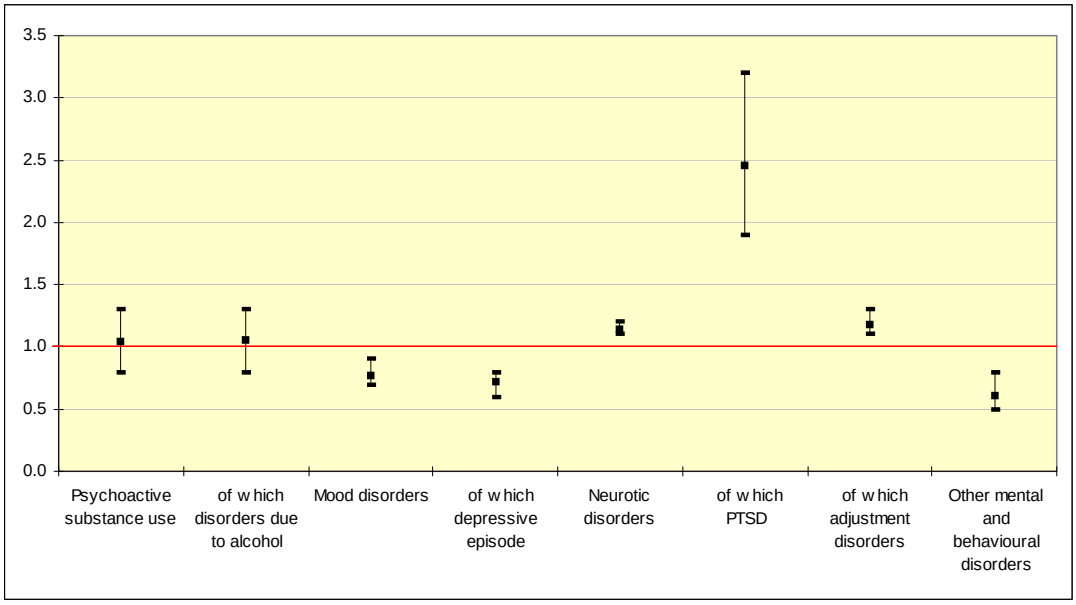
76. **Table 3** shows the overall rate of patients assessed with a mental disorder at the MOD DCMH were not significantly different to those not identified as having deployed (RR: 1.0, 95% CI: 0.9-1.0). When looking at the rates of specific mental disorders, there were some statistically significant differences between those deployed to the Iraq and/or Afghanistan theatres of operation and those not identified as having deployed:

- Rates of PTSD were higher in those who had previously deployed to Iraq and/or Afghanistan than those not deployed there (RR: 2.5, 95% CI: 1.9-3.2). For each separate deployment this represents an increase risk for PTSD of 90% for Service personnel previously deployed to Iraq and 190% for Service personnel deployed to Afghanistan **(Table 3 and figure 1**).

- Rates of Adjustment disorder were higher in those who had deployed to Afghanistan than those not deployed there (RR: 1.2, 95% CI: 1.1-1.4). This represents an increase risk for Adjustment disorder of 20% for Service personnel previously deployed to Afghanistan compared to those not previously deployed **(Table 3**).

- Rates of Mood Disorders were significantly lower in those deployed to Iraq and Afghanistan than those not deployed there (RR: 0.8, 95% CI: 0.7-0.9) **(Table 3 and Figure 1**). Further discussion on this finding can be found in paragraph 77.

Figure 1: New episodes of care at the MOD's DCMH's, for Iraq and/or Afghanistan by ICD Category, 2012/13, Rate Ratio



77. The finding that mood disorders had a rate ratio of 0.8 (95%CI 0.7-0.9) suggests that being deployed 'protects' against the onset of mood disorders. However there is no clinical reason why this should be so, a possible explanation could due to 'labelling', especially as the data is collected at point of first attendance and not the final diagnosis (Pers comm. Def Prof Mental Health). For example, the treating clinician bases the initial assessment on the information available at the time and is more likely to assess the patient who has deployed as having an adjustment disorder, resulting in other conditions being undercounted. Thus there is the possibility that a deployment bias has been introduced into the data. This will require further research and analysis to understand whether deployment reduces the likelihood of mood disorders or whether there is a reporting bias by clinicians at the initial assessment.

78. DS are investigating the use of denominator data underpinning the rate ratio calculation, as person years at risk (which takes account how many people by time at risk) may be a more appropriate value than the number of personnel who have been identified as deployed or not (and thus not taking into account personnel deploying multiple times). The concern being that the change in methodology to include all episodes of care but only using headcount deployment data maybe skewing the rate ratio, DS undertook to have investigated this issue during 2012/13 but due to resource constraints this has not been completed.

Admissions to the MOD's In-patient Contractors

79. There were 302 admissions to the MOD's UK and Overseas in-patient contractors during 2012/13, representing a rate of 1.6 per 1,000 strength**. 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 by demographics, 2012/13, numbers and rates per 1,000 strength.

	Service											
	All			Naval Service[1]			Army			RAF		
	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval
Admissions	**302**	**1.6**	**(1.4 - 1.8)**	**43**	**1.2**	**(0.9 - 1.6)**	**227**	**2.0**	**(1.8 - 2.3)**	**32**	**0.8**	**(0.5 - 1.1)**
Gender												
Male	268	1.6	(1.4 - 1.8)	36	1.1	(0.8 - 1.5)	205	2.0	(1.7 - 2.3)	27	0.8	(0.5 - 1.2)
Female	34	1.9	(1.3 - 2.6)	7	2.2	(0.9 - 4.5)	22	2.5	(1.6 - 3.8)	5	0.9	(0.3 - 2.2)
Rank												
Officers	17	0.5	(0.3 - 0.9)	~	0.3	(0.0 - 1.0)	10	0.6	(0.3 - 1.2)	~	0.6	(0.2 - 1.3)
Ranks	285	1.8	(1.6 - 2.1)	~	1.5	(1.0 - 1.9)	217	2.2	(1.9 - 2.5)	~	0.9	(0.6 - 1.3)
Age												
Under 30	155	1.7	(1.4 - 1.9)	~	1.5	(1.0 - 2.2)	126	2.1	(1.7 - 2.5)	~	0.3	(0.1 - 0.7)
Over 30	147	1.6	(1.3 - 1.8)	~	1.0	(0.6 - 1.5)	101	1.9	(1.6 - 2.3)	~	1.2	(0.8 - 1.7)
Deployment - Theatres of Operation[2]												
Iraq and/or Afghanistan[3]	184	1.5	(1.3 - 1.8)	16	1.0	(0.6 - 1.6)	146	1.9	(1.6 - 2.2)	22	0.8	(0.5 - 1.3)
Of which Iraq	86	1.2	(0.9 - 1.4)	11	1.0	(0.5 - 1.8)	60	1.4	(1.0 - 1.7)	15	0.8	(0.5 - 1.4)
Of which Afghanistan[3]	152	1.6	(1.4 - 1.9)	14	1.5	(0.8 - 2.5)	120	1.9	(1.6 - 2.2)	18	0.9	(0.5 - 1.4)
Neither Iraq or Afghanistan[3]	118	1.8	(1.4 - 2.1)	27	1.4	(0.9 - 2.1)	81	2.3	(1.8 - 2.8)	10	0.8	(0.4 - 1.5)

Data Source : British Forces Germany and SSFT in-patient data.(see paragraph 19).
1. Royal Navy and Royal Marines combined to protect patient confidentiality.
2. Deployment to the wider theatre of Operation (see paragraph 55).
3. Figures for Afghanistan theatre of Operation for period October 2005 - present (see paragraph 56).
4. Data presented as "~" has been suppressed in accordance with DS rounding policy (see paragraph 60).

Admission rates overall

80. Overall there was no significant difference in admission rates between males and females (1.6 and 1.9 per 1,000 strength respectively), those aged under and over 30 (1.7 and 1.6 per 1,000 strength respectively) and there was no significant difference between those deployed compared to those identified as not having previously deployed (1.5 and 1.7 per 1,000 strength respectively).

81. However admission rates for Officers was significantly lower than for Ranks (0.5 and 1.8 per 1,000 strength respectively).

Admission rates between the Services

82. There were some significant differences in admission rates in each of the Services:

- The Army had significantly higher overall rates of admission (2.0 per 1,000 strength) compared to the Naval Service and the RAF (1.2 and 0.8 per 1,000 strength respectively).

- The population at highest risk of admissions were Army ranks. There was no effect of deployment on Army admissions.
- Army rates of admission were higher in those aged over 30 (1.9 per 1,000 strength) compared to the Naval Service and RAF (1.0 and 1.2 per 1,000 strength respectively).
- The RAF had significantly lower rates of admissions among those previously deployed to both Iraq and Afghanistan (0.8 per 1,000 strength) compared to the Army (1.9 per 1,000 strength).

SECTION TWO – TRENDS OVER TIME

Tri-Service new episodes of care at a MOD DCMH for the five year period 2007/08 – 2012/13

Trends by Demographic Variables

83. **Table 5 to 10** provides details of the number of new episodes of care by various demographic breakdowns from 2007/08 to 2012/13. Time-trend comparisons between 2012/13 and previous years should be treated with caution as this increase maybe a result of the change in methodology and therefore commentary analysing year on year differences will not be presented in this release.

Table 5: New episodes of care at the MOD's DCMH, 2007/08 – 2012/13, numbers and rates per 1,000 strength.

Date	All patients seen	Patients assessed with a mental disorder			Patients assessed without a mental disorder	Presenting complaint information not provided[1]
		Number	Rate	95% CI		
2007/08	5,037	3,477	17.5	(16.9 - 18.1)	1,333	227
2008/09	4,418	3,118	15.8	(15.2 - 16.4)	1,300	0
2009/10 [1]	5,443	3,805	18.8	(18.2 - 19.4)	1,638	0
2010/11	5,582	3,983	19.9	(19.3 - 20.5)	1,599	0
2011/12	5,404	3,970	20.4	(19.7 - 21.0)	1,434	0
2012/13 [2]	6,700	5,058	27.1	(26.4 - 27.9)	1,642	0

Data Source : DS Database and DMICP

1. April 2007 - June 2009 new attendances, July 2009 onwards new episodes of care (see paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45).

84. The change in methodology in July 2009 meant more patients were included in the analysis (see paragraphs 32-33), this resulted in an expected increase in the numbers and rates in 2009/10 (Table 5) compared to the previous year.

85. Based on records reported solely in the DS database, there was a 3% increase between 2011/12 (n = 5,404) and 2012/13 (n = 5,531). With the inclusion of new episodes of care from DMICP there was an increase of 21% (n = 6,700) (see paragraphs 34-45). There was an overall increase in new episodes of care of 24% in 2012/13 compared to the previous year (from 5,404 in 2011/12 to 6,700 in 2012/13).

86. Over the six year time period presented, there was a 33% increase in the number of new episodes of care at a DCMH (from 5,037 in 2007/08 to 6,700 in 2012/13).

87. A test for trend on patients assessed with a mental health disorder between 2009/10 and 2011/12 showed no significant difference in the rate of patients assessed with a mental health disorder over the last 3 financial years (Logistic Regression OR : 1.004, 95% CI : 0.999 - 1.010, p=.122). This analysis has not been updated to include 2012/13 data due to the break in the data series with the introduction of the revised methodology, however, once sufficient time point data is available, the test will be repeated.

Service differences

Table 6: New episodes of care at the MOD's DCMH, by Service, 2007/08 – 2012/13, numbers and rates per 1,000 strength.

		Service												
		Royal Navy			Royal Marines			Army			RAF			Not Known[1]
	All patients	Patients assessed with a mental disorder												
Date	seen	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number
2007/08	5,037	445	14.1	(12.8 - 15.4)	83	10.7	(8.4 - 13.1)	2,085	18.2	(17.4 - 19.0)	761	17.1	(15.8 - 18.3)	103
2008/09	4,418	415	13.3	(12.0 - 14.6)	65	8.3	(6.3 - 10.3)	1,951	17.0	(16.3 - 17.8)	649	14.8	(13.7 - 16.0)	38
2009/10[2]	5,443	404	12.9	(11.7 - 14.2)	93	11.5	(9.2 - 13.9)	2,404	20.3	(19.5 - 21.1)	897	20.2	(18.9 - 21.5)	7
2010/11	5,582	396	12.8	(11.6 - 14.1)	65	7.8	(5.9 - 9.8)	2,578	22.0	(21.1 - 22.8)	944	21.5	(20.1 - 22.9)	0
2011/12	5,404	388	13.3	(12.0 - 14.6)	76	9.4	(7.3 - 11.5)	2,570	22.2	(21.4 - 23.1)	936	22.3	(20.9 - 23.7)	0
2012/13[3]	6,700	589	21.5	(19.8 - 23.3)	121	15.4	(12.6 - 18.1)	3,231	28.8	(27.8 - 29.8)	1,117	28.6	(26.9 - 30.2)	0

Data Source : DS Database and DMICP

1. 45 records supplied without identifiers (see paragraph 31)
2. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
3. Revised methodology to include electronic patient record data source (see paragraphs 34-45)

88. **Table 6** shows some statistically significant differences in the rates of episodes of mental health disorders between the Services since 2009/10. The Army and RAF had significantly higher rates of mental disorders compared to the Royal Navy and Royal Marines in each of the last four financial years.

89. The Royal Marines had the lowest rate of mental disorders compared to the other Services, this may be due to the rigorous training they undergo which ensures only the 'elite' go forward as Royal Marines (thus the selection process removes those that may be more susceptible to mental health problems) and/or it may be due the tight unit cohesion that exists amongst the elite forces, thus the support received from the Unit further supports the 'healthy worker' effect (Pers comm. Def Prof Mental Health).

90. Within each Service, females have higher rates of new episodes of care than males and Other ranks have higher rates than officers in each year since 2007/08 (see Annex A).

Table 7: New episodes of care at the MOD's DCMH, by Gender and Officer/Rank, 2007/08 – 2012/13, numbers and rates per 1,000 strength.

	Gender						Rank						
	Males			Females			Officers			Other Ranks			Not Known[1]
	Patients assessed with a mental disorder												
Date	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number
2007/08	2,743	15.2	(14.6 - 15.8)	631	34.8	(32.1 - 37.6)	229	6.8	(5.9 - 7.7)	3,145	19.1	(18.4 - 19.7)	103
2008/09	2,442	13.6	(13.1 - 14.2)	638	35.4	(32.6 - 38.1)	251	7.5	(6.6 - 8.4)	2,829	17.3	(16.6 - 17.9)	38
2009/10[2]	3,024	16.5	(15.9 - 17.1)	774	41.5	(38.6 - 44.4)	361	10.7	(9.6 - 11.8)	3,437	20.4	(19.7 - 21.1)	7
2010/11	3,209	17.7	(17.1 - 18.3)	774	41.0	(38.1 - 43.9)	353	21.8	(19.6 - 24.1)	3,630	35.9	(34.7 - 37.1)	0
2011/12	3,184	18.1	(17.4 - 18.7)	786	42.3	(39.3 - 45.2)	400	12.1	(10.9 - 13.3)	3,570	22.1	(21.3 - 22.8)	0
2012/13[3]	4,002	23.7	(22.9 - 24.4)	1,056	60.4	(56.7 - 64.0)	484	15.4	(14.0- 16.7)	4,574	29.5	(28.6 - 30.4)	0

Data Source : DS Database and DMICP

1. 45 records supplied without identifiers (see paragraph 31)
2. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
3. Revised methodology to include electronic patient record data source (see paragraphs 34-45)

91. There were some statistically significant differences in the rates of episodes of care of mental disorder for gender and for rank.

Gender differences

92. Rates of mental disorders in females were significantly higher than males across all years presented. This finding is replicated in the civilian population where females are more likely to report mental health problems than males. A study following up the mental health of adults suggested that this is because females are likely to have more interactions with health professionals (Better or Worse; a follow up study of the mental health of adults in Great Britain London, National Statistics, 2003). Defence Statistics have not investigated whether females in the UK Armed Forces have more interactions with health professionals than their male colleagues.

Rank differences

93. Rates of mental disorders amongst other Ranks were significantly higher than Officers across all years presented.

94. The differences between ranks and Officers may be due to educational and/or socio-economic background, where both higher educational attainment and higher socio-economic background are associated with lower levels of mental health disorder (Meltzer et all., 2003). The majority of Officers (with the exception of those

promoted from the Ranks) are recruited as graduates of the higher education system, whilst the majority of other Ranks are recruited straight from school and often from the inner cities (particularly for the Army).

Age differences

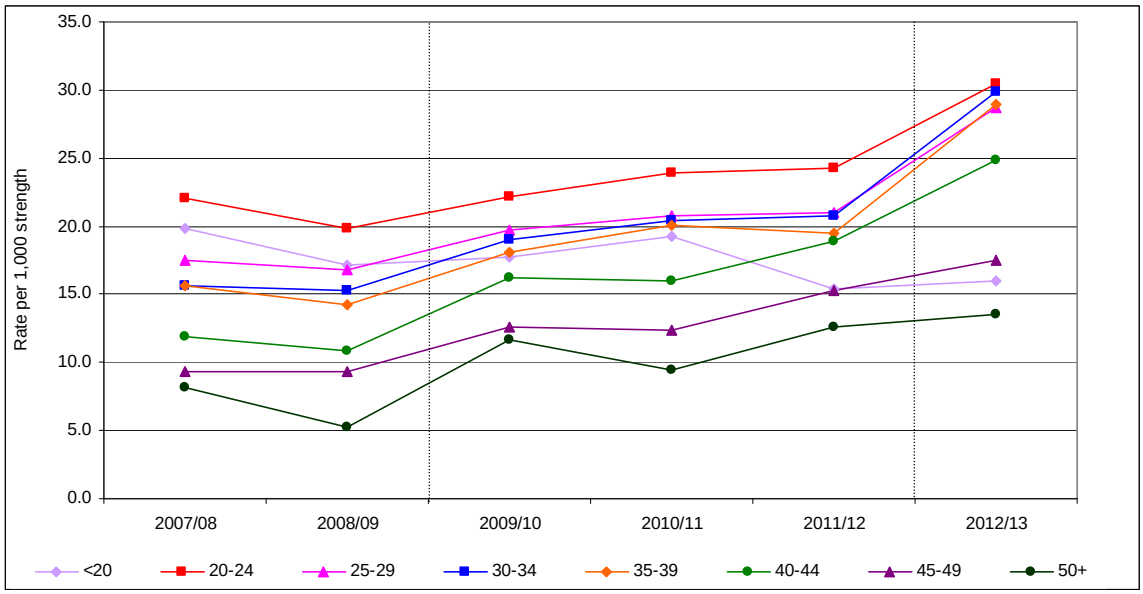
95. There were some statistically significant differences in the episodes of care for mental disorder rates between the age groups presented in **Table 8**:

- For the period 2007/08 to 2011/12, rates of mental disorders in those aged 20-24 were higher than all other age groups and rates of mental health disorders declined with each age group over the age of 24.
- However, in 2012/13, rates of mental disorders were similar in each age group between the ages of 20 and 39 years and only declined in those aged over 40.

96. Whilst the total number of new episodes of care among those aged under 20 decreased from 161 in 2011/12 to 148 in 2012/13, the rate increased from 15.4 to 16.0. This is due to a reduction in the number of personnel on strength, particularly in the under 20 age group within the Navy and RAF (see paragraph 47 for further details).

97. **Figure 2** and **Table 8** present the rate of mental disorders by age group and financial year for those seen at a DCMH for an episode of care.

Figure 2: New episodes of care at the MOD DCMH, by age group, 2007/08 - 2012/13, rates per 1,000 strength.



Data Source : DS Database and DMICP

1. Dotted lines represent changes in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraphs 32-33) and 2012/13 revised methodology to include electronic patient record data source (paragraphs 34-45).

Table 8: New episodes of care at the MOD DCMH, by age group, 2007/08 – 2012/13, numbers and rates per 1,000 strength.

	Assessed as having a mental health disorder																							
	<20			20-24			25-29			30-34			35-39			40-44			45-49			50+		
	n	Rate	95% CI	n	Rate	95% CI	n	Rate	95% CI	n	Rate	95% CI	n	Rate	95% CI	n	Rate	95% CI	n	Rate	95% CI	n	Rate	95% CI
2007/08	317	19.8	(17.6 - 22.0)	994	22.1	(20.7 - 23.5)	731	17.5	(16.2 - 18.7)	453	15.6	(14.2 - 17.1)	532	15.7	(14.3 - 17.0)	214	11.9	(10.3 - 13.5)	89	9.4	(7.4 - 11.3)	44	8.2	(5.8 - 10.6)
2008/09	272	17.2	(15.2 - 19.2)	879	19.8	(18.5 - 21.1)	709	16.8	(15.5 - 18.0)	433	15.3	(13.9 - 16.7)	465	14.2	(12.9 - 15.5)	200	10.8	(9.3 - 12.4)	92	9.4	(7.5 - 11.3)	30	5.2	(3.4 - 7.1)
2009/10	289	17.7	(15.6 - 19.7)	1,021	22.2	(20.8 - 23.6)	846	19.7	(18.4 - 21.0)	563	19.0	(17.5 - 20.6)	558	18.0	(16.5 - 19.5)	318	16.2	(14.5 - 18.0)	130	12.6	(10.4 - 14.8)	73	11.6	(9.0 - 14.3)
2010/11	250	19.2	(16.8 - 21.6)	1,085	23.9	(22.4 - 25.3)	900	20.7	(19.4 - 22.1)	641	20.4	(18.8 - 22.0)	584	20.1	(18.4 - 21.7)	328	15.9	(14.2 - 17.7)	132	12.4	(10.3 - 14.5)	63	9.5	(7.2 - 11.8)
2011/12	161	15.4	(13.0 - 17.8)	1,054	24.3	(22.8 - 25.8)	913	21.0	(19.7 - 22.4)	683	20.8	(19.2 - 22.4)	519	19.5	(17.8 - 21.2)	391	18.9	(17.0 - 20.8)	165	15.3	(13.0 - 17.6)	84	12.6	(9.9 - 15.2)
2012/13	148	16.0	(13.4 - 18.6)	1,244	30.5	(28.8 - 32.2)	1,217	28.7	(27.1 - 30.3)	990	29.8	(28.0 - 31.7)	700	28.9	(26.8 - 31.1)	482	24.8	(22.6 - 27.0)	186	17.6	(15.0 - 20.1)	91	13.5	(10.7 - 16.3)

Data Source : DS Database and DMICP

1. 45 records supplied without identifiers (see paragraph 31)
2. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
3. Revised methodology to include electronic patient record data source (see paragraphs 34-45)

98. **Table 9** presents the rates of mental disorders by Operation and financial year for those seen at a DCMH for an episode of care in 2007/08 to 2012/13.

Table 9: New episodes of care at the MOD DCMH, by Operation, 2007/08 – 2012/13, numbers and rates per 1,000 strength deployed.

	Deployment - Theatres of operation[1]												
	Op TELIC and/or Op HERRICK[2]			*of which*						Not previously deployed			Not known[3]
				Op TELIC			*Op HERRICK*[2]						
	Patients assessed with a mental disorder												
Date	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number
2007/08	1,795	17.2	(16.4 - 17.9)	*1,590*	*17.6*	*(16.8 - 18.5)*	*427*	*13.0*	*(11.7 - 14.2)*	1,579	17.1	(16.3 - 18.0)	103
2008/09	1,766	15.5	(14.8 - 16.3)	*1,445*	*15.6*	*(14.8 - 16.4)*	*711*	*15.1*	*(14.0 - 16.2)*	1,314	15.7	(14.8 - 16.5)	38
2009/10[4]	2,315	19.4	(18.6 - 20.2)	*1,712*	*18.7*	*(17.8 - 19.6)*	*1,224*	*19.8*	*(18.7 - 20.9)*	1,483	18.0	(17.1 - 18.9)	7
2010/11	2,564	20.9	(20.1 - 21.7)	*1,691*	*19.4*	*(18.4 - 20.3)*	*1,670*	*21.8*	*(20.8 - 22.9)*	1,419	18.3	(17.3 - 19.2)	0
2011/12	2,552	20.7	(19.9 - 21.5)	*1,591*	*19.6*	*(18.6 - 20.6)*	*1,836*	*20.9*	*(20.0 - 21.9)*	1,418	19.8	(18.8 - 20.9)	0
2012/13[5]	3,226	27.0	(26.1 - 27.9)	*1,862*	*25.8*	*(24.6 - 26.9)*	*2,535*	*27.3*	*(26.2 - 28.4)*	1,832	27.3	(26.1 - 28.6)	0

Data Source : DS Database and DMICP

1. Deployment to the wider theatre of operation (see paragraph 55)
2. Figures for Afghanistan theatre of Operation for period October 2005 – present (see paragraph 56)
3. 45 records supplied without identifiers (see paragraph 31)
4. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraphs 32-33)
5. Revised methodology to include electronic patient record data source (see paragraphs 34-45)

99. The overall rate of mental disorder for those identified as having previously deployed to Op HERRICK and/or Op TELIC was not significantly different compared to those identified as not having previously deployed to either operation for the five year period. Therefore previous deployment was not a predictor for being seen at a DCMH for a mental health condition for the Armed Forces as a whole.

100. However, there were differences in the rates of mental health assessment between the Services (see Tables 18, 25, 31 and 38 in Annex A), for example:

- For the first time in the latest five year period, Royal Navy personnel in 2012/13 had higher rates of mental health disorder among those identified as not having previously deployed to Op TELIC and/or Op HERRICK compared to those identified as having previously deployed to either operation (**Table 18, page 28**);
- There were no significant differences in Royal Marine rates of mental health assessment among those identified as having previously deployed compared to those identified as not having previously deployed to either operation (**Table 25, page 31**);
- In 2010/11 and 2011/12, Army personnel who had deployed to either Op TELIC and/or Op HERRICK were more likely to be assessed with a mental health disorder than those who had not deployed there. In 2012/13, the rate of mental health assessment was not significantly different among Army personnel identified as having previously deployed compared to those identified as not having previously deployed to either operation (**Table 31, page 34**);
- RAF personnel were more likely to be assessed with a mental health disorder if they not deployed to either Iraq or Afghanistan (**Table 38, page 37**);

Trends by mental disorder

101. **Table 10** provides details of the types of presenting complaints, by ICD-10 grouping and year. The inclusion of new episodes of care from DMICP in 2012/13 resulted in an increase in the number submitted by DCMH in the DS database (n = 1,169) (see paragraphs 34-45). In addition, 1,117 previously reported mental disorder assessments in the DS database were changed to reflect the assessment coded in DMICP.

102. The impact of the revised methodology on mental disorders previously reported in the quarterly series of the mental health report using data solely from the DS database for 2012/13 was that between 15-16% of assessments changed in each of the main ICD-10 groupings; Psychoactive substance use; Mood disorders and Neurotic disorders. To illustrate, **Table 9a** shows, 84% of neurotic disorders previously reported in the DS database were also coded as neurotic disorders in DMICP. However, 9% of neurotic disorders recorded in the DS database had the assessment changed to Mood disorder as this was the coded assessment in the legal patient record for the episode of care.

Table 9a : Impact of revised assessment on mental disorders previously published using DS database assessment by ICD-10 grouping, 2012/13, percentage alignment

DMICP assessment[2]	DS database assessment[1]			
	Psychoactive substance use	Mood disorders	Neurotic disorders	Other mental disorders
Psychoactive substance use	85%	0%	1%	1%
Mood disorders	1%	85%	9%	5%
Neurotic disorders	8%	10%	84%	10%
Other mental disorders	5%	5%	7%	84%

Data Source : DS Database and DMICP

1. Assessment as recorded on the DS database and previously reported in 2012/13.
2. Revised assessment following the inclusion of DMICP coded assessment (paragraph 38)

103. Based on numbers previously published[h] by Defence Statistics, 84% of neurotic disorders were also coded as neurotic disorders in DMICP (**Table 9a**). The remaining 16% of records previously recorded as neurotic disorders in the DS database had the assessment changed to Mood disorders (9%) and Other mental disorders (5%) as this was the coded assessment in the legal patient record for the episode of care. In addition, there were 8% of records previously recorded as Psychoactive substance use and 10% of records previously recorded as Mood disorders in the DS database which changed to Neurotic disorder. The overall net effect was a 6% decrease in Neurotic disorders compared to previously published reports for the 2012/13 period.

104. For previously reported Mood disorders, 85% were also coded as Mood disorder in DMICP. The remaining 15% of mood disorder records in the DS database had the assessment changed to Neurotic disorder (10%) and Other mental disorders (5%). In addition, there were 9% of records previously recorded as Neurotic disorders and 5% of records previously recorded as Other mental disorders in the DS database which changed to Mood disorders. The overall net effect was a 15% increase in Mood disorders compared to previously published reports for the 2012/13 period.

105. For previously reported Psychoactive substance use, 85% had the same assessment coded in DMICP. The remaining 15% of records previously recorded as Psychoactive substance use in the DS database had the assessment changed to Neurotic disorders (8%) and Other mental health disorders (5%). In addition, there were 1% of records previously recorded as Neurotic disorders and 1% of records previously reported as Other mental disorders in the DS database which changed to Psychoactive substance use. The overall net effect was no change among Psychoactive substance use compared to previously published reports for 2012/13.

Neurotic disorders

106. Neurotic disorders were the most prevalent disorder throughout the six year period and had a significantly higher rate than all other mental health disorders over all years presented (**Table 10**).

107. Based on numbers previously published[h] by Defence Statistics, there was a 14% increase in neurotic disorders between 2011/12 (n=2,442) and 2012/13 (n=2,777). The inclusion of DMICP in 2012/13 resulted in a increase of 13% (n=3,146) in the number of neurotic disorders (see paragraphs 34-45). Taking both changes into account, there was an overall increase in neurotic disorders of 29% in 2012/13 compared to the previous year (from 2,442 in 2011/12 to 3,146 in 2012/13).

108. Over the six year time period presented, there was a 54% increase in the number of neurotic disorders assessed at a DCMH. The largest percentage increase occurred from 2011/12 to 2012/13 following the inclusion of DMICP data.

109. Adjustment disorder accounted for the majority of all neurotic disorders (61%, n=8,679), whilst PTSD remained a rare condition and only accounted for 10% of all neurotic disorders (n=1,369) over the six year time period.

110. **Figure 3** presents the rates of neurotic disorders and the sub groups PTSD and Adjustment disorders by financial year.

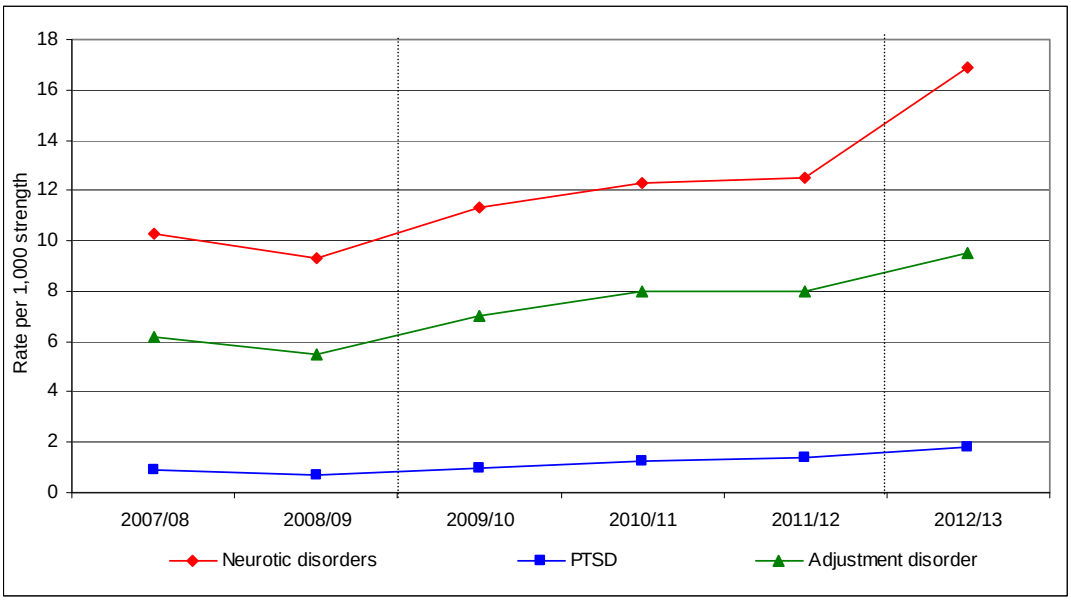
[h] As reported in the quarterly reports on UK Armed Forces Mental Health for the period 2012/13

Table 10: New episodes of care at the MOD DCMH, by ICD Category and Service, 2007/08 – 2012/13, numbers and rates per 1,000 strength.

	ICD-10 description																							
	Psychoactive substance use			*of which disorders due to alcohol*			Mood Disorders			*of which depressive episode*			Neurotic disorders			*of which PTSD*			*of which Adjustment disorders*			Other mental disorders			
	Patients assessed with a mental disorder																						No mental Disorder		
Date	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI
All																											
2007/08	385	1.9	(1.7 - 2.1)	*355*	*1.8*	*(1.6 - 2.0)*	810	4.1	(3.8 - 4.4)	*678*	*3.4*	*(3.2 - 3.7)*	2,045	10.3	(9.8 - 10.7)	*174*	*0.9*	*(0.7 - 1.0)*	*1,232*	*6.2*	*(5.9 - 6.5)*	237	1.2	(1.0 - 1.3)	1,333	6.7	(6.3 - 7.1)
2008/09	337	1.7	(1.5 - 1.9)	*321*	*1.6*	*(1.4 - 1.8)*	697	3.5	(3.3 - 3.8)	*603*	*3.1*	*(2.8 - 3.3)*	1,844	9.3	(8.9 - 9.8)	*141*	*0.7*	*(0.6 - 0.8)*	*1,094*	*5.5*	*(5.2 - 5.9)*	240	1.2	(1.1 - 1.4)	1,300	6.6	(6.2 - 6.9)
2009/10[1]	314	1.6	(1.4 - 1.7)	*297*	*1.5*	*(1.3 - 1.6)*	914	4.5	(4.2 - 4.8)	*834*	*4.1*	*(3.8 - 4.4)*	2,292	11.3	(10.9 - 11.8)	*194*	*1.0*	*(0.8 - 1.1)*	*1,420*	*7.0*	*(6.6 - 7.4)*	285	1.4	(1.2 - 1.6)	1,638	8.1	(7.7 - 8.5)
2010/11	327	1.6	(1.5 - 1.8)	*312*	*1.6*	*(1.4 - 1.7)*	896	4.5	(4.2 - 4.8)	*836*	*4.2*	*(3.9 - 4.5)*	2,456	12.3	(11.8 - 12.7)	*253*	*1.3*	*(1.1 - 1.4)*	*1,599*	*8.0*	*(7.6 - 8.4)*	304	1.5	(1.3 - 1.7)	1,599	8.0	(7.6 - 8.4)
2011/12	287	1.5	(1.3 - 1.6)	*278*	*1.4*	*(1.3 - 1.6)*	962	4.9	(4.6 - 5.2)	*870*	*4.5*	*(4.2 - 4.8)*	2,442	12.5	(12.0 - 13.0)	*273*	*1.4*	*(1.2 - 1.6)*	*1,561*	*8.0*	*(7.6 - 8.4)*	279	1.4	(1.3 - 1.6)	1,434	7.4	(7.0 - 7.7)
2012/13[2]	308	1.7	(1.5 - 1.8)	*294*	*1.6*	*(1.4 - 1.8)*	1,425	7.6	(7.2 - 8.0)	*1,129*	*6.1*	*(5.7 - 6.4)*	3,146	16.9	(16.3 - 17.4)	*334*	*1.8*	*(1.6 - 2.0)*	*1,773*	*9.5*	*(9.1 - 9.9)*	179	1.0	(0.8 - 1.1)	1,642	8.8	(8.4 - 9.2)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraphs 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)

Figure 3: New episodes of care at the MOD DCMH for neurotic disorder and subgroups, 2007/08 – 2012/13 rates per 1,000 strength.



1. Dotted lines represent changes in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33) and 2012/13 revised methodology to include electronic patient record data source (paragraphs 34-45).

111. Defence Statistics linked new episodes of care at DCMH and in-patient admissions data for the period 2007/08 to 2011/12 to deployment records, preliminary analysis indicate the majority of neurotic disorder episodes, of which adjustment and PTSD are a subcategory, were made within 8 months following return from deployment, with the attendance rate for new episodes of care reducing as time from return from deployment increases. Defence Statistics are currently developing this analysis and will include the results in future reports.

Adjustment disorder findings

112. Based on numbers previously published[h] by Defence Statistics, there was a 2% increase in adjustment disorder between 2011/12 (n=1,561) and 2012/13 (n=1,590). The inclusion of DMICP in 2012/13 resulted in a increase of 12% (n=1,773) in the number of adjustment disorder (see paragraphs 34-45). Taking both changes into account, there was an overall increase in adjustment disorder of 14% in 2012/13 compared to the previous year from 1,561 in 2011/12 to 1,773 in 2012/13.

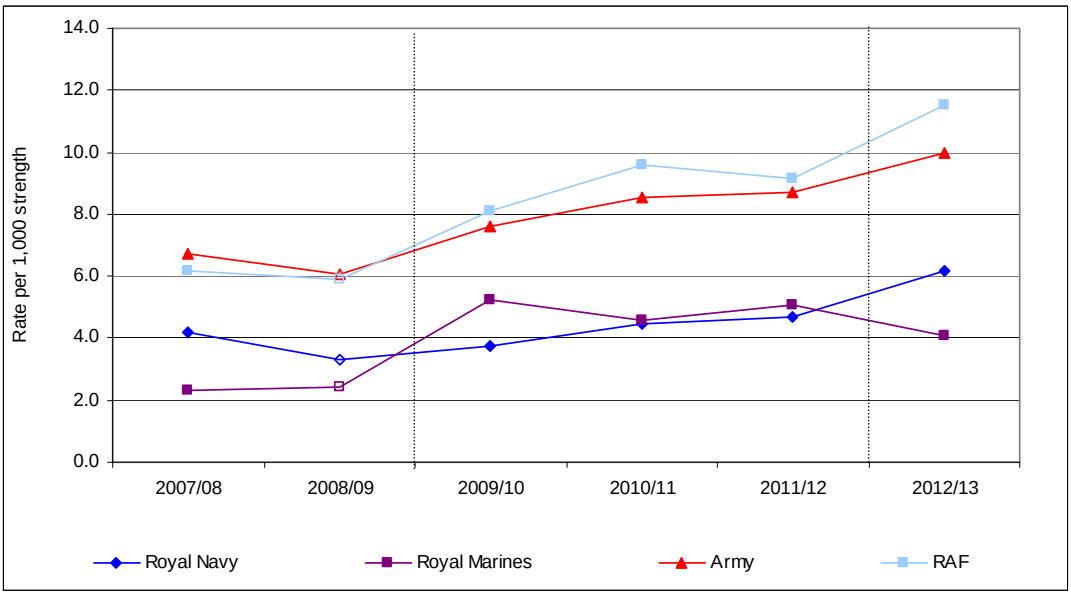
113. Over the six year time period presented, there was a 44% increase in the number of adjustment disorder assessed at a DCMH.

114. There were significant differences in the rates of adjustment disorder between the Services (**Figure 4**), with Army and RAF having the highest rates of adjustment disorder compared to the Royal Navy and Royal Marines for all years presented.

115. A possible explanation for the increased rate seen in the Services and one which requires further analysis may be the impact of deployment, mental health professionals may be more likely to give an initial assessment of adjustment disorder in the months immediately after deployment. This will require further analysis to better understand the trends seen.

116. Annex A provides further breakdowns of each Service by rates of mental disorders and deployment.

Figure 4: New episodes of care at the MOD DCMH for adjustment disorders and Service, 2007/08 – 2012/13, rates per 1,000 strength.



1. Dotted lines represent changes in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33) and 2012/13 revised methodology to include electronic patient record data source (paragraphs 34-45).

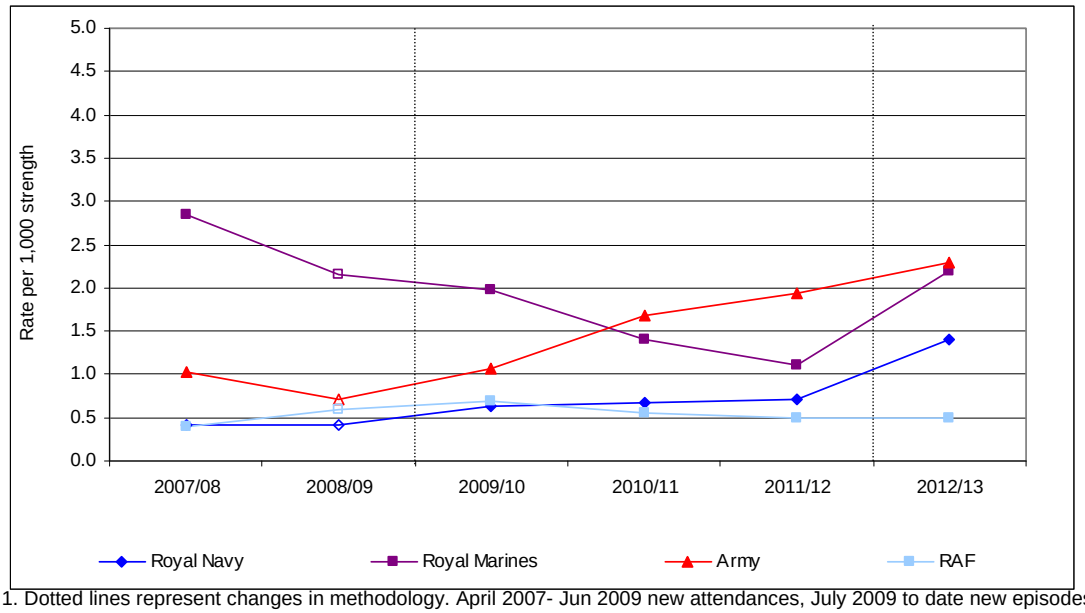
PTSD findings

117. PTSD remains a rare condition throughout the six year period with a rate of 1.8 per 1,000 strength in 2012/13 (**Table 10**). PTSD accounts for 8-11% of all neurotic disorders year on year since 2007/08.

118. Based on numbers previously published[h] by Defence Statistics, there was a 18% increase in PTSD between 2011/12 (n=273) and 2012/13 (n=322). The inclusion of DMICP in 2012/13 resulted in a increase of 4% (n=334) in the number of PTSD (see paragraphs 34-45). Taking both changes into account, there was an overall increase in PTSD of 22% in 2012/13 compared to the previous year from 174 in 2011/12 to 334 in 2012/13.

119. Over the six year time period presented, there was a 92% increase in the number of PTSD assessed at a DCMH from 174 in 2007/08 to 273 in 2012/13.

Figure 5: New episodes of care at the MOD DCMH for PTSD by Service, 2007/08 – 2012/13, rates per 1,000 strength.



1. Dotted lines represent changes in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33) and 2012/13 revised methodology to include electronic patient record data source (paragraphs 34-45).

120. **Figure 5** shows the difference in PTSD rates by Service. Both the Army and Royal Marines (who had the highest rates of PTSD during the six year period) routinely deployed on operations in Iraq and Afghanistan. Analysis of various demographic variables and PTSD for the period 2009/10 to 2011/12, showed that deployment to Iraq or Afghanistan was the strongest predictor of PTSD, with Armed Forces personnel who deployed being over three and a half times more likely to have PTSD than those who had not deployed (Logistic Regression OR: 4.76, 95% CI: 3.49-6.48, p<.001). In addition females were half as likely to have an assessment of PTSD as males (Logistic Regression OR = 0.56, 95% CI: 0.39-0.823, p=.003), whilst there was no effect of Officer/Rank status on the likelihood of being assessed with PTSD. This analysis has not been updated in this report due to resource constraints, however it will be reviewed and published in the next release.

121. Thus whilst it is clear that deployment was a key factor for PTSD in the UK Armed Forces, and rates in both the Army and Royal Marines were higher than the other two Services, there were also notable differences between the Army and Royal Marines. Due to the methodology revisions, caution must be taken in interpreting the changing trend in rates each year :

- The rate of PTSD in the Army increased year on year since 2008/09.
- The rate of PTSD in the Royal Marines decreased year on year from 2007/08 to 2011/12 and rose in 2012/13.

It will require further investigation to understand the changing trends presented here.

Mood disorder findings

122. Mood disorders had the second highest rate of mental health disorder at a DCMH over all the years presented. **Figure 6** presents the rate of mood disorders by Service and financial year since 2008/09. It shows Royal Marines had a significantly lower rate than the other Services throughout the six year period.

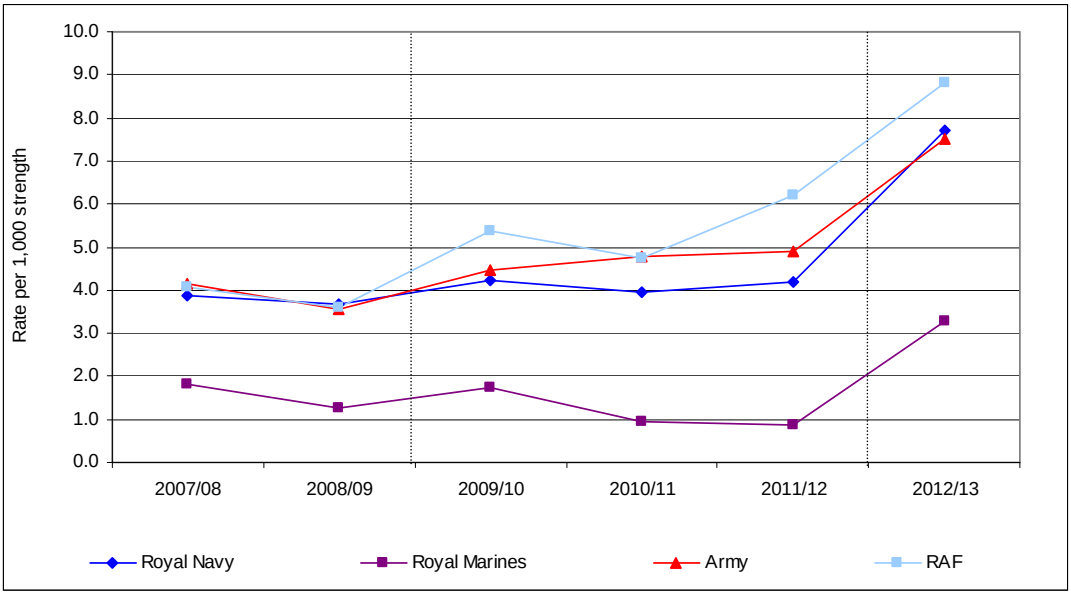
123. Based on numbers previously published[h] by Defence Statistics, there was a 9% increase in Mood disorders between 2011/12 (n=962) and 2012/13 (n=1,047). The inclusion of DMICP in 2012/13 resulted in a increase of 36% (n=1,425) in the number of Mood disorders (see paragraphs 34-45). Therefore, there was an overall increase in Mood disorders of 48% in 2012/13 compared to the previous year from 962 in 2011/12 to 1,425 in 2012/13.

124. Over the six year time period presented, there was a 76% increase in the number of Mood disorders assessed at a DCMH from 810 in 2007/08 to 1,425 in 2012/13. The largest increase occurred from 2011/12 to 2012/13 following the inclusion of DMICP data.

125. Depressive episodes accounted for around 80-90% of all mood disorders year on year since 2007/08. The most likely explanation is that the other types of mood disorder (manic episode, bipolar effective disorder and persistent mood disorder) are rare in a fit young population which typifies the UK Armed Forces.

126. The rate of females being assessed with a depressive episode was significantly higher than males in the Royal Navy, Army and RAF in 2012/13; females in the RAF had the highest rate of depressive episodes (see table 39, Annex A) compared to the other Services (see tables 19, 26 and 32, Annex A). It is not clear why females should have higher attendance for depressive episodes, however there is similar gender differences reported in the general UK population: depression is more common in females than males, however the reasons are unclear but it is thought to be down to social and biological factors (NHS, 2003).

Figure 6: New episodes of care at the MOD's DCMH, for mood disorders and Service, 2007/08 – 2012/13 rates per 1,000 strength.



1. Dotted lines represent changes in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33) and 2012/13 revised methodology to include electronic patient record data source (paragraphs 34-45).

SECTION THREE
Admissions to the MOD's In-patient Contractors Tri-Service 2007/08 – 2012/13

127. **Table 11 to 13** provide details of the types of mental disorder by demographic breakdowns for 2007/08 to 2012/13 for admissions to the in-patient contractors. It is important to note that an individual could be seen for an episode of care at a DCMH and then be admitted to an in-patient facility, therefore individuals can appear in both datasets and the numbers provided in this report. Therefore as a result it is not possible to add together the DCMH episodes of care and in-patient admissions.

Table 11: Admissions to the MOD In-Patient contractors, by Service, 2007/08 – 2012/13, numbers and rates per 1,000 strength.

	All admissions			Service								
				Naval Service[1]			Army			RAF		
Date	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI
2007/08	240	1.2	(1.1 - 1.4)	37	0.9	(0.6 - 1.2)	161	1.4	(1.2 - 1.6)	42	0.9	(0.7 - 1.2)
2008/09	298	1.5	(1.3 - 1.7)	47	1.2	(0.9 - 1.5)	208	1.8	(1.6 - 2.1)	43	1.0	(0.7 - 1.3)
2009/10[1]	292	1.4	(1.3 - 1.6)	52	1.3	(1.0 - 1.7)	193	1.6	(1.4 - 1.9)	47	1.1	(0.8 - 1.4)
2010/11	304	1.5	(1.3 - 1.7)	28	0.7	(0.5 - 1.0)	247	2.1	(1.8 - 2.4)	29	0.7	(0.4 - 0.9)
2011/12	304	1.6	(1.4 - 1.7)	26	0.7	(0.5 - 1.0)	249	2.2	(1.9 - 2.4)	29	0.7	(0.5 - 1.0)
2012/13	302	1.6	(1.4 - 1.8)	43	1.2	(0.9 - 1.6)	227	2.0	(1.8 - 2.3)	32	0.8	(0.5 - 1.1)

Source: SSSFT and BFG

1. Royal Navy and Royal Marines combined to protect patient confidentiality
2. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 32-33).

128. The rate of admissions to the MOD UK and overseas in-patient contractors during 2012/13 (1.6 per 1,000 strength) were comparable to those seen in the last five financial years.
129. Comparing the admissions between the Services, the Army had significantly higher rates of admissions compared to the Naval Service and RAF in all years with the exception of 2007/08 and 2009/10 where the Army rates were not significantly different to the other Services.

Table 12: Admissions to the MOD In-Patient contractors, by Gender, Rank and Age, 2008/09 – 2012/13, numbers and rates per 1,000 strength.

	Gender						Rank						Age					
	Males			Females			Officers			Other Ranks			Under 30			Over 30		
Date	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI
2007/08	197	1.1	(0.9 - 1.2)	43	2.4	(1.7 - 3.1)	17	0.5	(0.3 - 0.8)	223	1.4	(1.2 - 1.5)	147	1.4	(1.2 - 1.7)	92	1.0	(0.8 - 1.2)
2008/09	250	1.4	(1.2 - 1.6)	48	2.7	(1.9 - 3.4)	21	0.6	(0.4 - 1.0)	277	1.7	(1.5 - 1.9)	175	1.7	(1.5 - 2.0)	123	1.3	(1.1 - 1.5)
2009/10[1]	248	1.4	(1.2 - 1.5)	44	2.4	(1.7 - 3.1)	25	0.7	(0.5 - 1.1)	267	1.6	(1.4 - 1.8)	175	1.7	(1.4 - 1.9)	117	1.2	(1.0 - 1.4)
2010/11	277	1.5	(1.3 - 1.7)	27	1.5	(1.0 - 2.1)	16	0.5	(0.3 - 0.8)	288	1.7	(1.5 - 1.9)	172	1.7	(1.4 - 1.9)	132	1.3	(1.1 - 1.6)
2011/12	271	1.5	(1.4 - 1.7)	33	1.8	(1.2 - 2.4)	20	0.6	(0.4 - 0.9)	284	1.8	(1.6 - 2.0)	158	1.6	(1.4 - 1.9)	146	1.5	(1.3 - 1.7)
2012/13	268	1.6	(1.4 - 1.8)	34	1.9	(1.3 - 2.6)	17	0.5	(0.3 - 0.9)	285	1.8	(1.6 - 2.1)	155	1.7	(1.4 - 1.9)	147	1.6	(1.3 - 1.8)

Source: SSSFT and BFG
2. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 32-33).

130. There were some statistically significant differences in admissions rates between the subgroups of patients:
- Rates of admissions were higher in females than males in 2008/09 and 2009/10, however since 2010/11 there was no significant difference between male and female admission rates.
- Rates of admissions were consistently higher for other ranks compared to officers over the five year period.

Table 13: Admissions to the MOD In-Patient contractors, by Operation, 2008/09 – 2012/13, numbers and rates per 1,000 strength.

	Deployment - Theatres of operation[1]											
				of which								
	Op TELIC and/or Op HERRICK[2]			*Op TELIC*			*Op HERRICK*[2]			Neither		
Date	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI
2007/08	116	1.1	(0.9 - 1.3)	102	1.1	(0.9 - 1.3)	32	1.0	(0.6 - 1.3)	124	1.3	(1.1 - 1.6)
2008/09	169	1.5	(1.3 - 1.7)	144	1.6	(1.3 - 1.8)	55	1.2	(0.9 - 1.5)	129	1.5	(1.3 - 1.8)
2009/10[1]	170	1.4	(1.2 - 1.6)	141	1.5	(1.3 - 1.8)	71	1.1	(0.9 - 1.4)	122	1.5	(1.2 - 1.7)
2010/11	180	1.5	(1.3 - 1.7)	139	1.6	(1.3 - 1.9)	92	1.2	(1.0 - 1.4)	124	1.6	(1.3 -1.9)
2011/12	187	1.5	(1.3 - 1.7)	112	1.4	(1.1 - 1.6)	137	1.6	(1.3 - 1.8)	117	1.6	(1.3 - 1.9)
2012/13	184	1.5	(1.3 - 1.8)	86	1.2	(0.9 - 1.4)	152	1.6	(1.4 - 1.9)	118	1.8	(1.4 - 2.1)

Source: SSSFT and BFG
1. Deployment to the wider theatre of operation (see paragraph 55).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 32-33).

131. There was no significant difference between the rates of admissions of those previously deployed to Op TELIC and/or Op HERRICK compared to those not previously deployed to either Operation. Rates of admissions for those deployed to Op HERRICK and those not previously deployed have increased over the five year period but not significantly.

Table of contents for Annexes

132. **Please note that the data presented in the following annexes is <u>not</u> mutually exclusive and therefore should not be summed together to give a count of overall burden of mental health in the UK Armed Forces, for example, UK Service personnel may have been assessed by a FMHT, aero-medically evacuated for mental health reasons, received treatment at a DCMH and then gone on to be medically discharged for a mental health problem.**

Annex A ROYAL NAVY

Tables 14 to 20 present the numbers and rates for new episodes of care at a DCMH and in-patient admissions for Royal Navy personnel from 2008/09 to 2012/13. The key trends to have emerged over the past six financial years are:

- Females and Other ranks had statistically significant higher rates than males and officers for the whole five-year time period presented (**Tables 15 and 16**).
- There was no significant difference in rates of mental disorder between each of the age groups (**Table 17**), with rates declining as age increases. It should be noted that whilst the total number of new episodes of care among those aged under 20 decreased from eight in 2011/12 to seven in 2012/13, the rate increased from 10.4 to 14.7 per 1,000 strength. This was due to a reduction in the number of Navy personnel on strength in the under 20 age group (see paragraph 49 for further details).
- For the first time since 2007/08, the rate of mental disorder among those previously deployed to Iraq or Afghanistan in 2012/13 was significantly lower compared to those not previously deployed there. (**Table 18**).
- The most prevalent disorder across the latest six-year period among Royal Navy personnel was Neurotic Disorder with a rate of 11.9 per 1,000 strength in 2012/13. The rate for this disorder was significantly higher than any other mental disorder in each of the last sixyears (**Table 19**).
- The rate of PTSD among Royal Navy personnel remained low at 1.4 per 1,000 strength (**Table 19**).
- Due to the small numbers of in-patient admissions, Royal Navy and Royal Marines in-patient admission were presented in Table 20 as Naval Service personnel. There were no significant difference between males and females across each of the last six financial years with the exception of 2008/09 where females had significantly higher rates of admission than males (**Table 20**).
- There were no significant differences between rank, age or deployment among Royal navy in-patient admissions (**Table 20**).

New Episodes of Care at MOD DCMH 2007/08 - 2012/13

Table 14: Royal Navy, new episodes of care at the MOD DCMH, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	All epsiodes of care	*Of which mental disorders*		
		n	rate	95% CI
2007/08	691	445	14.1	(12.8 - 15.4)
2008/09	633	415	13.3	(12.0 - 14.6)
2009/10[1]	647	404	12.9	(11.7 - 14.2)
2010/11	666	396	12.8	(11.6 - 14.1)
2011/12	610	388	13.3	(12.0 - 14.6)
2012/13[2]	847	589	21.5	(19.8 - 23.3)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 15: Royal Navy, new episodes of care at the MOD DCMH, by gender, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	Male				Female			
	All episodes of	*of which mental disorders*			All episodes of	*of which mental disorders*		
Royal Navy	care	n	rate	95% CI	care	n	rate	95% CI
2007/08	515	320	11.4	(10.2 - 12.7)	176	125	34.4	(28.4 - 40.4)
2008/09	453	276	10.0	(8.8 - 11.2)	180	139	38.1	(31.8 - 44.5)
2009/10[1]	480	288	10.4	(9.2 - 11.7)	167	116	31.6	(25.8 - 37.3)
2010/11	505	287	10.5	(9.3 - 11.8)	161	109	30.1	(24.5 - 35.8)
2011/12	464	296	11.5	(10.2 - 12.8)	146	92	27.2	(21.7 - 32.8)
2012/13[2]	641	428	17.7	(16.0 - 19.3)	206	161	51.4	(43.5 - 59.4)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 16: Royal Navy, new episodes of care at the MOD DCMH, by rank 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	Officer				Other Rank			
	All episodes of	*of which mental disorders*			All episodes of	*of which mental disorders*		
Royal Navy	care	n	rate	95% CI	care	n	rate	95% CI
2007/08	63	52	7.6	(5.5 - 9.6)	628	393	15.9	(14.3 - 17.5)
2008/09	77	60	8.8	(6.6 - 11.0)	556	355	14.6	(13.1 - 16.1)
2009/10[1]	73	54	7.9	(5.8 - 10.1)	574	350	14.3	(12.8 - 15.8)
2010/11	79	54	8.0	(5.8 - 10.1)	587	342	14.2	(12.7 - 15.7)
2011/12	79	57	8.6	(6.4 - 10.9)	531	331	14.7	(13.1 - 16.3)
2012/13[2]	107	77	12.1	(9.4 - 14.8)	740	512	24.4	(22.2 - 26.5)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 17: Royal Navy, new episodes of care at the MOD DCMH, by Age group, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	Assessed as having a mental health disorder																							
	<20			20-24			25-29			30-34			35-39			40-44			45-49			50+		
Royal Navy	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI
2008/09	26	14.0	(9.1 - 20.5)	120	18.6	(15.3 - 21.9)	81	13.3	(10.4 - 16.1)	63	15.3	(11.5 - 19.1)	75	13.0	(10.1 - 15.9)	31	8.2	(5.3 - 11.1)	~	7.5	(4.4 - 12.1)	~	2.4	(0.3 - 8.8)
2009/10[1]	27	15.1	(9.9 - 21.9)	109	16.7	(13.6 - 19.9)	96	15.3	(12.2 - 18.3)	53	12.9	(9.4 - 16.4)	55	10.2	(7.5 - 12.8)	42	11.1	(7.8 - 14.5)	15	6.4	(3.6 - 10.5)	7	7.3	(2.9 - 14.9)
2010/11	20	14.5	(8.8 - 22.3)	102	16.0	(12.9 - 19.2)	94	14.4	(11.5 - 17.3)	53	12.4	(9.1 - 15.8)	66	13.2	(10.0 - 16.3)	40	10.4	(7.2 - 13.6)	16	6.7	(3.9 - 10.9)	5	4.9	(1.6 - 11.3)
2011/12	8	10.4	(5.5 - 25.1)	81	14.1	(11.4 - 17.7)	107	16.5	(13.5 - 19.8)	62	13.7	(10.0 - 16.7)	61	14.0	(11.1 - 18.5)	44	11.3	(8.1 - 14.8)	20	8.4	(5.1 - 12.9)	5	5.0	(1.6 - 11.9)
2012/13[2]	7	14.7	(7.3 - 33.1)	139	26.6	(23.2 - 29.9)	149	24.1	(20.8 - 27.3)	109	23.2	(19.9 - 26.5)	76	20.2	(16.2 - 24.3)	76	20.7	(17.2 - 24.2)	25	10.8	(5.3 - 13.3)	8	7.8	(1.6 - 11.3)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 18: Royal Navy, new episodes of care at the MOD DCMH, by Operation, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	Op TELIC and/or Op HERRICK				Op TELIC				Op HERRICK				Neither Operation			
		of which mental disorders				*of which mental disorders*				*of which mental disorders*				*of which mental disorders*		
Royal Navy	All episodes of care	n	rate	95% CI	All episodes of care	n	rate	95% CI	All episodes of care	n	rate	95% CI	All episodes of care	n	rate	95% CI
2007/08	167	119	10.7	(8.8 - 12.6)	155	111	10.8	(8.8 - 12.8) *r*	18	14	6.2	(3.4 - 10.5)	524	326	15.9	(14.2 - 17.6)
2008/09	210	152	13.0	(11.0 - 15.1)	191	137	13.0	(10.0 - 16.1) *r*	47	34	12.1	(8.0 - 16.2)	423	263	13.5	(11.8 - 15.1)
2009/10[1]	215	153	12.7	(10.7 - 14.7)	177	123	11.6	(8.7 - 14.6) *r*	70	54	15.7	(11.5 - 19.9)	432	251	13.1	(11.5 - 14.7)
2010/11	219	140	11.4	(9.5 - 13.2)	184	116	10.9	(8.0 - 13.9) *r*	65	42	11.0	(7.7 - 14.3)	447	256	13.8	(12.1 - 15.5)
2011/12	217	150	12.2	(10.3 - 14.2)	170	118	11.6	(8.6 - 14.6) *r*	84	61	13.7	(10.3 - 17.2)	392	238	14.1	(12.3 - 15.9)
2012/13[2]	261	197	17.5	(15.0 - 19.9)	200	157	17.3	(13.1 - 21.6)	112	86	18.6	(14.7 - 22.5)	586	392	24.4	(22.0 - 26.8)

Data Source : DS Database and DMICP

1. Deployment to the wider theatre of operation (see paragraph 55).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 32-33).
4. Revised methodology to include electronic patient record data source (see paragraphs 34-45)

Table 19: Royal Navy, new episodes of care at the MOD's DCMH, ICD Code, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

Royal Navy	2007/08			2008/09			2009/10[1]			2010/11			2011/12			2012/13[2]		
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	Number	Rate	95% Confidence Interval
All cases seen by DCMH	**661**	**20.9**	**(19.3 - 22.5)**	**633**	**20.3**	**(18.7 - 21.9)**	**647**	**20.7**	**(19.2 - 22.3)**	**666**	**21.6**	**(20.0 - 23.2)**	**610**	**20.9**	**(19.3 - 22.6)**	**847**	**30.9**	**(28.9 - 33.0)**
Cases of Mental Health disorder	**445**	**14.1**	**(12.8 - 15.4)**	**415**	**13.3**	**(12.0 - 14.6)**	**404**	**12.9**	**(11.7 - 14.2)**	**396**	**12.8**	**(11.6 - 14.1)**	**388**	**13.3**	**(12.0 - 14.6)**	**589**	**21.5**	**(19.8 - 23.3)**
Psychoactive substance use	85	2.7	(2.1 - 3.3)	73	2.3	(1.8 - 2.9)	47	1.5	(1.1 - 1.9)	47	1.5	(1.1 - 2.0)	32	1.1	(0.7 - 1.5)	36	1.3	(0.9 - 1.7)
of which disorders due to alcohol	*81*	*2.6*	*(2.0 - 3.1)*	*73*	*2.3*	*(1.8 - 2.9)*	*44*	*1.4*	*(0.6 - 1.8)*	*44*	*1.4*	*(1.0 - 1.8)*	*29*	*1.0*	*(0.7 - 1.4)*	35	1.3	(0.9 - 1.7)
Mood disorders	123	3.9	(3.2 - 4.6)	115	3.7	(3.0 - 4.4)	132	4.2	(3.5 - 4.9)	122	4.0	(3.3 - 4.7)	122	4.2	(3.4 - 4.9)	210	7.7	(6.6 - 8.7)
of which depressive episode	*116*	*3.7*	*(3.0 - 4.3)*	*106*	*3.4*	*(2.8 - 4.0)*	*126*	*4.0*	*(3.4 - 4.7)*	*114*	*3.7*	*(3.0 - 4.4)*	*115*	*3.9*	*(3.2 - 4.7)*	191	7.0	(6.0 - 8.0)
Neurotic disorders	207	6.6	(5.7 - 7.4)	194	6.2	(5.3 - 7.1)	198	6.3	(5.4 - 7.2)	203	6.6	(5.7 - 7.5)	212	7.3	(6.3 - 8.3)	326	11.9	(10.6 - 13.2)
of which PTSD	*13*	*0.4*	*(0.2 - 0.7)*	*13*	*0.4*	*(0.2 - 0.7)*	*20*	*0.6*	*(0.4 - 1.0)*	*21*	*0.7*	*(0.4 - 1.0)*	*21*	*0.7*	*(0.4 - 1.1)*	38	1.4	(0.9 - 1.8)
of which adjustment disorders	*133*	*4.2*	*(3.5 - 4.9)*	*103*	*3.3*	*(2.7 - 3.9)*	*117*	*3.7*	*(3.0 - 4.4)*	*138*	*4.5*	*(3.7 - 5.2)*	*136*	*4.7*	*(3.9 - 5.4)*	171	6.2	(5.3 - 7.2)
Other mental and behavioural disorders	30	0.9	(0.6 - 1.3)	33	1.1	(0.7 - 1.4)	27	0.9	(0.4 - 1.3)	24	0.8	(0.5 - 1.2)	22	0.8	(0.5 - 1.1)	17	0.6	(0.4 - 1.0)
No mental disorder	**216**	**6.8**	**(5.9 - 7.7)**	**218**	**7.0**	**(6.1 - 7.9)**	**243**	**7.8**	**(6.8 - 8.8)**	**270**	**8.8**	**(7.7 - 9.8)**	**222**	**7.6**	**(6.6 - 8.6)**	258	9.4	(8.3 - 10.6)
No Initial assessment provided	30			0			0			0			0					

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 20: Naval Service, In-patient admissions at MOD's In-Patient contractors by demographics and year, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	2007/08			2008/09			2009/10[3]			2010/11			2011/12			2012/13		
	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	Number	Rate	95% Confidence Interval
Gender																		
Male	31	0.9	(0.6 - 1.2)	33	0.9	(0.6 - 1.3)	44	1.2	(0.9 - 1.6)	22	0.6	(0.4 - 0.9)	~	0.7	(0.5 - 1.1)	36	1.1	(0.8 - 1.5)
Female	6	1.6	(0.6 - 3.5)	14	3.7	(2.0 - 6.3)	8	2.1	(0.9 - 4.2)	6	1.6	(0.6 - 3.5)	~	0.6	(0.1 - 2.1)	7	2.2	(0.9 - 4.5)
Rank																		
Officers	5	6.1	(2.0 - 14.2)	7	0.9	(0.4 - 1.9)	~	0.4	(0.1 - 1.1)	~	0.4	(0.1 - 1.1)	5	0.7	(0.2 - 1.6)	~	0.3	(0.0 - 1.0)
Ranks	32	4.6	(3.0 - 6.2)	40	1.3	(0.9 - 1.7)	~	1.5	(1.1 - 2.0)	~	0.8	(0.5 - 1.2)	21	0.7	(0.4 - 1.1)	~	1.5	(1.0 - 1.9)
Age																		
Under 30	19	1.0	(0.6 - 1.5)	26	1.4	(0.9 - 2.0)	29	1.5	(1.0 - 2.1)	12	0.6	(0.3 - 1.1)	11	0.6	(0.3 - 1.1)	25	1.5	(1.0 - 2.2)
Over 30	17	0.8	(0.5 - 1.4)	21	1.1	(0.7 - 1.6)	23	1.2	(0.7 - 1.8)	16	0.8	(0.5 - 1.3)	15	0.8	(0.4 - 1.3)	18	1.0	(0.6 - 1.5)
Deployment - Theatres of operation[1]																		
Op TELIC and/or Op HERRICK[2]	5	0.3	(0.1 - 0.7)	12	0.7	(0.4 - 1.3)	26	1.5	(1.0 - 2.2)	11	0.6	(0.3 - 1.1)	12	0.7	(0.3 - 1.2)	16	1.0	(0.6 - 1.6)
Of which Op TELIC	4	0.3	(0.1 - 0.8)	~	0.7	(0.4 - 1.4)	22	1.7	(1.0 - 2.5)	~	0.7	(0.3 - 1.3)	10	0.8	(0.4 - 1.4)	11	1.0	(0.5 - 1.8)
Of which Op HERRICK[2]	3	0.6	(0.1 - 1.7)	~	0.6	(0.2 - 1.5)	8	1.0	(0.4 - 2.1)	~	0.5	(0.1 - 1.2)	7	0.7	(0.3 - 1.5)	14	1.5	(0.8 - 2.5)
Neither	32	1.4	(0.9 - 1.8)	35	1.6	(1.0 - 2.1)	26	1.2	(0.8 - 1.7)	32	1.5	(1.0 - 2.0)	14	0.7	(0.4 - 1.2)	27	1.4	(0.9 - 2.1)

Data Source: SSSFT and BFG

1. Deployment to the wider theatre of operation (see paragraph 55).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 32-33).

Annex A ROYAL MARINES

Tables 21 to 26 present the numbers and rates for new episodes of care at a DCMH and in-patient admissions for Royal Marines personnel from 2007/08 to 2012/13. The key trends to have emerged over the past six financial years are:

- For the first time in the latest six-year period, the rate of mental disorder among female Royal Marine personnel in 2012/13 was significantly higher than males at 70.1 per 1,000 strength (**Table 22**). This was a result of the small number of female Marines on strength.
- There was no significant difference between the following groups of Royal Marine personnel over the last five year period:
    - Officers and other ranks (**Table 23**)
    - Age groups (**Table 24**)
- There was no significant difference in the rate of mental disorder among those previously deployed to Iraq or Afghanistan compared to those not previously deployed there. With the exception of 2009/10 where the rate among those previously deployed was significantly higher (14.8 per 1,000 strength) than the rate among those not previously deployed (5.6 per 1,000 strength), this was driven by the significantly higher rate of those previously deployed to Afghanistan (16.7 per 1,000 strength) (**Table 25**).
- The most prevalent disorder across the latest six-year period among Royal Marine personnel is Neurotic Disorder with a rate of 8.9 per 1,000 strength in 2012/13. (**Table 26**).
- The rate of PTSD among Royal Marine personnel remains low at 2.2 per 1,000 strength in 2012/13 (**Table 26**).

New Episodes of Care at MOD DCMH

Table 21: Royal Marines, new episodes of care at the MOD DCMH, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	All epsiodes of care	*Of which mental disorders*		
		n	rate	95% CI
2007/08	124	83	10.7	(8.4 - 13.1)
2008/09	85	65	8.3	(6.3 - 10.3)
2009/10[1]	127	93	11.5	(9.2 - 13.9)
2010/11	101	65	7.8	(5.9 - 9.8)
2011/12	118	76	9.4	(7.3 - 11.5)
2012/13[2]	155	121	15.4	(12.6 - 18.1)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 22: Royal Marines, new episodes of care at the MOD DCMH, by gender, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	Male				Female			
	All episodes	*of which mental disorders*			All episodes of	*of which mental disorders*		
Marines	of care	n	rate	95% CI	care	n	rate	95% CI
2007/08	~	~	10.5	(8.2 - 12.8)	~	~	33.2	(6.9 - 97.2)
2008/09	~	~	8.1	(6.1 - 10.1)	~	~	22.2	(2.7 - 80.1)
2009/10[1]	~	~	11.5	(9.2 - 13.9)	~	~	11.2	(0.3 - 62.2)
2010/11	101	65	7.9	(6.0 - 9.9)	0	0	0.0	(0.0 - 39.8)
2011/12	~	~	9.4	(7.2 - 11.5)	~	~	10.3	(0.3 - 57.3)
2012/13[2]	147	144	18.5	(15.5 - 21.5)	8	7	70.1	(28.2 - 144.4)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 23: Royal Marines, new episodes of care at the MOD DCMH, by rank, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	Officer				Other Rank			
	All episodes	*of which mental disorders*			All episodes of	*of which mental disorders*		
Marines	of care	n	rate	95% CI	care	n	rate	95% CI
2007/08	8	7	8.5	(3.4 - 17.5)	116	76	11.0	(8.5 - 13.5)
2008/09	6	6	7.1	(2.6 - 15.5)	79	59	8.4	(6.3 - 10.6)
2009/10[1]	9	8	9.3	(4.0 - 18.2)	118	85	11.8	(9.3 - 14.3)
2010/11	7	~	3.4	(0.7 - 9.9)	94	~	8.4	(6.3 - 10.5)
2011/12	9	~	4.6	(1.3 - 11.8)	109	~	9.9	(7.6 - 12.2)
2012/13[2]	11	11	13.1	(6.5 - 23.4)	144	110	15.6	(12.7 - 18.6)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 24: Royal Marines, new episodes of care at the MOD DCMH, by age group, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	Assessed as having a mental health disorder																							
	<20			20-24			25-29			30-34			35-39			40-44			45-49			50+		
Royal Marines	n	rate	95%CI	n	rate	95%CI	n	rate	95%CI	n	rate	95%CI	n	rate	95%CI	n	rate	95%CI	n	rate	95%CI	n	rate	95%CI
2007/08	~	4.8	(1.0 - 14.2)	29	13.2	(8.8 - 18.9)	20	10.7	(6.6 - 16.6)	16	16.1	(9.2 - 26.1)	9	8.9	(4.1 - 16.9)	~	6.3	(1.7 - 16.2)	~	7.0	(0.8 - 25.2)	0	0.0	(0.0 - 35.4)
2008/09	~	3.3	(0.4 - 11.9)	23	10.3	(6.5 - 15.5)	20	10.2	(6.2 - 15.8)	11	10.9	(5.5 - 19.5)	6	6.1	(2.3 - 13.4)	~	3.1	(0.4 - 11.1)	~	3.2	(0.1 - 18.0)	0	0.0	(0.0 - 29.7)
2009/10[1]	~	3.3	(0.4 - 11.9)	23	9.9	(6.2 - 14.8)	34	16.6	(11.0 - 22.2)	8	7.8	(3.4 - 15.4)	15	16.5	(9.3 - 27.3)	~	10.3	(4.2 - 21.3)	~	5.9	(0.7 - 21.4)	7	13.7	(1.7 - 49.6)
2010/11	~	3.7	(0.5 - 13.5)	23	9.4	(5.9 - 14.0)	13	6.1	(3.3 - 10.5)	12	10.8	(5.6 - 18.8)	~	9.2	(4.0 - 18.1)	~	4.4	(0.9 - 12.8)	0	11.6	(3.2 - 29.7)	0	0.0	(0.0 - 24.3)
2011/12	0	0.0	(0.0 - 9.5)	28	11.7	(7.7 - 16.8)	17	7.9	(4.6 - 12.7)	13	10.9	(5.8 - 18.6)	~	12.3	(5.9 - 22.6)	~	10.4	(4.2 - 21.4)	~	2.8	(0.1 - 15.5)	0	0.0	(0.0 - 25.6)
2012/13[2]	~	10.7	(2.9 - 27.3)	32	13.6	(8.9 - 18.4)	29	13.7	(9.2 - 19.7)	29	24.3	(16.3 - 34.9)	14	19.2	(10.5 - 32.2)	~	9.6	(3.5 - 20.9)	7	19.9	(8.0 - 41.1)	0	0.0	(0.0 - 25.8)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 25: Royal Marines, new episodes of care at the MOD DCMH, by Operation, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	Iraq and or Afghanistan				Iraq				Afghanistan				Not deployed			
	All episodes	*of which mental disorders*			All episodes of	*of which mental disorders*			All episodes	*of which mental disorders*			All episodes	*of which mental disorders*		
Marines	of care	n	rate	95% CI	care	n	rate	95% CI	of care	n	rate	95% CI	of care	n	rate	95% CI
2007/08	79	60	12.8	(9.6 - 16.0)	44	31	10.3	(4.9 - 11.5)	58	44	14.5	(10.2 - 18.7)	45	23	7.6	(4.8 - 11.4)
2008/09	55	44	8.8	(6.2 - 11.4)	29	23	8.1	(4.6 - 11.2)	44	35	9.2	(6.1 - 12.2)	30	21	7.4	(4.6 - 11.3)
2009/10[1]	102	77	14.8	(11.5 - 18.1)	41	32	11.7	(3.3 - 9.5)	93	71	16.7	(12.8 - 20.6)	25	16	5.6	(3.2 - 9.0)
2010/11	75	50	9.5	(6.8 - 12.1)	36	23	8.6	(3.1 - 9.2)	65	44	9.9	(7.0 - 12.8)	26	15	5.0	(2.8 - 8.3)
2011/12	89	61	10.7	(8.0 - 13.4)	30	22	8.7	(3.3 - 9.8)	85	58	11.5	(8.6 - 14.5)	29	15	6.2	(3.5 - 10.2)
2012/13[2]	106	86	16.6	(13.1 - 20.1)	53	43	19.7	(14.4 - 25.0)	95	76	16.3	(12.7 - 20.0)	49	35	13.0	(8.7 - 17.3)

Data Source : DS Database and DMICP

1. Deployment to the wider theatre of operation (see paragraph 55).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 32-33).
3. Revised methodology to include electronic patient record data source (see paragraphs 34-45)

Table 26: Royal Marines, new episodes of care at the MOD DCMH, by ICD classification, 2008/09 - 2012/13, numbers and rates per 1,000 strength.

Marines	2007/08			2008/09			2009/10[1]			2010/11			2011/12			2012/13[2]		
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	Number	Rate	95% Confidence Interval
All cases seen by DCMH	**124**	**16.1**	**(13.2 - 18.9)**	**85**	**10.8**	**(8.5 - 13.1)**	**127**	**15.7**	**(13 - 18.5)**	**101**	**12.2**	**(9.8 - 14.6)**	**118**	**14.5**	**(11.9 - 17.2)**	**155**	**19.7**	**(16.6 - 22.8)**
Cases of Mental Health disorder	**83**	**10.7**	**(8.4 - 13.1)**	**65**	**8.3**	**(6.3 - 10.3)**	**93**	**11.5**	**(9.2 - 13.9)**	**65**	**7.8**	**(5.9 - 9.8)**	**76**	**9.4**	**(7.3 - 11.5)**	**121**	**15.4**	**(12.6 - 18.1)**
Psychoactive substance use	17	2.2	(1.3 - 3.5)	10	1.3	(0.6 - 2.3)	~	1.4	(0.7 - 2.4)	~	0.4	(0.1 - 1.1)	8	1.0	(0.4 - 1.9)	19	2.4	(1.5 - 3.8)
of which disorders due to alcohol	*16*	*2.1*	*(1.2 - 3.4)*	*10*	*1.3*	*(0.6 - 2.3)*	*~*	*1.4*	*(0.7 - 2.4)*	*~*	*0.4*	*(0.1 - 1.1)*	*8*	*1.0*	*(0.4 - 1.9)*	*18*	*2.3*	*(1.4 - 3.6)*
Mood disorders	14	1.8	(1.0 - 3.0)	~	1.3	(0.6 - 2.3)	14	1.7	(0.9 - 2.9)	8	1.0	(0.4 - 1.9)	~	0.9	(0.3 - 1.8)	28	3.6	(2.4 - 5.1)
of which depressive episode	*11*	*1.4*	*(0.7 - 2.5)*	*~*	*1.1*	*(0.5 - 2.2)*	*12*	*1.5*	*(0.8 - 2.6)*	*8*	*1.0*	*(0.4 - 1.9)*	*~*	*0.6*	*(0.2 - 1.4)*	*24*	*3.0*	*(2.0 - 4.5)*
Neurotic disorders	47	6.1	(4.3 - 7.8)	43	5.5	(3.8 - 7.1)	66	8.2	(6.2 - 10.1)	53	6.4	(4.7 - 8.1)	57	7.0	(5.2 - 8.8)	70	8.9	(6.8 - 11.0)
of which PTSD	*22*	*2.8*	*(1.8 - 4.3)*	*17*	*2.2*	*(1.3 - 3.5)*	*16*	*2.0*	*(1.1 - 3.2)*	*12*	*1.4*	*(0.7 - 2.5)*	*9*	*1.1*	*(0.5 - 2.1)*	*17*	*2.2*	*(1.3 - 3.5)*
of which adjustment disorders	*18*	*2.3*	*(1.4 - 3.7)*	*19*	*2.4*	*(1.5 - 3.8)*	*42*	*5.2*	*(3.6 - 6.8)*	*38*	*4.6*	*(3.1 - 6.0)*	*41*	*5.1*	*(3.5 - 6.6)*	*32*	*4.1*	*(2.7 - 5.5)*
Other mental and behavioural	5	0.6	(0.2 - 1.5)	~	0.3	(0.0 - 0.9)	~	0.2	(0.0 - 0.9)	~	0.1	(0.0 - 0.7)	~	0.5	(0.1 - 1.3)	4	0.5	(0.1 - 1.3)
No mental disorder	**38**	**4.9**	**(3.4 - 6.5)**	**20**	**2.5**	**(1.6 - 3.9)**	**34**	**4.2**	**(2.8 - 5.6)**	**36**	**4.3**	**(2.9 - 5.8)**	**42**	**5.2**	**(3.6 - 6.7)**	**34**	**4.3**	**(2.9 - 5.8)**

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Annex A ARMY

Tables 27 to 33 present the numbers and rates for new episodes of care at a DCMH and in-patient admissions for Army personnel from 2007/08 to 2012/13. The key trends to have emerged over the past six financial years are :

- Females and Other ranks had significantly higher rates than males and officers for the whole six-year time period presented (**Tables 28 and 29**).
- Rates of mental disorder are highest among Army personnel aged between 20 and 39 years of age. Rates decline from the age of 40 years. (**Table 30**).
- There was no significant difference in the rate of mental disorders among Army personnel previously deployed to Iraq and Afghanistan and those not previously deployed there with the exception of between 2010/11 and 2011/12, where the rate was higher among those previously deployed than those not previously deployed (**Table 31**).
- Rates of Neurotic Disorders were significantly higher than any other disorder among Army personnel in each year since 2008/09. Adjustment Disorder accounted for 61% of neurotic disorders over the six year period (**Table 32**).
- PTSD rates remain low throughout the five years presented at a rate of 2.3 per 1,000 strength in 2012/13. (**Table 32**).
- The in-patient admissions rate for Army other ranks was significantly higher than for officers throughout the six year period (**Table 33**).
- There was no significant difference between the following groups of Army in-patient admissions over the last six year period:
    - Officers and other ranks (**Table 33**)
    - Age groups (**Table 33**)
- In 2010/11 the rate of Army admissions was significantly higher in those not deployed to Iraq or Afghanistan than those deployed there (2.7 per 1,000 strength and 1.8 per 1,000 strength respectively). In all other years presented, there was no significant difference among admissions for those deployed compared to those not deployed (**Table 33**).

New Episodes of Care at MOD DCMH

Table 27: Army, new episodes of care at the MOD DCMH, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	All epsiodes of care	*Of which mental disorders*		
		n	rate	95% CI
2007/08	2,934	2,085	18.2	(17.4 - 19.0)
2008/09	2,783	1,951	17.0	(16.3 - 17.8)
2009/10[1]	3,348	2,404	20.3	(19.5 - 21.1)
2010/11	3,504	2,578	22.0	(21.1 - 22.8)
2011/12	3,414	2,570	22.2	(21.4 - 23.1)
2012/13[2]	4,224	3,231	28.8	(27.8 - 29.8)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 28: Army, new episodes of care at the MOD DCMH, by gender, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	Male				Female			
	All episodes	*of which mental disorders*			All episodes	*of which mental disorders*		
Army	of care	n	rate	95% CI	of care	n	rate	95% CI
2007/08	2,557	1,800	17.0	(16.2 - 17.7)	377	285	33.2	(29.3 - 37.0)
2008/09	2,394	1,659	15.6	(14.9 - 16.4)	389	292	34.3	(30.3 - 38.2)
2009/10[1]	2,875	2,034	18.6	(17.8 - 19.4)	473	370	41.8	(37.6 - 46.1)
2010/11	3,053	2,220	20.5	(19.6 - 21.3)	451	358	40.3	(36.1 - 44.4)
2011/12	2,935	2,179	20.4	(19.5 - 21.3)	479	391	44.0	(39.7 - 48.4)
2012/13[2]	3,597	2,705	26.2	(25.2 - 27.1)	627	526	59.5	(54.4 - 64.6)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 29: Army, new episodes of care at the MOD DCMH, by rank, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	Officer				Other Rank			
	All episodes	*of which mental disorders*			All episodes	*of which mental disorders*		
Army	of care	n	rate	95% CI	of care	n	rate	95% CI
2007/08	117	95	6.0	(4.8 - 7.2)	2,817	1,990	20.2	(19.3 - 21.0)
2008/09	139	110	6.9	(5.6 - 8.2)	2,644	1,841	18.7	(17.8 - 19.5)
2009/10[1]	192	159	9.9	(8.3 - 11.4)	3,156	2,245	22.0	(21.1 - 22.9)
2010/11	186	152	9.4	(7.9 - 10.9)	3,318	2,426	24.0	(23.0 - 24.9)
2011/12	209	179	11.2	(9.5 - 12.8)	3,205	2,391	24.0	(23.0 - 25.0)
2012/13[2]	273	232	15.0	(13.0 - 16.9)	3,951	2,999	31.0	(29.9 - 32.1)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 30: Army, new episodes of care at the MOD DCMH, by age group, 2008/09 - 2012/13, numbers and rates per 1,000 strength.

	Assessed as having a mental health disorder																					
	<20			20-24			25-29			30-34			35-39			40-44			45-49			50+		
Army	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI
2007/08	231	18.6	(16.2 - 21.0)	677	23.9	(22.1 - 25.7)	470	19.0	(17.3 - 20.7)	265	15.4	(13.6 - 17.3)	285	15.8	(13.9 - 17.6)	106	13.9	(11.3 - 16.6)	32	8.7	(5.7 - 11.7)	19	7.3	(4.4 - 11.4)
2008/09	222	18.8	(16.3 - 21.3)	620	21.9	(20.2 - 23.6)	452	18.1	(16.4 - 19.8)	259	15.2	(13.3 - 17.0)	240	13.6	(11.9 - 15.3)	107	13.0	(10.6 - 15.5)	34	8.9	(5.9 - 11.9)	17	6.1	(3.5 - 9.7)
2009/10[1]	228	19.3	(16.8 - 21.9)	733	24.7	(23.0 - 26.5)	529	20.8	(19.1 - 22.6)	346	19.2	(17.2 - 21.3)	319	18.7	(16.6 - 20.7)	161	17.4	(14.7 - 20.1)	51	12.4	(9.0 - 15.9)	37	12.2	(8.3 - 16.2)
2010/11	195	20.6	(17.7 - 23.5)	815	27.9	(26.0 - 29.8)	591	23.1	(21.2 - 25.0)	414	21.8	(19.7 - 23.8)	321	19.5	(17.4 - 21.7)	159	15.8	(13.4 - 18.3)	51	11.7	(8.5 - 14.9)	32	10.0	(6.6 - 13.5)
2011/12	123	14.7	(12.1 - 17.3)	791	28.0	(26.0 - 29.9)	592	23.0	(21.1 - 24.8)	432	21.8	(19.8 - 23.9)	307	19.9	(17.7 - 22.1)	213	20.6	(17.9 - 23.4)	67	14.9	(11.3 - 18.4)	45	13.8	(9.8 - 17.9)
2012/13[2]	129	16.4	(13.6 - 19.3)	910	33.9	(31.7 - 36.1)	769	30.1	(28.0 - 32.2)	621	31.2	(28.8 - 33.7)	447	31.0	(28.1 - 33.8)	232	23.6	(20.6 - 26.6)	**83**	18.3	(14.4 - 22.3)	40	12.2	(8.4 - 16.0)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 31: Army, new episodes of care at the MOD DCMH, by operation, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	Iraq and or Afghanistan				Iraq				Afghanistan				Neither Operation			
	All episodes	*of which mental disorders*			All episodes	*of which mental disorders*			All episodes	*of which mental disorders*			All episodes	*of which mental disorders*		
Army	of care	n	rate	95% CI	of care	n	rate	95% CI	of care	n	rate	95% CI	of care	n	rate	95% CI
2007/08	1,691	1,274	19.0	(17.9 - 20.0)	1,493	1,135	19.7	(18.6 - 20.8)	389	290	14.2	(12.6 - 15.9)	1,243	811	17.1	(15.9 - 18.2)
2008/09	1,664	1,212	16.8	(15.9 - 17.8)	1,353	974	16.9	(15.8 - 17.9)	645	497	16.4	(15.0 - 17.8)	1,119	739	17.4	(16.1 - 18.6)
2009/10[1]	2,107	1,575	20.7	(19.7 - 21.7)	1,526	1,123	19.9	(18.7 - 21.1)	1,113	863	20.8	(19.5 - 22.2)	1,241	829	19.7	(18.3 - 21.0)
2010/11	2,339	1,815	23.2	(22.2 - 24.3)	1,422	1,116	21.2	(19.9 - 22.4)	1,646	1,287	24.7	(23.3 - 26.0)	1,165	763	19.5	(18.1 - 20.9)
2011/12	2,304	1,807	23.1	(22.1 - 24.2)	1,323	1,062	21.9	(20.6 - 23.3)	1,733	1,353	22.9	(21.7 - 24.1)	1,110	763	20.3	(18.9 - 21.7)
2012/13[2]	2,810	2,230	29.2	(28.0 - 30.4)	1,461	1,181	27.4	(25.8 - 29.0)	2,324	1,843	29.2	(27.8 - 30.5)	1,414	1001	28.0	(26.2 - 29.7)

Data Source : DS Database and DMICP

1. Deployment to the wider theatre of operation (see paragraph 55).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 32-33).
3. Revised methodology to include electronic patient record data source (see paragraphs 34-45)

Table 32: Army, new episodes of care at the MOD DCMH, by ICD category, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

Army	2007/08			2008/09			2009/10[1]			2010/11			2011/12			2012/13[2]		
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	Number	Rate	95% Confidence Interval
All cases seen by DCMH	**2,934**	**25.6**	**(24.7 - 26.5)**	**2,783**	**24.3**	**(23.4 - 25.2)**	**3,348**	**28.3**	**(27.4 - 29.3)**	**3,504**	**29.9**	**(28.9 - 30.9)**	**3,414**	**29.5**	**(28.5 - 30.5)**	**4,224**	**37.6**	**(36.5 - 38.8)**
Cases of Mental Health disorder	**2,085**	**18.2**	**(17.4 - 19.0)**	**1,951**	**17.0**	**(16.3 - 17.8)**	**2,404**	**20.3**	**(19.5 - 21.1)**	**2,578**	**22.0**	**(21.1 - 22.8)**	**2,570**	**22.2**	**(21.4 - 23.1)**	**3,231**	**28.8**	**(27.8 - 29.8)**
Psychoactive substance use	236	2.1	(1.8 - 2.3)	228	2.0	(1.7 - 2.2)	226	1.9	(1.7 - 2.2)	240	2.0	(1.8 - 2.3)	216	1.9	(1.6 - 2.1)	231	2.1	(1.8 - 2.3)
of which disorders due to alcohol	*212*	*1.8*	*(1.6 - 2.1)*	*214*	*1.9*	*(1.6 - 2.1)*	*212*	*1.8*	*(1.6 - 2.0)*	*228*	*1.9*	*(1.7 - 2.2)*	*212*	*1.8*	*(1.6 - 2.1)*	*219*	*2.0*	*(1.7 - 2.2)*
Mood disorders	477	4.2	(3.8 - 4.5)	408	3.6	(3.2 - 3.9)	528	4.5	(4.1 - 4.8)	558	4.8	(4.4 - 5.2)	572	4.9	(4.5 - 5.4)	843	7.5	(7.0 - 8.0)
of which depressive episode	*377*	*3.3*	*(3.0 - 3.6)*	*342*	*3.0*	*(2.7 - 3.3)*	*470*	*4.0*	*(3.6 - 4.3)*	*517*	*4.4*	*(4.0 - 4.8)*	*502*	*4.3*	*(4.0 - 4.7)*	*680*	*6.1*	*(5.6 - 6.5)*
Neurotic disorders	1,225	10.7	(10.1 - 11.3)	1,160	10.1	(9.5 - 10.7)	1,452	12.3	(11.6 - 12.9)	1,578	13.5	(12.8 - 14.1)	1,603	13.9	(13.2 - 14.5)	2,037	18.1	(17.4 - 18.9)
of which PTSD	*117*	*1.0*	*(0.8 - 1.2)*	*81*	*0.7*	*(0.6 - 0.9)*	*127*	*1.1*	*(0.9 - 1.3)*	*196*	*1.7*	*(1.4 - 1.9)*	*224*	*1.9*	*(1.7 - 2.2)*	*258*	*2.3*	*(2.0 - 2.6)*
of which adjustment disorders	*769*	*6.7*	*(6.2 - 7.2)*	*697*	*6.1*	*(5.6 - 6.5)*	*898*	*7.6*	*(7.1 - 8.1)*	*1,003*	*8.6*	*(8.0 - 9.1)*	*1,001*	*8.7*	*(8.1 - 9.2)*	*1,122*	*10.0*	*(9.4 - 10.6)*
Other mental and behavioural disorders	147	1.3	(1.1 - 1.5)	155	1.4	(1.1 - 1.6)	198	1.7	(1.4 - 1.9)	202	1.7	(1.5 - 2.0)	179	1.5	(1.3 - 1.8)	120	1.1	(0.9 - 1.3)
No mental disorder	**726**	**6.3**	**(5.9 - 6.8)**	**832**	**7.3**	**(6.8 - 7.8)**	**944**	**8.0**	**(7.5 - 8.5)**	**926**	**7.9**	**(7.4 - 8.4)**	**844**	**7.3**	**(6.8 - 7.8)**	**993**	**8.8**	**(8.3 - 9.4)**

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 33: Army, In-patient admissions at MOD In-Patient contractors by demographics and year, 2008/09 - 2012/13, numbers and rates per 1,000 strength.

	2007/08			2008/09			2009/10[3]			2010/11			2011/12			2012/13		
	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	Number	Rate	95% Confidence Interval
Gender																		
Male	137	1.3	(1.1 - 1.5)	187	1.8	(1.5 - 2.0)	174	1.6	(1.4 - 1.8)	228	2.1	(1.8 - 2.4)	222	2.1	(1.8 - 2.4)	205	2.0	(1.7 - 2.3)
Female	24	2.8	(1.8 - 4.2)	21	2.5	(1.5 - 3.8)	19	2.2	(1.3 - 3.4)	19	2.1	(1.3 - 3.3)	27	3.0	(2.0 - 4.4)	22	2.5	(1.6 - 3.8)
Rank																		
Officers	8	0.5	(0.2 - 1.0)	11	0.7	(0.3 - 1.2)	13	0.8	(0.4 - 1.4)	8	0.5	(0.2 - 1.0)	12	0.7	(0.4 - 1.3)	10	0.6	(0.3 - 1.2)
Ranks	153	1.5	(1.3 - 1.8)	197	2.0	(1.7 - 2.3)	180	1.8	(1.5 - 2.0)	239	2.4	(2.1 - 2.7)	237	2.4	(2.1 - 2.7)	217	2.2	(1.9 - 2.5)
Age																		
Under 30	107	1.6	(1.3 - 1.9)	130	2.0	(1.7 - 2.3)	121	1.8	(1.5 - 2.1)	153	2.4	(2.0 - 2.8)	134	2.1	(1.8 - 2.5)	126	2.1	(1.7 - 2.5)
Over 30	54	1.1	(0.8 - 1.4)	78	1.6	(1.2 - 1.9)	72	1.4	(1.1 - 1.7)	94	1.8	(1.4 - 2.1)	115	2.2	(1.8 - 2.6)	101	1.9	(1.6 - 2.3)
Deployment - Theatres of operation[1]																		
Op TELIC and/or Op HERRICK[2]	89	1.3	(1.0 - 1.6)	136	1.9	(1.6 - 2.2)	122	1.6	(1.3 - 1.9)	143	1.8	(1.5 - 2.1)	162	2.1	(1.8 - 2.4)	146	1.9	(1.6 - 2.2)
Of which Op TELIC	78	1.4	(1.1 - 1.7)	118	2.0	(1.7 - 2.4)	99	1.8	(1.4 - 2.1)	109	2.1	(1.7 - 2.5)	95	2.0	(1.6 - 2.4)	60	1.4	(1.0 - 1.7)
Of which Op HERRICK[2]	22	1.1	(0.7 - 1.6)	41	1.4	(0.9 - 1.8)	58	1.4	(1.0 - 1.8)	76	1.5	(1.1 - 1.8)	120	2.0	(1.7 - 2.4)	120	1.9	(1.6 - 2.2)
Neither	72	1.5	(1.2 - 1.9)	72	1.7	(1.3 - 2.1)	71	1.7	(1.3 - 2.1)	104	2.7	(2.2 - 3.2)	87	2.3	(1.8 - 2.8)	81	2.3	(1.8 - 2.8)

Data Source : SSFT and BFG

1. Deployment to the wider theatre of operation (see paragraph 55)
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56)
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 32-33)

Annex A RAF

Tables 34 to 40 present the numbers and rates for new episodes of care at a DCMH and in-patient admissions for RAF personnel from 2007/08 to 2012/13. The key trends to have emerged over the past six financial years are:

- Over the six year period RAF females and other ranks had significantly higher rates of mental disorders compared to males and officers (**Tables 35 and 36**).
- Over the six year period the rate of mental disorder among RAF personnel was highest for those aged between 20 and 39 years of age. (**Table 37**). It should be noted that whilst the total number of new episodes of care among those aged under 20 increased by five from 30 in 2011/12 to 35 in 2012/13, the rate doubled from 32.0 to 63.4. This is due to a reduction in the number of RAF personnel on strength in the under 20 age group (see paragraph 47 for further details).
- Between 2008/09 and 2010/11, there was no significant difference in the rate of mental disorder among those RAF personnel previously deployed compared to those not previously deployed (**Table 38**). Since 2011/12, the rate of mental disorder among RAF personnel was significantly higher among those not previously deployed to Iraq or Afghanistan compared to those deployed there.
- Rates of PTSD among RAF personnel have remained stable over the six year period. Rates of neurotic and mood disorders have increased since 2007/08 (**Table 39**).
- In 2007/08 and 2009/10, the rate of RAF in-patient admissions was significantly higher among females than males. In all other years, there was no significant difference in gender (**Table 40**).
- There was no significant difference among ranks for RAF in-patient admissions (**Table 40**).
- In 2012/13, the rate of RAF in-patient admissions was higher for those aged over 30 compared to under 30 years (1.2 per 1,000 strength). Between 2008/09 and 2011/12, there was no significant difference between the two age groups.
- There was no significant difference in the rate of in-patient admissions among those previously deployed to Iraq or Afghanistan and those not previously deployed there throughout the five year period with the exception in 2011/12 when the rate was significantly higher for those RAF personnel not previously deployed compared to those previously deployed (1.4 per 1,000 strength and 0.3 per 1,000 strength respectively) (**Table 40**).

New Episodes of Care at MOD DCMH

Table 34: RAF new episodes of care at the MOD DCMH, 2007/08- 2012/13, numbers and rates per 1,000 strength.

	All epsiodes of care	*Of which mental disorders*		
		n	rate	95% CI
2007/08	1,123	761	17.1	(15.8 - 18.3)
2008/09	859	649	14.8	(13.7 - 16.0)
2009/10[1]	1,311	897	20.2	(18.9 - 21.5)
2010/11	1,311	944	21.5	(20.1 - 22.9)
2011/12	1,262	936	22.3	(20.9 - 23.7)
2012/13[2]	1,474	1,117	28.6	(26.9 - 30.2)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 35: RAF new episodes of care at the MOD DCMH, by ICD gender, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	Male				Female			
	All episodes	*of which mental disorders*			All episodes	*of which mental disorders*		
RAF	of care	n	rate	95% CI	of care	n	rate	95% CI
2007/08	803	543	14.0	(12.8 - 15.2)	320	218	37.6	(32.6 - 42.6)
2008/09	607	444	11.7	(10.6 - 12.8)	252	205	35.5	(30.6 - 40.3)
2009/10[1]	900	610	15.9	(14.6 - 17.2)	411	287	47.5	(42.0 - 53.0)
2010/11	899	637	16.8	(15.5 - 18.1)	412	307	51.0	(45.3 - 56.8)
2011/12	885	634	17.5	(16.2 - 18.9)	377	302	52.2	(46.3 - 58.1)
2012/13[2]	1,007	755	22.4	(20.8 - 24.0)	467	362	66.8	(59.9 - 73.7)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 36: RAF new episodes of care at the MOD DCMH, by rank, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	Officer				Other Rank			
	All episodes	*of which mental disorders*			All episodes	*of which mental disorders*		
RAF	of care	n	rate	95% CI	of care	n	rate	95% CI
2007/08	114	75	7.6	(5.8 - 9.3)	1,009	686	19.8	(18.3 - 21.2)
2008/09	94	75	7.6	(5.9 - 9.3)	765	574	16.9	(15.6 - 18.3)
2009/10[1]	173	140	14.1	(11.7 - 16.4)	1,138	757	22.0	(20.4 - 23.6)
2010/11	184	144	14.5	(12.1 - 16.8)	1,127	800	23.6	(21.9 - 25.2)
2011/12	194	160	16.7	(14.1 - 19.3)	1,068	776	24.0	(22.3 - 25.7)
2012/13[2]	212	164	18.6	(15.7 - 21.4)	1,262	953	31.5	(29.5 - 33.5)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 37: RAF new episodes of care at the MOD DCMH, by age group, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	Assessed as having a mental health disorder																							
	<20			20-24			25-29			30-34			35-39			40-44			45-49			50+		
RAF	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI
2007/08	43	43.0	(30.2 - 55.9)	165	21.1	(17.9 - 24.3)	147	15.9	(13.3 - 18.4)	114	17.8	(14.6 - 21.1)	160	18.0	(15.2 - 20.8)	69	11.6	(8.9 - 14.3)	39	11.6	(7.9 - 15.2)	24	12.3	(7.9 - 18.3)
2008/09	22	14.2	(8.9 - 21.5)	116	15.8	(12.9 - 18.7)	156	16.9	(14.3 - 19.6)	100	16.4	(13.2 - 19.6)	144	17.4	(14.5 - 20.2)	60	10.4	(7.8 - 13.0)	40	11.6	(8.0 - 15.2)	11	5.5	(2.8 - 9.9)
2009/10[1]	32	14.8	(9.7 - 19.9)	156	20.8	(17.5 - 24.0)	187	20.4	(17.5 - 23.3)	156	24.1	(20.3 - 27.9)	169	22.5	(19.1 - 25.8)	108	18.4	(15.0 - 21.9)	62	17.6	(13.2 - 22.0)	27	12.6	(8.3 - 18.3)
2010/11	33	20.4	(13.4 - 27.3)	145	19.5	(16.3 - 22.6)	202	22.0	(19.0 - 25.0)	162	23.1	(19.5 - 26.6)	189	27.9	(23.9 - 31.8)	126	21.1	(17.4 - 24.8)	61	17.0	(12.7 - 21.3)	26	11.5	(7.5 - 16.8)
2011/12	30	32.0	(20.5 - 43.4)	154	22.1	(18.6 - 25.6)	197	21.8	(18.7 - 24.8)	176	24.0	(20.4 - 27.5)	141	23.4	(19.5 - 27.3)	127	22.0	(18.2 - 25.8)	77	21.7	(16.8 - 26.5)	34	14.8	(9.8 - 19.7)
2012/13[2]	35	63.4	(42.4 - 84.4)	182	28.7	(24.5 - 32.8)	275	32.2	(28.4 - 36.0)	216	29.2	(25.3 - 33.1)	168	31.8	(27.0 - 36.6)	140	26.4	(22.1 - 30.8)	67	19.7	(15.0 - 24.4)	34	14.9	(9.9 - 19.9)

Data Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 32-33)
2. Revised methodology to include electronic patient record data source (see paragraphs 34-45)
3. Excludes 45 records supplied without identifiers (see paragraph 31)

Table 38: RAF new episodes of care at the MOD DCMH, by Operation, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	Iraq and or Afghanistan					Iraq				Afghanistan				Neither Operation			
	All episodes	*of which mental disorders*				All episodes	*of which mental disorders*			episodes	*of which mental disorders*			episodes of	*of which mental disorders*		
RAF	of care	n	rate	95% CI		of care	n	rate	95% CI	of care	n	rate	95% CI	care	n	rate	95% CI
2007/08	487	342	14.6	(13.0 - 16.1)		443	313	14.9	(13.3 - 16.6)	113	79	10.0	(7.8 - 12.2)	636	419	19.8	(17.9 - 21.7)
2008/09	459	358	14.4	(12.9 - 15.9)		396	311	14.4	(12.8 - 16.0)	184	145	14.1	(11.8 - 16.5)	400	291	15.5	(13.7 - 17.2)
2009/10[1]	661	510	19.6	(17.9 - 21.3)		555	434	19.9	(18.0 - 21.8)	311	236	18.4	(16.1 - 20.8)	650	387	21.1	(19.0 - 23.2)
2010/11	718	559	20.7	(19.0 - 22.4)		552	436	20.4	(18.5 - 22.3)	385	297	18.6	(16.5 - 20.7)	593	385	22.8	(20.5 - 25.0)
2011/12	715	354	13.0	(11.6 - 14.3)		523	389	19.4	(17.5 - 21.4)	478	364	19.1	(17.2 - 21.1)	547	402	27.5	(24.8 - 30.2)
2012/13[2]	911	713	26.8	(24.8 - 28.8)		604	481	26.8	(24.4 - 29.2)	671	530	25.9	(23.7 - 28.1)	563	404	32.3	(29.1 - 35.4)

Data Source : DS Database and DMICP

1. Deployment to the wider theatre of operation (see paragraph 55).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 32-33).

Table 39: RAF new episodes of care at the MOD DCMH, by ICD category, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

RAF	2007/08			2008/09			2009/10[1]			2010/11			2011/12			2012/13[2]		
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	Number	Rate	95% Confidence Interval
All cases seen by DCMH	**1,123**	**25.2**	**(23.7 - 26.6)**	**859**	**19.6**	**(18.3 - 21)**	**1,311**	**29.5**	**(27.9 - 31.1)**	**1,311**	**29.9**	**(28.3 - 31.5)**	**1,262**	**30.1**	**(28.4 - 31.7)**	1,474	37.7	(35.8 - 39.6)
Cases of Mental Health disorder	**761**	**17.1**	**(15.8 - 18.3)**	**649**	**14.8**	**(13.7 - 16)**	**897**	**20.2**	**(18.9 - 21.5)**	**944**	**21.5**	**(20.1 - 22.9)**	**936**	**22.3**	**(20.9 - 23.7)**	1,117	28.6	(26.9 - 30.2)
Psychoactive substance use	38	0.9	(0.6 - 1.1)	21	0.5	(0.3 - 0.7)	29	0.7	(0.4 - 0.9)	37	0.8	(0.6 - 1.1)	31	0.7	(0.5 - 1.0)	22	0.6	(0.4 - 0.9)
of which disorders due to alcohol	*37*	*0.8*	*(0.6 - 1.1)*	*20*	*0.5*	*(0.3 - 0.7)*	*29*	*0.7*	*(0.4 - 0.9)*	*37*	*0.8*	*(0.6 - 1.1)*	*29*	*0.7*	*(0.5 - 1.0)*	22	0.6	(0.4 - 0.9)
Mood disorders	181	4.1	(3.5 - 4.6)	158	3.6	(3.1 - 4.2)	*239*	*5.4*	*(4.7 - 6.1)*	208	4.7	(4.1 - 5.4)	261	6.2	(5.5 - 7.0)	344	8.8	(7.9 - 9.7)
of which depressive episode	*160*	*3.6*	*(3.0 - 4.1)*	*142*	*3.2*	*(2.7 - 3.8)*	*225*	*5.1*	*(4.4 - 5.7)*	*197*	*4.5*	*(3.9 - 5.1)*	*248*	*5.9*	*(5.2 - 6.6)*	234	6.0	(5.2 - 6.8)
Neurotic disorders	508	11.4	(10.4 - 12.4)	426	9.7	(8.8 - 10.7)	571	12.9	(11.8 - 13.9)	622	14.2	(13.1 - 15.3)	570	13.6	(12.5 - 14.7)	713	18.2	(16.9 - 19.6)
of which PTSD	*16*	*0.4*	*(0.2 - 0.6)*	*26*	*0.6*	*(0.4 - 0.9)*	*30*	*0.7*	*(0.4 - 0.9)*	*24*	*0.5*	*(0.4 - 0.8)*	*19*	*0.5*	*(0.3 - 0.7)*	21	0.5	(0.3 - 0.8)
of which adjustment disorders	*276*	*6.2*	*(5.5 - 6.9)*	*259*	*5.9*	*(5.2 - 6.6)*	*360*	*8.1*	*(7.3 - 9.0)*	*420*	*9.6*	*(8.7 - 10.5)*	*383*	*9.1*	*(8.2 - 10)*	448	11.5	(10.4 - 12.5)
Other mental and behavioural disorders	34	0.8	(0.5 - 1.0)	44	1.0	(0.7 - 1.3)	58	1.3	(1.0 - 1.6)	77	1.8	(1.4 - 2.1)	74	1.8	(1.4 - 2.2)	38	1.0	(0.7 - 1.3)
No mental disorder	**291**	**6.5**	**(5.8 - 7.3)**	**210**	**4.8**	**(4.2 - 5.5)**	**414**	**9.3**	**(8.4 - 10.2)**	**367**	**8.4**	**(7.5 - 9.2)**	**326**	**7.8**	**(6.9 - 8.6)**	357	9.1	(8.2 - 10.1)
No Initial assessment provided	71			0			0			0			0			0		

Data Source : DS Database and DMICP

1. Deployment to the wider theatre of operation (see paragraph 55).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 32-33).

Table 40: RAF, In-patient admissions at MOD In-Patient contractors by demographics and year, 2007/08 - 2012/13, numbers and rates per 1,000 strength.

	2007/08			2008/09			2009/10[3]			2010/11			2011/12			2012/13		
	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	Number	Rate	95% Confidence Interval
Gender																		
Male	29	0.7	(0.5 - 1.1)	30	0.8	(0.5 - 1.1)	30	0.8	(0.5 - 1.1)	~	0.7	(0.5 - 1.0)	~	0.7	(0.4 - 1.0)	27	0.8	(0.5 - 1.2)
Female	13	2.2	(1.2 - 3.8)	13	2.2	(1.2 - 3.8)	17	2.8	(1.6 - 4.5)	~	0.3	(0.0 - 1.2)	~	0.7	(0.2 - 1.8)	5	0.9	(0.3 - 2.2)
Rank																		
Officers	~	0.4	(0.1 - 1.0)	~	0.3	(0.1 - 0.9)	9	0.9	(0.4 - 1.7)	5	0.5	(0.2 - 1.2)	~	0.3	(0.1 - 0.9)	5	0.6	(0.2 - 1.3)
Ranks	~	1.1	(0.7 - 1.4)	~	1.2	(0.8 - 1.5)	38	1.1	(0.8 - 1.5)	24	0.7	(0.5 - 1.1)	~	0.8	(0.5 - 1.2)	27	0.9	(0.6 - 1.3)
Age																		
Under 30	21	1.2	(0.7 - 1.8)	19	1.0	(0.6 - 1.6)	25	1.3	(0.9 - 2.0)	7	0.4	(0.2 - 0.8)	13	0.8	(0.4 - 1.3)	~	0.3	(0.1 - 0.7)
Over 30	21	0.8	(0.5 - 1.2)	24	0.9	(0.6 - 1.4)	22	0.9	(0.5 - 1.3)	22	0.9	(0.5 - 1.3)	16	0.6	(0.4 - 1.0)	~	1.2	(0.8 - 1.7)
Deployment - Theatres of operation[1]																		
Op TELIC and/or Op HERRICK[2]	22	0.9	(0.6 - 1.4)	21	0.8	(0.5 - 1.3)	21	0.8	(0.5 - 1.2)	16	0.6	(0.3 - 1.0)	9	0.3	(0.2 - 0.6)	22	0.8	(0.5 - 1.3)
Of which Op TELIC	20	1.0	(0.6 - 1.5)	16	0.7	(0.4 - 1.2)	19	0.9	(0.5 - 1.4)	14	0.7	(0.4 - 1.1)	5	0.2	(0.1 - 0.6)	15	0.8	(0.5 - 1.4)
Of which Op HERRICK[2]	7	0.9	(0.4 - 1.8)	10	1.0	(0.5 - 1.8)	9	0.7	(0.3 - 1.3)	8	0.5	(0.2 - 1.0)	6	0.3	(0.1 - 0.7)	18	0.9	(0.5 - 1.4)
Neither	20	0.9	(0.6 - 1.5)	22	1.2	(0.7 - 1.8)	26	1.4	(0.9 - 2.1)	13	0.8	(0.4 - 1.3)	20	1.4	(0.8 - 2.1)	10	0.8	(0.4 - 1.5)

Data Source : SSSFT and BFG

1. Deployment to the wider theatre of operation (see paragraph 55)
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56)
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraphs 32-33)

Annex B: Field Mental Health Team Data (Afghanistan)

1. 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.

2. 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.

3. **Table 41** 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.

Table 41: Presenting complaints of UK Armed Forces personnel assessed by FMHT by ICD-10 grouping, 2007/08-2011/12, numbers [1 2].

	2007/08	2008/09	2009/10	2010/11	2011/12[1]
All	127	85	137	202	84
Psychoactive substance misuse	~	0	0	~	0
of which due to alcohol	~	0	0	~	0
Mood Disorders	12	9	0	15	~
of which depressive episode	11	8	0	15	7
Neurotic disorders	44	30	95	120	41
of which PTSD	6	~	0	0	0
of which adjustment disorders	18	28	51	53	19
Other mental and behavioural disorders	~	~	7	~	~
No Mental disorder	0	0	15	60	33
No assessment provided	39	14	20	0	0

Data Source : FMHT returns

1. *Data from 1 April 2011 to 10th August 2011.*
2. *Data presented as "~" has been suppressed in accordance with Defence Statistic's rounding policy (see paragraph 60).*
3. *These data may represent a potential undercount of all personnel seen assessed by the FMHTs, as data may be incomplete due to operational constraints.*

4. Data presented in Table 41 was supplied to Defence Statistics on aggregate level on a weekly basis, therefore demographic breakdowns, including Service, gender, officer/rank status and age group, are not available.

5. Due to data governance issues, FMHT data is no longer sent to the UK from Afghanistan, therefore data for the remainder of 2011/12 and for 2012/13 is not provided in Table 49. DS continue to with PJHQ to find a solution and will update data once it becomes available.

Annex C: Aeromedical Evacuations for psychiatric reasons – Afghanistan and Iraq

1. Personnel are aeromedically evacuated from theatre for a range of medical conditions. **Table 42** details the number of UK Armed Forces personnel aeromedically evacuated from the Iraq or Afghanistan theatres of operation for psychiatric reasons for the period 2008/09 to 2012/13.

2. 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.

Table 42: UK Armed Forces personnel aeromedically evacuated[1] for psychiatric reasons from the Afghanistan and Iraq theatres of operation, 2008/09 - 2012/13, numbers [2 3 4].

	2008/09	2009/10	2010/11	2011/12	2012/13
Afghanistan Aeromedical Evacuations					
Total number of evacuations	**16**	**27**	**35**	**32**	**71**
1A - Severe Psychiatric Patient	0	0	~	~	~
1B - Psychiatric Patients of Intermediate Severity	~	10	~	~	~
1C - Mildly Disturbed Psychiatric Patients	~	17	24	22	54
Unknown Severity	0	0	0	0	0
Iraq Aeromedical Evacuations					
Total number of evacuations	**26**	**8**	**~**	**0**	**0**
1A - Severe Psychiatric Patient	~	0	0	0	0
1B - Psychiatric Patients of Intermediate Severity	~	~	~	0	0
1C - Mildly Disturbed Psychiatric Patients	19	~	~	0	0
Unknown Severity	0	0	0	0	0

Data Source: Aeromedical Evacuation Control Centre and Defence Patient Tracking System

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.

3 Data presented as "~" has been suppressed in accordance with Defence Statistic's rounding policy (see paragraph 60).

4. Data for Op Telic (Iraq) up until 31 May 2011 when Op TELIC officially ended.

3. The number of UK Service personnel aeromedically evacuated for psychiatric reasons from Afghanistan increased by 122% from 32 in 2011/12 to 71 in 2012/13. It is possible this increase may be linked to the necessity for all personnel to be permanently armed due to the threat of attacks from members of the Afghan National Army, "green on blue threat" and the requirement for individual units to provide a 'guardian angel' to protect fellow UK Armed Forces personnel. The number of personnel aeromedically evacuated may have increased to enable personnel to receive appropriate psychiatric care in the UK as opposed to within theatre, whilst enabling Chain of Command to replace those unit members in order to provide appropriate force protection (PersComm DCA Psychiatry).

4. **Table 43** shows the first location of medical care following aeromedical evacuation from the Afghanistan and Iraq theatres of operation for the period 2008/09 to 2012/13.

Table 43: First location of medical care for UK Armed Forces personnel aeromedically evacuated for psychiatric reasons from the Afghanistan and Iraq theatres of operation, 2008/09 - 2012/13, numbers [1 2 3 4].

	2008/09	2009/10	2010/11	2011/12	2012/13
Afghanistan Aeromedical Evacuations					
Total number of evacuations	**16**	**27**	**35**	**32**	**71**
DCMH or In-Patient contractor	7	~	5	~	19
Unit/Unit Primary Healthcare	9	15	22	24	45
Ministry of Defence Hospital Unit (MDHU)	0	~	~	0	~
NHS	0	~	~	~	~
RRU	0	0	0	~	0
Reserve Training and Mobilisation Centre (RTMC)	0	~	0	0	0
Unknown	0	0	~	0	~
Iraq Aeromedical Evacuations					
Total number of evacuations	**26**	**8**	**~**	**0**	**0**
DCMH or In-Patient contractor	14	~	0	0	0
Unit/Unit Primary Healthcare	12	~	~	0	0
Ministry of Defence Hospital Unit (MDHU)	0	0	0	0	0
NHS	0	0	0	0	0
RRU	0	0	0	0	0
Reserve Training and Mobilisation Centre (RTMC)	0	0	0	0	0
Unknown	0	~	0	0	0

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 Defence Statistic's rounding policy (see paragraph 60).
4. Data for Op Telic (Iraq) up until 31 May 2011 when Op TELIC officially ended.

5. Of the 71 UK Service personnel aeromedically evacuated for psychiatric reasons from Afghanistan in 2012/13, 63% (N=45) had their first medical care at their unit/unit primary healthcare following evacuation.

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

1. 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.

2. 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. Data collection for those assessed at Headley court began in July 2009.

3. 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.

4. In 2012/13, a total of 143 Armed Forces personnel were assessed for potential mental health issues at DMRC Headley Court, representing a rate for the year of 0.7 per 1,000 strength.

5. **Table 44 - 48** provides details of the key socio-demographic characteristics of Armed Forces personnel assessed for potential mental health issues at DMRC Headley Court between 2009/10 and 2012/13

Table 44 Initial mental health assessments at DMRC Headley, financial years, numbers and rates per 1,000 strength[1].

	All episodes of care	*Of which mental disorders*			No Mental Disorder
		n	rate	95% CI	n
2009/10	165	95	0.5	(0.4 - 0.6)	70
2010/11	234	139	0.7	(0.6 - 0.8)	95
2011/12	254	139	0.7	(0.6 - 0.8)	115
2012/13	143	124	0.7	(0.5 - 0.8)	19

1. Data collection began in July 2009

Table 45: Initial mental health assessments at DMRC Headley Court by Gender, 2009/10-2012/13, numbers and rates per 1,000 strength[1].

	Male				Female				No Mental Disorder
	All episodes of care	*of which mental disorders*			All episodes of care	*of which mental disorders*			
		n	rate	95% CI		n	rate	95% CI	n
2009/10	157	91	0.5	(0.4 - 0.6)	8	4	0.2	(0.1 - 0.5)	70
2010/11	216	124	0.7	(0.6 - 0.8)	18	15	0.8	(0.5 - 1.3)	95
2011/12	232	121	0.7	(0.6 - 0.8)	20	17	0.9	(0.5 - 1.5)	115
2012/13	128	111	0.7	(0.5 - 0.8)	15	13	0.7	(0.4 - 1.3)	19

1. Data collection began in July 2009

Table 46: Initial mental health assessments at DMRC Headley Court by rank, 2009/10-2012/13, numbers and rates per 1,000 strength[1].

	Officer				Other Rank				No Mental Disorder
	All episodes of care	*of which mental disorders*			All episodes of care	*of which mental disorders*			
		n	rate	95% CI		n	rate	95% CI	n
2009/10	17	12	0.4	(0.2 - 0.6)	148	83	0.5	(0.4 - 0.6)	70
2010/11	16	10	0.3	(0.1 - 0.5)	218	129	0.8	(0.6 - 0.9)	95
2011/12	25	14	0.4	(0.2 - 0.7)	227	124	0.8	(0.6 - 0.9)	115
2012/13	18	16	0.5	(0.3 - 0.8)	125	108	0.7	(0.6 - 0.8)	19

1. Data collection began in July 2009

Table 47: Initial mental health assessments at DMRC Headley Court by age group, 2009/10-2012/13, numbers and rates per 1,000 strength[1].

	Assessed as having a mental health disorder																								No Mental Disorder
	<20			20-24			25-29			30-34			35-39			40-44			45-49			50+			
	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n	rate	95% CI	n
2009/10	11	0.7	(0.3 - 1.2)	27	0.6	(0.4 - 0.9)	23	0.5	(0.3 - 0.8)	18	0.6	(0.4 - 1.0)	11	0.4	(0.2 - 0.6)	~	0.2	(0.0 - 0.4)	~	0.1	(0.0 - 0.5)	~	0.2	(0.0 - 0.9)	70
2010/11	10	0.8	(0.4 - 1.4)	32	0.7	(0.5 - 0.9)	51	1.2	(0.9 - 1.5)	19	0.6	(0.4 - 0.9)	21	0.7	(0.4 - 1.1)	~	0.1	(0.0 - 0.4)	~	0.2	(0.0 - 0.7)	~	0.2	(0.0 - 0.8)	95
2011/12	~	0.3	(0.1 - 0.8)	36	0.8	(0.6 - 1.1)	43	1.0	(0.7 - 1.3)	27	0.8	(0.5 - 1.2)	23	0.9	(0.5 - 1.3)	5	0.2	(0.1 - 0.6)	~	0.2	(0.0 - 0.7)	0	0.0	(0.0 - 0.6)	115
2012/13	~	0.2	(0.0 - 0.8)	27	0.7	(0.4 - 1.0)	37	0.9	(0.6 - 1.2)	23	0.7	(0.4 - 1.0)	15	0.6	(0.3 - 1.0)	15	0.8	(0.4 - 1.3)	~	0.3	(0.1 - 0.8)	~	0.3	(0.0 - 1.1)	19

1. Data collection began in July 2009

Table 48: Initial mental health assessments at DMRC Headley Court by deployment, 20009/10-2012/13, numbers and rates per 1,000 strength[1].

	Iraq and or Afghanistan				Iraq				Afghanistan				Neither Operation				
	All episodes of care	*of which mental disorders*			All episodes of care	*of which mental disorders*			All episodes of care	*of which mental disorders*			All episodes of care	*of which mental disorders*			No Mental Disorder
		n	rate	95% CI		n	rate	95% CI		n	rate	95% CI		n	rate	95% CI	n
2009/10	150	85	0.7	(0.6 - 0.9)	74	46	0.5	(0.4 - 0.6)	132	74	1.2	(0.9 - 1.5)	15	10	0.1	(0.1 - 0.2)	70
2010/11	203	117	1.0	(0.8 - 1.1)	93	62	0.7	(0.5 - 0.9)	182	101	1.3	(1.1 - 1.6)	31	22	0.3	(0.2 - 0.4)	95
2011/12	220	114	0.9	(0.8 - 1.1)	176	92	1.1	(0.9 - 1.4)	214	108	1.2	(1.0 - 1.5)	34	25	0.3	(0.2 - 0.5)	115
2012/13	114	98	0.8	(0.7 - 1.0)	47	45	0.6	(0.4 - 0.8)	96	81	0.9	(0.7 - 1.1)	29	26	0.4	(0.3 - 0.6)	19

1. Data collection began in July 2009

6. Of the 143 patients seen in 2012/13, 124 (87%) 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.

7. There was no significant difference in overall rates between the four years presented, there was also no significant difference between the demographic groups for gender, rank and age.

8. Table 48 shows UK Service personnel were significantly more likely to be assessed as having a mental health disorder at DMRC Headley Court if they had previously deployed to Iraq or Afghanistan than if they had not been identified as having deployed to either operation. This finding is expected as all patients seen as DMRC Headley Court following a battle injury are assessed for mental health issues.

Annex E: Reserves Mental Health Programme

1. 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.

2. 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.

3. 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.

4. **Table 49** provides a summary of the method of contact made to the RMHP in 2008/09 to 2012/13 despite publicised details that primary referral should be through a GP, this accounted for only 22% of calls in 2012/13.

Table 49: Calls received by the Reserves Mental Health Programme, 2008/09 to 2012/13, numbers.

	2008/09	2009/10	2010/11	2011/12	2012/13
Total calls received	50	29	42	40	66
Self referral	44	21	32	35	54
GP referral	6	8	10	5	12
Cases assessed	50	29	42	40	56
No mental disorder (Cat 1)	13	5	11	6	14
Mental disorder not combat related (Cat 2)	~	~	~	~	0
Mental disorder combat related (Cat 3)	27	19	23	27	36
Cases waiting to be assessed at end date	0	0	0	0	0
Appointments cancelled	~	~	~	~	~
Did not attend	0	~	0	0	~

Data Source : RMHP

1. Data presented as "~" has been suppressed in accordance with Defence Statistic's rounding policy (see paragraph 60).

5. 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.

6. The figures in **Table 49** were provided in aggregated form by the RMHP practice manager and have not been validated by Defence Statistics, or linked to DCMH data.

Annex F: Medical Discharges

1. 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.

2. 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.

3. 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.

4. **Table 50** presents the numbers of UK Service personnel medically discharged from each Service with the principal condition of mental health.

Table 50: Personnel medically discharged with the principal condition attributed to mental health by Service, 2007/08-2012/13, numbers[1].

	All	2007/08			2008/09			2009/10			2010/11			2011/12			2012/13		
		Naval Service	Army	RAF	Naval Service	Army	RAF	Naval Service	Army	RAF	Naval Service	Army	RAF	Naval Service	Army	RAF	Naval Service	Army	RAF
Discharges for mental and behavioural disorders	**1,227**	**36**	**139**	**45**	**29**	**140**	**40**	**21**	**102**	**23**	**42**	**128**	**30**	**39**	**124**	**26**	**45**	**188**	**30**
Psychoactive substance abuse	32	0	~	~	0	8	~	0	~	~	0	~	0	0	~	0	0	5	0
of which disorders due to alcohol	*30*	*0*	~	~	*0*	*8*	~	*0*	~	~	*0*	~	*0*	*0*	~	*0*	*0*	*5*	*0*
Mood Disorders	399	15	51	15	11	37	23	9	25	11	17	33	14	16	40	9	18	39	16
of which depressive episodes	333	*13*	*42*	*14*	*9*	*31*	*21*	*8*	*17*	*11*	*16*	*25*	*13*	*14*	*28*	*9*	*16*	*32*	*14*
Neurotic Disorders	630	16	63	20	13	71	11	7	60	8	19	71	10	17	69	14	24	124	13
of which PTSD	*284*	*7*	*21*	~	~	*32*	~	~	*26*	~	*7*	*33*	~	*6*	*44*	~	*14*	*73*	*2*
of which Adjustment disorders	*115*	~	*12*	*11*	*5*	*10*	*8*	~	*12*	~	~	*9*	~	~	*8*	*5*	~	*10*	*7*
Other Mental and Behavioural Disorders	166	~	22	6	5	24	~	5	14	~	~	20	6	~	13	~	~	20	~

Data source : 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.

1. Data presented as "~" has been suppressed in accordance with Defence Statistic's rounding policy (see paragraph 60).

5. 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.

6. Medical discharge for mental and behavioural disorder was the second most common reason for medical discharge for each Service over the last five years, with Neurotic and Mood disorders accounting for 53% and 32% of all mental and behavioural discharges respectively.

7. For further information regarding the medical discharges, please see the Official Statistic that can be found on the Defence Statistics website at www.dasa.mod.uk.

Annex G: Armed Forces Compensation Scheme Awards

1. The Armed Forces and Reserve Forces Compensation Scheme (AFCS) came into force on 6 April 2005 to pay compensation for injury, illness or death caused by 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.

2. Under the AFCS, compensation payments include a tariff-based tax free lump sum for pain and suffering associated with the injury or illness, the size of which reflects the severity of the injury or illness. There are 15 tariff levels with associated lump sums. For more serious injuries, in addition to the lump sum, a tax-free index-linked income stream known as the Guaranteed Income Payment (GIP) 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.

3. 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

4. **Table 51** shows the number of claims that have been awarded under the AFCS between 2008/09-2012/13 that contain a condition under the tariff of injury table of 'Mental Disorders', by claim type.

Table 51: Claims awarded under the AFCS that contain a condition under the tariff of injury table of 'Mental Disorders' by claim type[1], 2008/09-2012/13, numbers[2].

Claim type	2008/09	2009/10	2010/11	2011/12	2012/13
All	95	120	195	200	260
In Service	45	65	125	130	155
Medical discharge	35	20	20	25	35
Post Service	20	35	50	50	70

Data Source : Compensation and Pension System

1. Includes claims and further additional claims.

5. 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.

6. 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.

7. 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 Defence Statistics website at www.dasa.mod.uk.