

UK Armed Forces mental health: Annual Summary & Trends Over Time, 2007/08 - 2011/12

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Issued By:

Defence Analytical
Services and Advice
(DASA)
Spur 7 B Block
Enleigh
Bath
BA1 5AB

Enquiries

Press Office:
Tel: 020 721 83253

Statistical Enquiries:

Head of Health Information
DASA Health Information

Tel: 01225 468456
Fax: 01225 468918

[DASA-Health-PQ-
FOI@mod.uk](mailto:DASA-Health-PQ-FOI@mod.uk)

Internet:

<http://www.dasa.mod.uk>

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INTRODUCTION

1. This report provides statistical information on mental health in the UK Armed Forces for the period April 2007 to March 2012. It summarises all attendances for a new episode of care of Service personnel to the MOD's Departments of Community Mental Health (DCMHs) for outpatient care, and all admissions to the MOD's in-patient care contractor by financial year.
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. For the first time, this report now also presents five year trends for these detailed breakdowns.
3. In addition, the annexes provide a summary by financial year for each individual Service (**Annex A**); by demographic breakdown by Service by year (**Annex B**); personnel seen in Afghanistan by Field Mental Health Teams (FMHT) (**Annex C**); aeromedical evacuations for psychiatric reasons (**Annex D**); psychiatric assessments made at the Defence Medical Rehabilitation Centre (DMRC) Headley Court (**Annex E**); the Reserves Mental Health Program (RMHP) (**Annex F**); medical discharges for psychiatric reasons (**Annex G**); and awards made under the Armed Forces Compensation Scheme (AFCS) for mental health reasons (**Annex H**).
4. DCMHs are specialised psychiatric services based on community mental health teams closely located with primary care services at sites in the UK and abroad. **Information on patients seen only in the primary care system is not currently available.**
5. A rigid pseudo-anonymisation process, and other measures preserving patient confidentiality, has enabled full verification and validation of the DCMH returns, importantly allowing identification of repeat attendances. It also ensures linkage with deployment databases was possible, so that potential effects of deployment could be measured.
6. The first report^a in the quarterly series of UK Armed Forces mental health provides important background information on data governance. A summary of this, along with detail of some minor methodology changes, can be found in the section on '**Data, definitions and methods**'.
7. This is the first report in this annual series which provides mental health trend data for the last 5 years. When looking at trends over time it is advisable to compare the years 2009/10 onwards as these data uses the same methodology of capturing new episodes of care. Prior to this, only an individual's first attendance at a DCMH or an in-patient provider were included in the data collected. The section '**Data, definitions and methods**' explains further the changes in methodology.

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

KEY POINTS

2011/12

8. Of the 5,404 episodes of care in 2011/12, 3,970 (74%) were assessed as having a mental disorder, representing a rate of 20.4 per 1,000 at strength. There were some statistically significant findings:
- The highest rates of patients assessed with a mental health disorder were among the Army (22.2 per 1,000 strength) and RAF (22.3 per 1,000 strength) compared to the Royal Navy (13.3 per 1,000 strength) and Royal Marines (9.4 per 1,000 strength). The Royal Marines have the lowest rate of mental disorders compared to the other Services.
 - The rate of mental disorders in females in 2011/12 was higher than males.
 - Rates of those assessed with a mental health disorder in other Ranks was higher than Officers
 - Those aged 20-24 had higher rates of mental health disorders (24.3 per 1,000 strength) than other age groups. The rate of patients assessed with a mental health disorder declined as age increased.
 - Neurotic disorders were the most prevalent disorder in 2011/12 for Armed Forces personnel (at 12.5 per 1,000 strength) and within each Service (see Table 2).
9. Adjustment disorder accounted for 65% of all neurotic disorders assessed in 2011/12, with adjustment disorder rates in Army and RAF personnel (8.7 and 9.1 per 1,000 strength respectively) significantly higher than for Royal Navy and Royal Marine personnel (4.7 and 5.1 per 1,000 strength respectively):
- PTSD remained a rare condition at 1.4 per 1,000 strength in the Armed Forces. The Army and Royal Marines had the highest rate of PTSD (1.9 and 1.1 per 1,000 strength respectively), this may be due to the effect of deployment and the role each Service plays whilst deployed.
 - Mood disorders had the second highest rate of any mental disorder type at 4.9 per 1,000 strength. Depressive episodes accounted for 90% of all mood disorders, in particular the RAF had a significantly higher rate (5.9 per 1,000 strength) compared to the other three Services.
10. The overall rate of patients assessed with a mental disorder at the MOD DCMH's in 2011/12 were not significantly different to those not identified as having deployed (RR: 1.0, 95% CI: 1.0-1.1), however:
- Rates of PTSD were higher in those who had deployed to Iraq and/or Afghanistan than those not deployed there, representing an increase risk for PTSD of 330% for Service personnel deployed to Iraq and 530% 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: 1.3, 95% CI: 1.1-1.4), representing an increase risk for Adjustment disorder of 30% 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).
11. There were 304 admissions to the MOD UK and Overseas in-patient contractors during 2011/12, representing a rate of 1.6 per 1,000 strength.

5 YEAR TIME TRENDS

12. The change in methodology in July 2009 has meant that more patients were included in the analysis, this has resulted in an expected increase in the numbers and rates in 2009/10 (Table 5) compared to previous years. A test for trend on patients assessed with a mental health disorder since 2009/10 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).

Demographic variables

13. Since 2009/10 there have been statistically significant differences in the rates of episodes of mental health disorders:
- The Army and RAF had significantly higher rates of mental disorders compared to the Royal Navy and Royal Marines in each of the last 3 financial years.
 - Rates of mental disorders in females were significantly higher than males across all years presented.
 - Rates of mental disorders amongst other Ranks were significantly higher than Officers across all years presented, however the rates for both other Ranks and for Officers have not changed year on year.
 - Rates of mental disorders in those aged 20-24 were significantly higher than all other age groups; this finding was broadly consistent across all 5 years.
 - Rates of mental health disorders declined with each age group over the age of 20

14. The 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.

15. However, there were differences in the rates of mental health assessment between the three Services:
- In the last two years Army personnel who had deployed to either Iraq and/or Afghanistan were more likely to be assessed with a mental health disorder than those who had not deployed;
 - RAF personnel were more likely to be assessed with a mental health disorder if they not deployed to either Iraq or Afghanistan;
 - For Royal Navy and Royal Marines personnel there was no effect of deployment on rates of mental health disorder.

Trends by mental disorder

16. Neurotic disorders were the most prevalent disorder throughout the five year period and had a significantly higher rate than all other mental health disorders over all years presented.

17. Adjustment disorder accounted for the majority of all neurotic disorders (62%, n=6,906), whilst PTSD remained a rare condition and only accounted for 9% of all neurotic disorders (n=1,035) over the five year time period.

18. Rates for adjustment disorder have increased over the five year time period, from 6.2 per 1,000 in 2007/08 to 8.0 per 1,000 in 2011/12.

19. There are significant differences in the rates of adjustment disorder between the Services, with Army and RAF having the highest rates of adjustment disorder compared to the Royal Navy and Royal Marines for all years presented.

20. Both the Army and Royal Marines (who have the highest rates of PTSD during the five year period) routinely deploy on operations. Analysis (Logistic regression) of various demographic variables and PTSD showed that deployment to Iraq or Afghanistan was the strongest predictor of PTSD, with Armed Forces personnel who deployed being over four and a half times more likely to have PTSD than those who had not deployed. In addition females were half as likely to have an assessment of PTSD as males, whilst there was no effect of Officer/Rank status on the likelihood of being assessed with PTSD.

21. Mood disorders had the second highest rate of mental health disorder at a DCMH over all the years presented, the RAF had a higher rate than the other services in 2011/12 (5.9 per 1,000 strength). The Army and Royal Navy also had high rates of mood disorder, whilst the Royal Marines had the lowest rates.

22. Depressive episodes accounted for 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.

23. The rate of females being assessed with a depressive episode was significantly higher than males in all the Services; females in the RAF had the highest rate of depressive episodes. 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).

POINTS TO NOTE

24. 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. 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.

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

26. 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^b.

DATA, DEFINITIONS AND METHODS

27. To ensure these statistics pick up all new episodes of care, DASA 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, DASA 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.

28. From July 2009 onwards, 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.

29. 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.

30. 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).

31. A number of patients present to DCMHs with symptoms that require the treatment skills of DCMH staff,

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

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”.

32. Up to 2009 if Service personnel withheld consent, their data was supplied in fully anonymised format. DASA 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 DASA to include these cases within the tables.

33. Prior to 2008, DCMH staff were not required to complete ICD-10 information in their monthly returns. DASA received 227 records that did not have information regarding a specific mental disorder for the financial year 2007/2008. We were therefore unable to ascertain whether these individuals had a mental disorder or not. These records have been included in tables 5 and 6 in the ‘all patients seen’ column however they have been excluded from tables 7, 8, 9 and 10 which only present ‘patients assessed with a mental disorder’. From 2008 onwards, DCMH staff was asked to return records with complete ICD-10 information, so this data is present for all later years.

34. All UK based and aeromedically evacuated Service personnel based overseas (excluding Germany based Service personnel) requiring in-patient admission, are treated by the South Staffordshire and Shropshire NHS Foundation trust. UK Service personnel from British Forces Germany (BFG) are treated at Guys and St Thomas’ Hospital in the UK. When presenting in-patient data in this report, the data include returns from both medical providers.

35. 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 four-month average of strengths figures (e.g. the strength at the first of every month between January 2012 and April 2012 divided by four for Q4 2011/2012). This estimate is in line with the method used for the annual reports. Strengths figures include regulars (including Gurkhas and Military Provost Guard Staff), mobilised reservists, Full Time Reserve Service personnel and Non-regular Permanent Staff as all of these individuals are eligible for assessment at a DCMH.

36. 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. The rates presented for financial years, 2007/08, 2008/09 and 2009/10 were calculated using updated strength figures^c between 1 April 2007 and 1 April 2009 inclusive. Strength figures after 1 April 2009 are provisional and subject to change due to ongoing validation of the Joint Personnel Administrative system (JPA).

37. 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. Where time was measured by the number of Service Personnel assessed each quarter since 2009/10. A categorical variable was derived to represent the number of those on strength with no mental health disorder at each quarter point measured.

38. Logistics Regression analysis to identify demographic factors associated with PTSD assessments at a MOD DCMH was conducted. 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 priori* 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.

39. 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.

40. DASA maintains a database of individual deployment records from November 2001. Data prior to April

^c UK Defence Statistics 2011, the annual statistical compendium published by the Ministry of Defence, 28th September 2011.

2007 was derived from the single services Operation Location tracking (OPLOC) systems^d and data since 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).

41. 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.

42. 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.**

43. Operation TELIC is the name for UK operations in Iraq which started in March 2003 and finished in July 2009. 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.

44. 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).

45. 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.

46. In line with DASA's rounding policy (May 2009) all numbers fewer than five have been suppressed. Where there is only one cell in a row or column that is fewer than five, the next smallest number has also been suppressed so that numbers cannot be derived from totals. Where there are equal values, both numbers have been suppressed.

47. Due to late submissions from two DCMHs for January - March 2012 the total figure for 2011/12 has increased as a result and is different to the recently published quarterly mental health report for January to March 2012. All changes to the tables have been annotated with an 'r'.

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^d 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 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.

RESULTS

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

48. **Table 1** presents the demographic breakdowns of episodes of care for those seen at a MOD DCMH in 2011/12.

Table 1: New episodes of care at the MOD's DCMH by demographics, 2011/12, 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	5,404 <i>r</i>	3,970 <i>r</i>	20.4	(19.7 - 20.9)	1,434
Service					
Royal Navy	610	388	13.3	(12.0 - 14.6)	222
Royal Marines	118	76	9.4	(7.3 - 11.5)	42
Army	3,414	2,570 <i>r</i>	22.2	(21.3 - 23.0)	844
RAF	1,262	936	22.3	(20.9 - 23.7)	326
Gender					
Males	4,400	3,184 <i>r</i>	18.0	(17.3 - 18.6)	1,216
Females	1,004	786	43.3	(40.3 - 46.3)	218
Rank					
Officers	491	400 <i>r</i>	12.1	(10.9 - 13.2)	91
Other ranks	4,913	3,570 <i>r</i>	22.1	(21.3 - 22.7)	1,343
Age					
<20	289	161	15.4	(13.6 - 18.6)	128
20-24	1,536	1,054	24.3	(23.3 - 26.3)	482
25-29	1,240	913	21.0	(19.7 - 22.4)	327
30-34	872	683	20.8	(19.0 - 22.1)	189
35-39	666	519	19.5	(18.5 - 22.0)	147
40-44	496	391	18.9	(17.3 - 21.1)	105
45-49	202	165	15.3	(12.9 - 17.5)	37
50+	103	84	12.6	(9.7 - 15.1)	19
Deployment - Theatres of operation²					
Iraq and/or Afghanistan ³	3,325	2,552 <i>r</i>	20.7	(19.8 - 21.4)	773
<i>of which, Iraq</i>	2,046	1,591 <i>r</i>	19.6	(18.6 - 20.5)	455
<i>of which, Afghanistan³</i>	2,380	1,836 <i>r</i>	20.9	(19.9 - 21.8)	544
Neither Iraq nor Afghanistan ³	2,079	1,418 <i>r</i>	19.8	(18.8 - 20.8)	661

1. Patients assessed without a mental disorder (see paragraph 31).

2. Deployment to the wider theatre of operation (see paragraph 40).

3. Figures for Afghanistan theatre of Operation for period October 2005 – present (see paragraph 41).

4. Changes to the previously published totals for 2011/12 are annotated with 'r' (see paragraph 46)

49. Of the 5,404 episodes of care in 2011/12, 3,970 (74%) were assessed as having a mental disorder, representing a rate of 20.4 per 1,000 at strength. Table 1 shows some statistically significant findings:

50. The highest rates of patients assessed with a mental health disorder were among the Army (22.2 per 1,000 strength) and RAF (22.3 per 1,000 strength) compared to the Royal Navy (13.3 per 1,000 strength) and Royal Marines (9.4 per 1,000 strength). The Royal Marines have the lowest rate of mental disorders compared to the other Services. A possible explanation for why there are differences in rates of mental disorders between the Services can be found in section 2, paragraph 69-72.

51. The rate of mental disorders in females in 2011/12 was higher than males. For further explanation and 5 year trend analysis see section 2 paragraph 74.

52. Rates of those assessed with a mental health disorder in other ranks was higher than Officers, a possible explanation for why there are differences between the different rank rates of mental disorders can be found in section 2 paragraph 75-77.

53. In 2011/12 those aged 20-24 had higher rates of mental health disorders (24.3 per 1,000 strength) than other age groups. Table 1 shows that the rate of patients assessed with a mental health disorder declined as age increased.

54. **Table 2** presents details of mental disorder types by Service for each episode of care at MOD DCMH's during 2011/12.

Table 2: New episodes of care at the MOD's DCMH by ICD-10 description and Service, 2011/12, numbers and rates per 1,000 strength.

ICD-10 description	Service														
	All			Royal Navy			Royal Marines			Army			RAF		
	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval
All cases seen by DCMH	5,404	27.7	(27.0 - 28.5)	610	20.9	(19.3 - 22.6)	76	9.4	(7.3 - 11.5)	2,570	22.2	(21.4 - 23.1)	936	22.3	(20.9 - 23.7)
Cases of Mental Health disorder	3,970	20.4	(19.7 - 21.0)	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)
Psychotropic substance use	287	1.5	(1.3 - 1.6)	32	1.1	(0.7 - 1.5)	8	1.0	(0.4 - 1.9)	216	1.9	(1.6 - 2.1)	31	0.7	(0.5 - 1.0)
of which disorders due to alcohol	278	1.4	(1.3 - 1.6)	29	1.0	(0.7 - 1.4)	8	1.0	(0.4 - 1.9)	212	1.8	(1.6 - 2.1)	29	0.7	(0.5 - 1.0)
Mood disorders	962	4.9	(4.6 - 5.2)	122	4.2	(3.4 - 4.9)	7	0.9	(0.3 - 1.8)	572	4.9	(4.5 - 5.4)	261	6.2	(5.5 - 7.0)
of which depressive episode	870	4.5	(4.2 - 4.8)	-	3.9	(3.2 - 4.7)	-	0.6	(0.2 - 1.4)	502	4.3	(4.0 - 4.7)	248	5.9	(5.2 - 6.6)
Neurotic disorders	2,442	12.5	(12.0 - 13.0)	212	7.3	(6.3 - 8.3)	57	7.0	(5.2 - 8.8)	1,603	13.9	(13.2 - 14.5)	570	13.6	(12.5 - 14.7)
of which PTSD	273	1.4	(1.2 - 1.6)	21	0.7	(0.4 - 1.1)	9	1.1	(0.5 - 2.1)	224	1.9	(1.7 - 2.2)	19	0.5	(0.3 - 0.7)
of which adjustment disorders	1,561	8.0	(7.6 - 8.4)	136	4.7	(3.9 - 5.4)	41	5.1	(3.5 - 6.6)	1,001	8.7	(8.1 - 9.2)	383	9.1	(8.2 - 10)
Other mental and behavioural disorders	279	1.4	(1.3 - 1.6)	-	0.8	(0.5 - 1.1)	-	0.5	(0.1 - 1.3)	179	1.5	(1.3 - 1.8)	74	1.8	(1.4 - 2.2)
No mental disorder	1,434			222			42			844	7.3	(6.8 - 7.8)	326		

1. Changes to the previously published totals for 2011/12 are annotated with 'r' (see paragraph 47)

55. Neurotic disorders were the most prevalent disorder in 2011/12 for Armed Forces personnel (at 12.5 per 1,000 strength) and within each Service (see Table 2).

56. Adjustment disorder accounted for 65% of all neurotic disorders assessed, with adjustment disorder rates in Army and RAF personnel (8.7 and 9.1 per 1,000 strength respectively) significantly higher than for Royal Navy and Royal Marine personnel (4.7 and 5.1 per 1,000 strength respectively). See section 2 paragraph 88-91 for discussion on the 5 year trend.

57. PTSD remained a rare condition at 1.4 per 1,000 strength in the Armed Forces. The Army and Royal Marines had the highest rate of PTSD (1.9 and 1.1 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 paragraph 92-93.

58. Mood disorders had the second highest rate of any mental disorder type at 4.9 per 1,000 strength. Depressive episodes accounted for 90% of all mood disorders, in particular the RAF had a significantly higher rate (5.9 per 1,000 strength) compared to the other three Services. Further discussion on this finding can be found in paragraph 95-97.

59. Psychoactive substance misuse rates remained low at 1.5 per 1,000 strength.

60. **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, 2011/12, numbers and rate ratios.

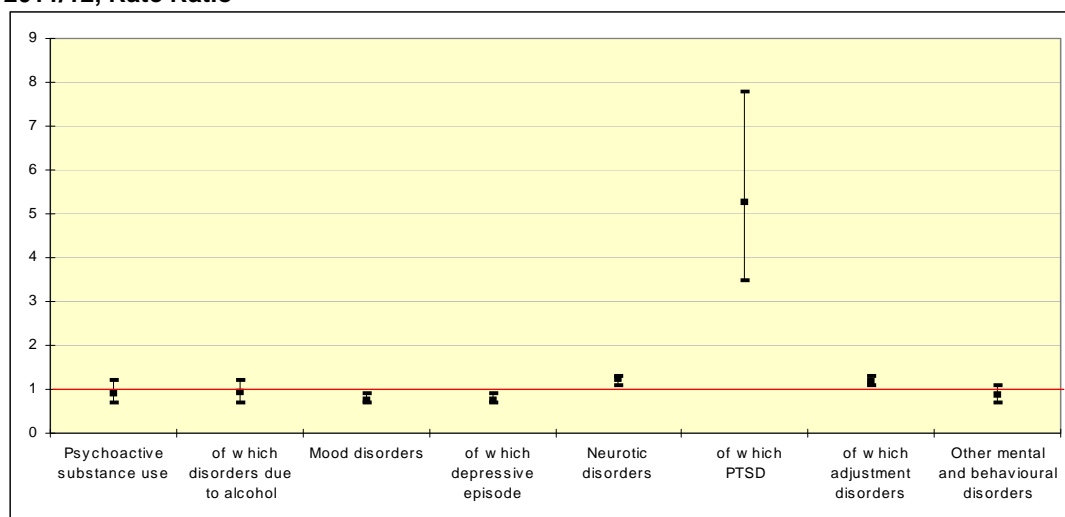
ICD-10 description	All patients seen	Deployment - Theatres of operation									Not Deployed Patients seen
		Iraq and/or Afghanistan ¹			of which						
		Patients seen	Rate ratio	95% CI	Iraq			Afghanistan ¹			
All patients seen	'5,404	'3,325	0.9	(0.9 - 1.0)	'2,046	0.9	(0.8 - 0.9)	'2,380	1.0	(1.0 - 1.1)	'2,079
All patients assessed with a mental disorder	3,970	'2,552	1.0	(1.0 - 1.1)	'1,591	1.0	(0.9 - 1.1)	'1,836	1.1	(1.0 - 1.1)	'1,418
Psychoactive substance use	287	176	0.9	(0.7 - 1.2)	113	0.9	(0.7 - 1.2)	124	0.9	(0.7 - 1.2)	111
of which disorders due to alcohol	278	172	0.9	(0.7 - 1.2)	111	0.9	(0.7 - 1.2)	122	0.9	(0.7 - 1.2)	106
Mood disorders	962	547	0.8	(0.7 - 0.9)	362	0.8	(0.7 - 0.9)	361	0.7	(0.6 - 0.8)	415
of which depressive episode	870	494	0.8	(0.7 - 0.9)	336	0.8	(0.7 - 0.9)	318	0.7	(0.6 - 0.8)	376
Neurotic disorders	2,442	1,662	1.2	(1.1 - 1.3)	1,006	1.1	(1.0 - 1.2)	1,247	1.3	(1.2 - 1.4)	780
of which PTSD	273	246	5.3	(3.6 - 7.9)	131	4.3	(2.8 - 6.5)	207	6.3	(4.2 - 9.3)	27
of which adjustment disorders	1,561	1,046	1.2	(1.1 - 1.3)	616	1.1	(0.9 - 1.2)	789	1.3	(1.1 - 1.4)	515
Other mental and behavioural disorders	279	167	0.9	(0.7 - 1.1)	110	0.9	(0.7 - 1.1)	104	0.8	(0.6 - 1.0)	112
No mental disorder	'1,434	773			455			544			661

1. Deployment to the wider theatre of operation (see paragraph 40).
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 60).
3. Figures for Afghanistan theatre of Operation for period October 2005 – present (see paragraph 41).
4. Changes to the previously published totals for 2011/12 are annotated with 'r' (see paragraph 47)

61. Table 3 shows the overall rate of patients assessed with a mental disorder at the MOD DCMH's were not significantly different to those not identified as having deployed (RR: 1.0, 95% CI: 1.0-1.1). 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 deployed to Iraq and/or Afghanistan than those not deployed there (RR: 5.3, 95% CI: 3.6-7.9). For each separate deployment this represents an increase risk for PTSD of 330% for Service personnel deployed to Iraq and 530% 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: 1.3, 95% CI: 1.1-1.4). This represents an increase risk for Adjustment disorder of 30% 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 62.

Figure 1: New episodes of care at the MOD's DCMH's, for Iraq and/or Afghanistan by ICD Category, 2011/12, Rate Ratio



62. 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 be 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 bias at the initial assessment.

63. DASA are investigating the use of denominator data underpinning the rate ratio calculation, as person years at risk (which takes account of 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, DASA will have resolved this issue by the next quarterly release.

Admissions to the MOD's In-patient Contractors

64. There were 304 admissions to the MOD's UK and Overseas in-patient contractors during 2011/12, 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, 2011/12, numbers and rates per 1,000 strength.

	Service												
	All ^{1,2}			Naval Service ³			Army			RAF			
	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval	Number	Rate	95% Confidence Interval	
Admissions	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)	
Gender													
	Male	271	1.5	(1.4 - 1.7)	~	0.7	(0.5 - 1.1)	222	2.1	(1.8 - 2.4)	~	0.7	(0.4 - 1.0)
	Female	33	1.8	(1.2 - 2.4)	~	0.6	(0.1 - 2.1)	27	3.0	(2.0 - 4.4)	~	0.7	(0.2 - 1.8)
Rank													
	Officers	20	0.6	(0.4 - 0.9)	5	0.7	(0.2 - 1.6)	12	0.7	(0.4 - 1.3)	~	0.3	(0.1 - 0.9)
	Ranks	284	1.8	(1.6 - 2.0)	21	0.7	(0.4 - 1.1)	237	2.4	(2.1 - 2.7)	~	0.8	(0.5 - 1.2)
Age													
	Under 30	158	1.6	(1.4 - 1.9)	11	0.6	(0.3 - 1.1)	134	2.1	(1.8 - 2.5)	13	0.8	(0.4 - 1.3)
	Over 30	146	1.5	(1.3 - 1.7)	15	0.8	(0.4 - 1.3)	115	2.2	(1.8 - 2.6)	16	0.6	(0.4 - 1.0)
Deployment - Theatres of Operation⁴													
	Iraq and/or Afghanistan ⁵	183	1.5	(1.3 - 1.7)	12	0.7	(0.4 - 1.2)	162	2.1	(1.8 - 2.4)	9	0.3	(0.2 - 0.6)
	Of which Iraq	110	1.4	(1.1 - 1.6)	10	0.8	(0.4 - 1.5)	95	2.0	(1.6 - 2.4)	5	0.2	(0.1 - 0.6)
	Of which Afghanistan ⁵	133	1.5	(1.3 - 1.8)	7	0.7	(0.3 - 1.5)	120	2.0	(1.7 - 2.4)	6	0.3	(0.1 - 0.7)
	Neither Iraq or Afghanistan ⁵	121	1.7	(1.4 - 2.0)	14	0.7	(0.4 - 1.2)	87	2.3	(1.8 - 2.8)	20	1.4	(0.8 - 2.1)

1. British Forces Germany and SSFT in-patient data. (see paragraph 34)

2. The rates and confidence intervals have been rounded to 1 decimal place (see paragraph 36).

3. Royal Navy and Royal Marines combined to protect patient confidentiality.

4. Deployment to the wider theatre of Operation (see paragraph 40)

5. Figures for Afghanistan theatre of Operation for period October 2005 - present (see paragraph 41)

6. Data presented as "-" has been suppressed in accordance with DASA rounding policy (see paragraph 46).

Admission rates overall

65. Overall there was no significant difference in admission rates between males and females (1.5 and 1.8 per 1,000 strength respectively), those aged under and over 30 (1.6 and 1.5 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).

66. However admission rates for Officers was significantly lower than for Ranks (0.6 and 1.8 per 1,000 strength respectively).

Admission rates between the Services

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

- The Army had significantly higher rates of admissions (2.2 per 1,000 strength) compared to the Naval Service and the RAF (0.7 and 0.7 per 1,000 strength respectively).
- The Army had significantly higher rates of admissions for Ranks (2.4 per 1,000 strength) compared to the Naval Service and RAF, (0.7 and 0.8 per 1,000 strength respectively)

- The Army had significantly higher rates of admissions in both age groups (2.1 and 2.2 per 1,000 strength respectively) than the Naval Service (0.6 and 0.8 per 1,000 strength respectively) and RAF (0.8 and 0.6 per 1,000 strength respectively)
- The Army had significantly higher rates of admissions among those previously deployed to both Iraq and Afghanistan compared to the other Services.

SECTION TWO – TRENDS OVER TIME

Tri-Service new episodes of care at a MOD DCMH for the five year period 2007/08 – 2011/12

Trends by Demographic Variables

68. Table 5 to 10 provides details of the number of new episodes of care by various demographic breakdowns from 2007/08 to 2011/12.

Table 5: New episodes of care at the MOD's DCMH, 2007/08 – 2011/12, 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 ²	5,443	3,805	18.9	(18.3 - 19.5)	1,638	0
2010/11	5,582	3,983	19.9	(19.3 - 20.5)	1,599	0
2011/12	^r 5,404	^r 3,970	20.4	(19.7 - 20.9)	^r 1,434	0

1. 227 presenting complaint information not provided (see paragraph 33)
2. April 2007 - June 2009 new attendances, July 2009 onwards new episodes of care (see paragraph 27-29)
3. Changes to the previously published totals for 2011/12 are annotated with 'r' (see paragraph 47)

69. The change in methodology in July 2009 has meant that more patients were included in the analysis (see paragraph 27-28), this has resulted in an expected increase in the numbers and rates in 2009/10 (Table 5) compared to previous years. A test for trend on patients assessed with a mental health disorder since 2009/10 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).

Table 6: New episodes of care at the MOD's DCMH, by Service, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Date	All patients seen	Service												Not Known ²
		Royal Navy			Royal Marines			Army			RAF			
		Patients assessed with a mental disorder ¹												
		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 ³	5,443	404	12.9	(11.7 - 14.2)	93	11.5	(9.2 - 13.9)	2,404	20.4	(19.5 - 21.2)	897	20.2	(18.9 - 21.6)	7
2010/11	5,582	396	12.8	(11.6 - 14.1)	65	7.9	(5.9 - 9.8)	2,578	22.0	(21.2 - 22.9)	944	21.5	(20.1 - 22.9)	0
2011/12	^r 5,404	388	13.2	(11.9 - 14.5)	76	9.3	(7.2 - 11.4)	^r 2,570	22.2	(21.3 - 23.0)	936	22.3	(20.9 - 23.7)	0

1. 227 presenting complaints information not provided (see paragraph 33)
2. 148 records supplied without identifiers (see paragraph 32)
3. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
4. Changes to the previously published totals for 2011/12 are annotated with 'r' (see paragraph 46)

Service differences

70. 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 3 financial years.

71. Each Service has its own recruitment policies and standards; a possible explanation for the higher rates in the RAF is that they recruit older personnel compared to the other Services and these personnel often have higher educational attainment on joining the Armed Forces. In the civilian population it has been shown that higher educational attainment can lead to greater help seeking behaviour (Meltzer et al., 2003). Thus it may be

that the RAF do not have absolute higher levels of mental health problems, rather they are more likely to seek help to resolve them.

72. 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 to 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).

73. Within each Service the rates by gender and Officer/Rank have not significantly changed year on year over the five year period, excluding the changes observed between 2008/09 and 2009/10 which is due to the change in methodology.

Table 7: New episodes of care at the MOD's DCMH, by Gender and Officer/Rank, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Date	Gender						Rank						Not Known ²
	Males			Females			Officers			Other Ranks			
	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	
	Patients assessed with a mental disorder ¹												
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 ³	3,024	16.5	(15.9 - 17.1)	774	41.6	(38.6 - 44.5)	361	10.7	(9.6 - 11.8)	3,437	20.5	(19.8 - 21.1)	7
2010/11	3,209	17.7	(17.1 - 18.3)	774	41.6	(38.7 - 44.5)	353	10.5	(9.4 - 11.5)	3,630	21.8	(21.1 - 22.5)	0
2011/12	³ 3,184	18.0	(17.3 - 18.6)	786	43.3	(40.3 - 46.3)	⁴ 400	12.1	(10.9 - 13.2)	⁵ 3,570	22.1	(21.3 - 22.7)	0

1. 227 presenting complaints information not provided (see paragraph 33)
2. 148 records supplied without identifiers (see paragraph 32)
3. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
4. Changes to the previously published totals for 2011/12 are annotated with 'r' (see paragraph 47)

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

Gender differences

75. 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). DASA have not investigated whether females in the UK Armed Forces have more interactions with health professionals than their male colleagues.

Rank differences

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

77. The rates for both other Ranks and for Officers have not changed year on year.

78. 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 al., 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).

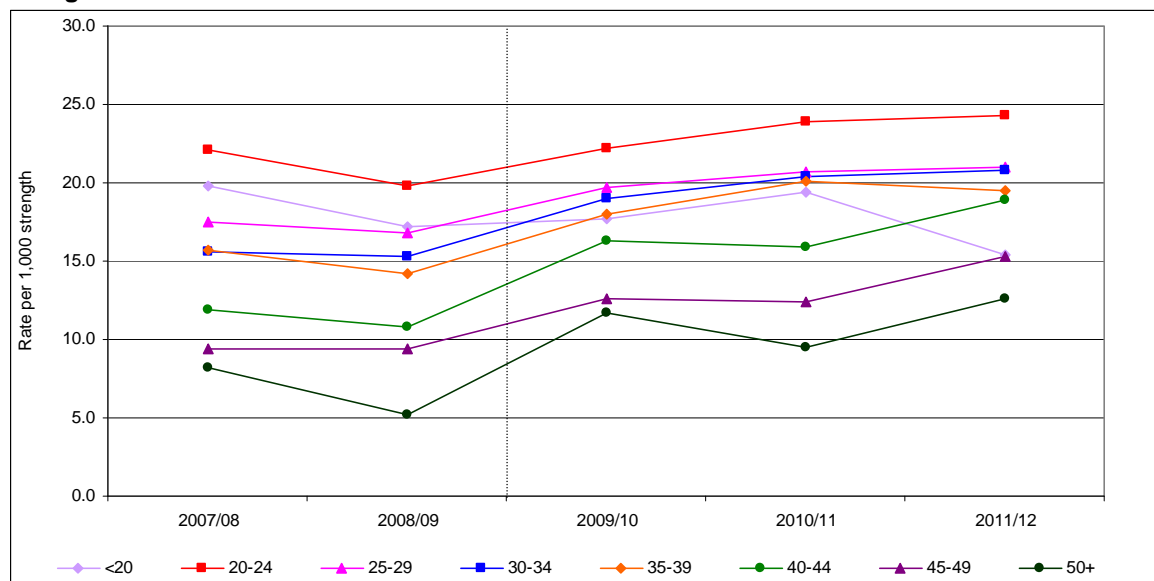
Age differences

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

- Rates of mental disorders in those aged 20-24 were significantly higher than all other age groups; this finding was broadly consistent across all 5 years.
- Rates of mental health disorders declined with each age group over the age of 20
- Rates in those aged under 20 has fallen in 2011/12 but not significantly

80. **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 – 2011/12, rates per 1,000 strength.



1. Dotted line represents change in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)

Table 8: New episodes of care at the MOD DCMH, by age group, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

	Assessed as having a mental health disorder ^{1,2}																							
	<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)
2009/10³	289	17.7	(15.6 - 19.7)	1,021	22.2	(20.9 - 23.6)	846	19.7	(18.4 - 21.1)	563	19.0	(17.5 - 20.6)	558	18.0	(16.5 - 19.5)	318	16.3	(14.5 - 18.1)	130	12.6	(10.5 - 14.8)	73	11.7	(9.0 - 14.3)
2010/11	250	19.4	(17.0 - 21.8)	1,085	23.9	(22.5 - 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	16.1	(13.6 - 18.6)	1,054	24.8	(23.3 - 26.3)	913	21.1	(19.8 - 22.5)	683	20.6	(19.1 - 22.2)	519	20.2	(18.5 - 22.0)	391	19.2	(17.3 - 21.1)	165	15.3	(12.9 - 17.6)	84	12.6	(9.9 - 15.2)

1. 227 presenting complaints information not provided (see paragraph 33)
2. 148 records supplied without identifiers (see paragraph 32)
3. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)

81. **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 2011/12.

Table 9: New episodes of care at the MOD DCMH, by Operation, 2007/08 – 2011/12, numbers and rates per 1,000 strength deployed.

Date	Deployment - Theatres of operation ¹												Not known ³
	of which									Not previously deployed			
	Op TELIC and/or Op HERRICK ²			Op TELIC			Op HERRICK ²						
	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	
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 ⁵	2,315	19.4	(18.6 - 20.2)	1,712	18.7	(17.8 - 19.6)	1,224	19.8	(18.6 - 20.9)	1,483	18.0	(17.1 - 19.0)	7
2010/11	2,564	20.9	(20.1 - 21.7)	1,691	19.4	(18.4 - 20.3)	1,670	21.9	(20.8 - 22.9)	1,419	18.3	(17.4 - 19.3)	0
2011/12	^r 2,552	20.7	(19.8 - 21.4)	^r 1,591	19.6	(18.6 - 20.5)	^r 1,836	20.9	(19.9 - 21.8)	^r 1,418	19.8	(18.8 - 20.8)	0

1. Deployment to the wider theatre of operation (see paragraph 40)

2. Figures for Afghanistan theatre of Operation for period October 2005 – present (see paragraph 41)

3. 148 records supplied without identifiers (see paragraph 32)

4. 227 presenting complaints information not provided (see paragraph 33)

5. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)

6. Changes to the previously published totals for 2011/12 are annotated with 'r' (see paragraph 47)

82. The 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. However in 2010/11 the rate was significantly higher in those who had deployed compared to those who had not been identified as having deployed. 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.

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

- In the last two years Army personnel who had deployed to either Iraq and/or Afghanistan were more likely to be assessed with a mental health disorder than those who had not deployed;
- RAF personnel were more likely to be assessed with a mental health disorder if they not deployed to either Iraq or Afghanistan;
- For Royal Navy and Royal Marines personnel there was no effect of deployment on rates of mental health disorder.

Trends by mental disorder

84. **Table 10** provides details of the types of presenting complaints, by ICD-10 grouping and year.

Neurotic disorders

85. Neurotic disorders were the most prevalent disorder throughout the five year period and had a significantly higher rate than all other mental health disorders over all years presented (**Figure 3**).

86. Adjustment disorder accounted for the majority of all neurotic disorders (62%, n=6,906), whilst PTSD remained a rare condition and only accounted for 9% of all neurotic disorders (n=1,035) over the five year time period.

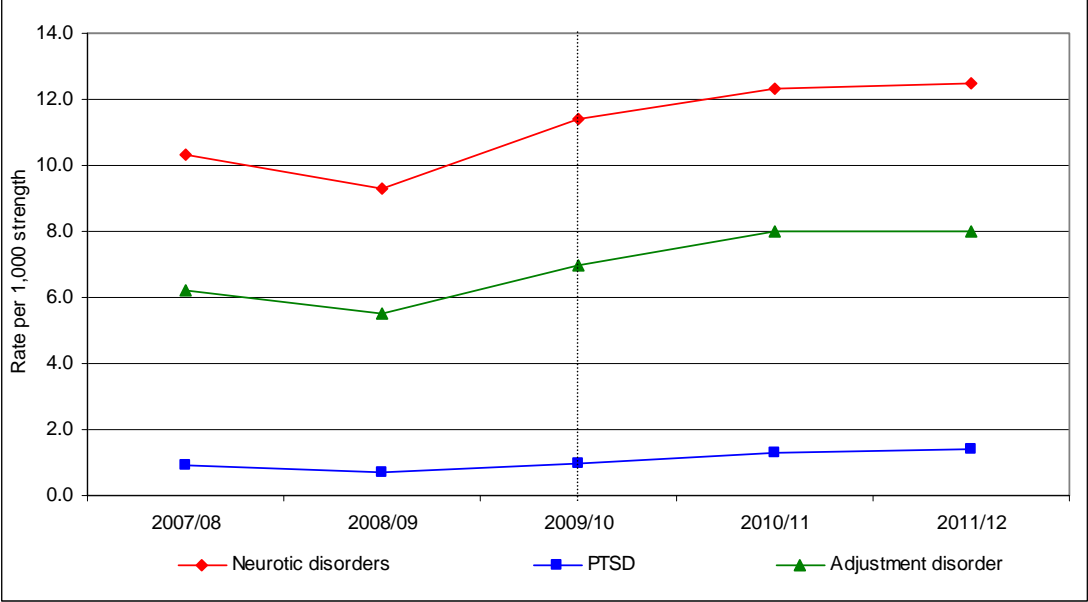
87. **Figure 3** presents the rates of neurotic disorders and the sub groups PTSD and Adjustment disorders by financial year.

Table 10: New episodes of care at the MOD DCMH, by ICD Category and Service, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Date	ICD-10 description ¹																					No mental Disorder					
	Psychoactive substance use			<i>of which disorders due to alcohol</i>			Mood Disorders			<i>of which depressive episode</i>			Neurotic disorders			<i>of which PTSD</i>			<i>of which Adjustment disorders</i>			Other mental disorders			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	Patients assessed with a mental disorder																										
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 ²	314	1.6	(1.4 - 1.7)	297	1.5	(1.3 - 1.6)	914	4.5	(4.2 - 4.8)	834	4.1	(3.9 - 4.4)	2,292	11.4	(10.9 - 11.8)	194	1.0	(0.8 - 1.1)	1,420	7.0	(6.7 - 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 - 12.8)	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	^r 287	1.5	(1.3 - 1.6)	^r 278	1.4	(1.3 - 1.6)	^r 962	4.9	(4.6 - 5.2)	^r 870	4.5	(4.2 - 4.8)	^r 2,442	12.5	(12.0 - 13.0)	^r 273	1.4	(1.2 - 1.6)	^r 1,561	8.0	(7.6 - 8.4)	279	1.4	(1.3 - 1.6)	^r 1,434	7.4	(6.9 - 7.7)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. 227 presenting complaints information not provided (see paragraph 33)
3. The rates and confidence intervals have been rounded to 1 decimal place (paragraph 36).
4. Changes to the previously published totals for 2011/12 are annotated with 'r' (see paragraph 47)

Figure 3: New episodes of care at the MOD DCMH for neurotic disorder and subgroups, 2007/08 – 2011/12, rates per 1,000 strength.



1. Dotted line represents change in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)

88. DASA have linked new episodes of care at DCMH and in-patient admissions data 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. DASA are currently developing this analysis and will include the results in future reports.

Adjustment disorder findings

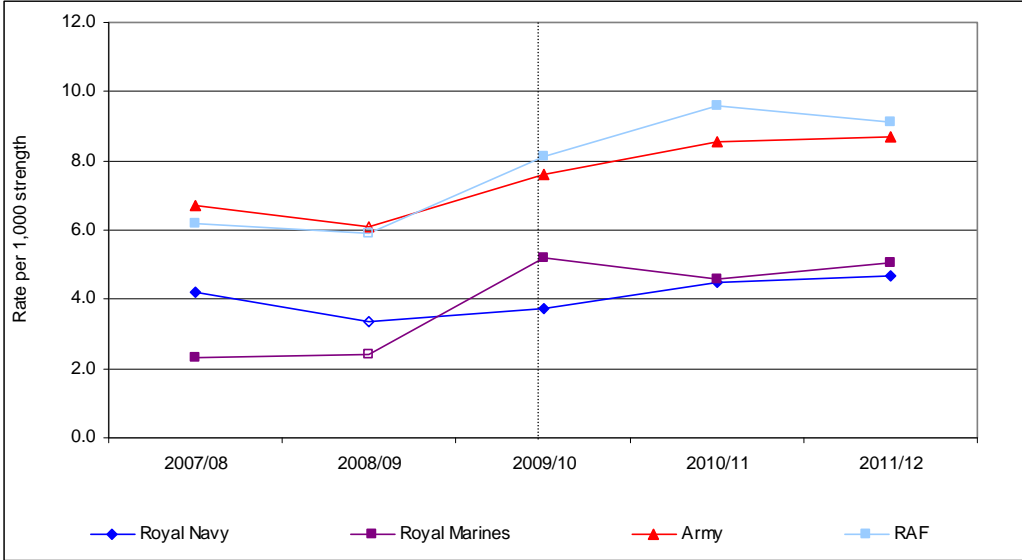
89. Rates for adjustment disorder have increased over the five year time period, from 6.2 per 1,000 in 2007/08 to 8.0 per 1,000 in 2011/12.

90. There are 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.

91. A possible explanation for the increased rate seen in the Services and one which requires further analysis may be the impact of deployment (see paragraph 61), 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.

92. 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 – 2011/12, rates per 1,000 strength.

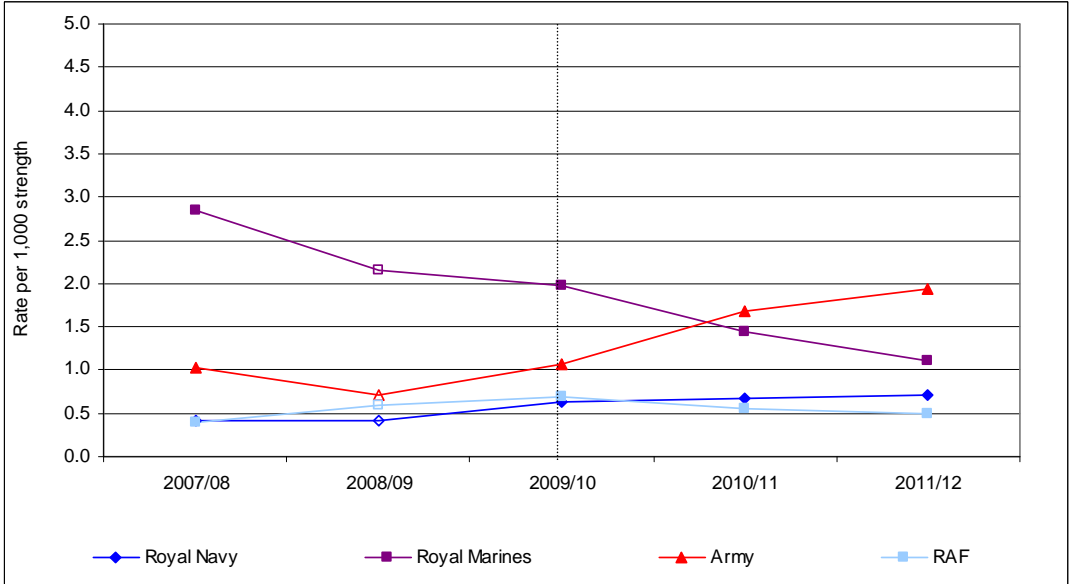


1. Dotted line represents change in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)

PTSD findings

93. PTSD remains a rare condition throughout the five year period and has not significantly changed over time, with a rate of 1.4 per 1,000 strength in 2011/12 (Figure 5). PTSD accounts for 9-11% of all neurotic disorders year on year since 2007/08.

Figure 5: New episodes of care at the MOD DCMH for PTSD by Service, 2007/08 – 2011/12, rates per 1,000 strength.



1. Dotted line represents change in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)

94. **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 five year period) routinely deploy on operations. Analysis of various demographic variables and PTSD showed that deployment to Iraq or Afghanistan was the strongest predictor of PTSD, with Armed Forces personnel who deployed being over four 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, $p=0.003$), whilst there was no effect of Officer/Rank status on the likelihood of being assessed with PTSD.

95. 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, it will require further research to understand the changing trends presented:

- The rate of PTSD in the Army increased from 1.1 per 1,000 in 2007/08 to 1.9 per 1,000 in 2011/12 (table 32, Annex A)
- The rate of PTSD in the Royal Marines decreased from 2.8 per 1,000 in 2007/08 to 1.1 per 1,000 in 2011/12 (table 26, Annex A).

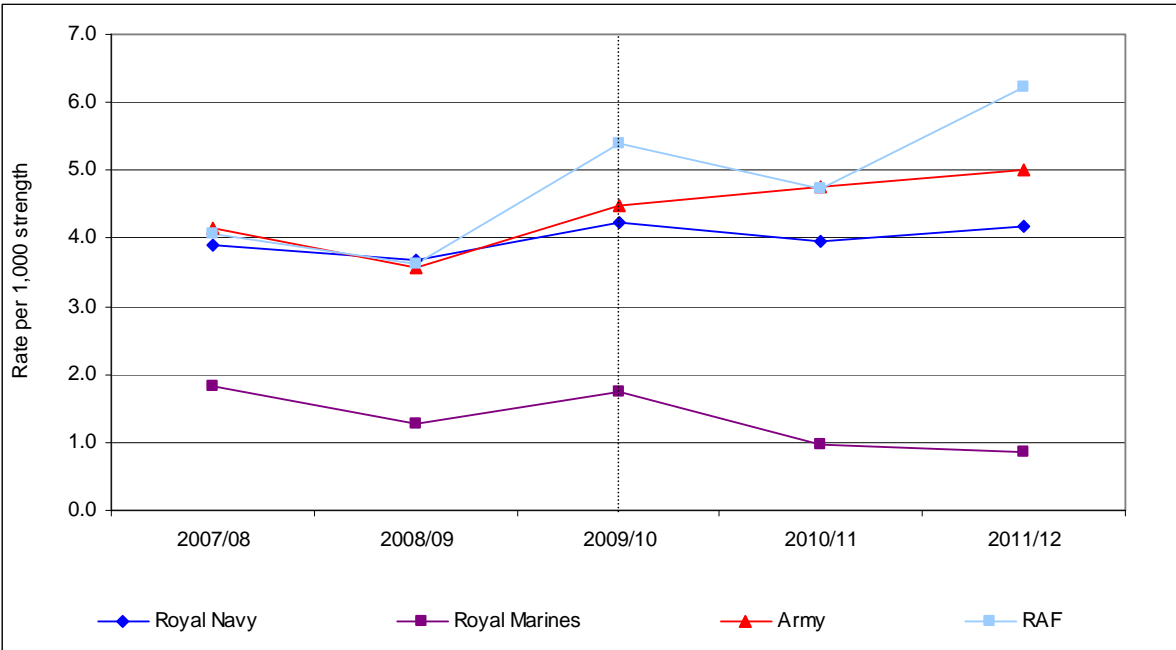
Mood disorder findings

96. 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 2007/08. It shows the RAF had a significantly higher rate than the other services in 2011/12 (5.9 per 1,000 strength). The Army and Royal Navy also had high rates of mood disorder, whilst the Royal Marines had the lowest rates.

97. Depressive episodes accounted for 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.

98. The rate of females being assessed with a depressive episode was significantly higher than males in all the Services in 2011/12; 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 – 2011/12, rates per 1,000 strength.



1. Dotted line represents change in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)

SECTION THREE

Admissions to the MOD's In-patient Contractors Tri-Service 2007/08 – 2011/12

99. **Table 11 to 13** provides details of the types of mental disorder by demographic breakdowns for 2007/08 to 2011/12 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: New episodes of care at the MOD's In-Patient contractors, by Service, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Date	All admissions			Service								
	Number	Rate	95% CI	Naval Service ¹			Army			RAF		
				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	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)

Source: SSSFT and BFG

- Royal Navy and Royal Marines combined to protect patient confidentiality
- Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 27-29).

100. There was no significant difference between the overall rates of admissions over the five years presented. Comparing the admissions between the Services in years 2008/09, 2010/11 and 2011/12, the Army had significantly higher rates of admissions compared to the Naval Service and RAF after 2008/09 to 2011/12 with the exception of 2009/10 where the Army rates were not significantly different to the other Services.

Table 12: New episodes of care at the MOD's In-Patient contractors, by Gender, Rank and Age, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Date	Gender						Rank						Age					
	Males			Females			Officers			Other Ranks			Under 30			Over 30		
	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	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)

Source: SSSFT and BFG

- Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 27-29).

101. There were some statistically significant differences in admissions rates between the subgroups of patients:

- Rates of admissions were higher in females than males for the first three years presented, however since 2010/11 there was no significant difference between male and female rates.
- Rates of admissions were consistently higher for other ranks compared to officers over the five year period.

Table 13: New episodes of care at the MOD's In-Patient contractors, by Operation, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Date	Op TELIC and/or Op HERRICK ²			of which						Neither		
				Op TELIC			Op HERRICK ²					
	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	169	1.4	(1.2 - 1.6)	140	1.5	(1.3 - 1.8)	71	1.1	(0.9 - 1.4)	123	1.5	(1.2 - 1.8)
2010/11	170	1.4	(1.2 - 1.6)	132	1.5	(1.3 - 1.8)	88	1.2	(0.9 - 1.4)	134	1.7	(1.4 - 2.0)
2011/12	183	1.5	(1.3 - 1.7)	110	1.4	(1.1 - 1.6)	133	1.5	(1.3 - 1.8)	121	1.7	(1.4 - 2.0)

Source: SSSFT and BFG

1. Deployment to the wider theatre of operation (see paragraph 40).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 41).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 27-29).
4. The rates and confidence intervals have been rounded to 1 decimal place (paragraph 36).

102. 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.

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103. **Please note that the data presented in the following annexes is not 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 2007/08 to 2011/12. The key trends to have emerged over the past five financial years are:

- Since 2007/08 there has been no significant change in the rate of Royal Navy personnel assessed with a mental disorder at a DCMH (**Table 14**).
- Females and Other ranks have statistically significant higher rates than males and officers for the whole five-year time period presented (**Tables 15 and 16**).
- There is no significant difference in rates of mental disorder between each of the age groups (**Table 17**). This is in contrast to the rate for the Armed Forces as a whole where those aged 20-24 have significantly higher rates than other age groups.
- There is no significant difference in the rate of mental disorder among those previously deployed to Iraq or Afghanistan compared to those not previously deployed there. However, the rate among those previously deployed to Iraq is significantly higher than for those previously deployed to Afghanistan (**Table 18**).
- The most prevalent disorder across the latest five-year period among Royal Navy personnel is Neurotic Disorder with a rate of 7.3 per 1,000 strength in 2011/12. The rate for this disorder is significantly higher than any other mental disorder in each of the last five years (**Table 19**).
- The rate of PTSD among Royal Navy personnel remains low at 0.7 per 1,000 strength in 2011/12 (**Table 19**).
- Due to the small numbers of in-patient admissions, Royal Navy and Royal Marines in-patient admission are presented in Table 20 as Naval Service personnel. The table shows no significant difference between males and females across each of the last five financial years with the exception of 2008/09 where had significantly higher rates of admission than males (**Table 20**).
- There were also 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 - 2011/12

Table 14: Royal Navy, new episodes of care at the MOD's DCMH, 2007/08 - 2011/12, numbers and rates per 1,000 strength.

	All episodes 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	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)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)

2. Excludes 227 presenting complaints information not provided (see paragraph 33)

3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 15: Royal Navy, new episodes of care at the MOD's DCMH, by gender, 2007/08 - 2011/12, numbers and rates per 1,000 strength.

Royal Navy	All episodes of care	Male			Female			
		of which mental disorders			All episodes of care	of which mental disorders		
		n	rate	95% CI		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	480	288	10.5	(9.3 - 11.7)	167	116	31.6	(25.9 - 37.4)
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)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)

2. Excludes 227 presenting complaints information not provided (see paragraph 33)

3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 16: Royal Navy, new episodes of care at the MOD's DCMH, by rank, 2007/08 - 2011/12, numbers and rates per 1,000 strength.

Royal Navy	Officer				other Rank			
	All episodes of care	of which mental disorders			All episodes of care	of which mental disorders		
		n	rate	95% CI		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	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)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 17: Royal Navy, new episodes of care at the MOD's DCMH, by Age group, 2007/08 - 2011/12, numbers and rates per 1,000 strength.

Royal Navy	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	40	20.7 (14.3 - 27.1)	123	18.6 (15.3 - 21.8)	94	15.7 (12.6 - 18.9)	58	13.2 (9.8 - 16.6)	78	13.0 (10.1 - 15.9)	35	9.2 (6.2 - 12.3)	~ 7.4	(4.2 - 12.0)	~ 1.4	(0.0 - 7.7)
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	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)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 18: Royal Navy, new episodes of care at the MOD's DCMH, by Operation, 2007/08 - 2011/12, numbers and rates per 1,000 strength.

Royal Navy	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		
		n	rate	95% CI		n	rate	95% CI		n	rate	95% CI		n	rate	95% CI
2007/08	167	119	10.7	(8.8 - 12.6)	155	111	10.8	(8.2 - 35.1)	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	(22.0 - 28.1)	47	34	12.1	(8.0 - 16.2)	423	263	13.5	(11.8 - 15.1)
2009/10	215	153	12.7	(10.7 - 14.7)	177	123	11.6	(20.8 - 26.6)	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	(21.2 - 27.1)	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	(20.4 - 26.4)	84	61	13.7	(10.3 - 17.2)	392	238	14.1	(12.3 - 15.9)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 19: Royal Navy, new episodes of care at the MOD's DCMH, ICD Code, 2007/08 - 2011/12, numbers and rates per 1,000 strength.

Royal Navy	2007/08			2008/09			2009/10			2010/11			2011/12		
	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
ICD-10 description															
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)
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)
Psychosocial substance use	85	2.7	(2.1 - 3.3)	73	2.3	(1.8 - 2.9)	47	1.5	(1.2 - 1.9)	47	1.5	(1.1 - 2.0)	32	1.1	(0.7 - 1.5)
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)
Mood disorders	123	3.9	(3.2 - 4.6)	115	3.7	(3.0 - 4.4)	132	4.2	(3.5 - 5.0)	122	4.0	(3.3 - 4.7)	122	4.2	(3.4 - 4.9)
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)
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)
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)
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)
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)
No mental disorder	216	6.8	(5.9 - 7.7)	218	7.0	(6.1 - 7.9)	243	7.8	(6.9 - 8.8)	270	8.8	(7.7 - 9.8)	222	7.6	(6.6 - 8.6)
No initial assessment provided	30			0			0			0			0		

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 20: Naval Service, In-patient admissions at MOD's In-Patient contractors by demographics and year, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

	2007/08			2008/09			2009/10			2010/11			2011/12		
	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)
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)
Rank															
Officers	5	6.1	(2.0 - 14.2)	7	8.3	(3.3 - 17.1)	~	3.5	(0.7 - 10.2)	~	3.4	(0.7 - 9.9)	5	0.7	(0.2 - 1.6)
Ranks	32	4.6	(3.0 - 6.2)	40	5.7	(3.9 - 7.5)	~	6.8	(4.9 - 8.7)	~	3.4	(2.2 - 5.0)	21	0.7	(0.4 - 1.1)
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)
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)
Deployment - Theatres of															
Iraq and/or Afghanistan	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	(0.4 - 1.2)
Of which Iraq	~	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 - 1.5)
Of which Afghanistan	~	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)
Neither Iraq or Afghanistan	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)

1. Deployment to the wider theatre of operation (see paragraph 40).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 41).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 27-29).
4. British Forces Germany in-patients are now included in the 2011/12 totals (paragraph 34).
5. The rates and confidence intervals have been rounded to 1 decimal place (paragraph 36).

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 2011/12. The key trends to have emerged over the past five financial years are:

- Since 2007/08 there has been no significant change in the rate of Royal Marine personnel assessed with a mental disorder at a DCMH (**Table 21**).
- There is no significant difference between the following groups of Royal Marine personnel over the last five year period:
 - Males and females (**Table 22**)
 - Officers and other ranks (**Table 23**)
 - Age groups (**Table 24**)
- There is 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 is 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 five-year period among Royal Marine personnel is Neurotic Disorder with a rate of 7.0 per 1,000 strength in 2011/12. The rate for this disorder is significantly higher than any other mental disorder in each of the last five years (**Table 26**).
- The rate of PTSD among Royal Marine personnel remains low at 1.1 per 1,000 strength in 2011/12 (**Table 26**).

New Episodes of Care at MOD DCMH

Table 21: Royal Marines, new episodes of care at the MOD's DCMH, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

	All episodes 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	127	93	11.5	(9.2 - 13.9)
2010/11	101	65	7.9	(5.9 - 9.8)
2011/12	118	76	9.4	(7.3 - 11.5)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 22: Royal Marines, new episodes of care at the MOD's DCMH, by gender, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Marines	Male				Female			
	All episodes of care	of which mental disorders			All episodes of care	of which mental disorders		
		n	rate	95% CI		n	rate	95% CI
2007/08	118	80	10.5	(8.2 - 12.8)	6	~	33.2	(6.9 - 97.2)
2008/09	~	63	8.0	(6.0 - 10.0)	~	~	22.2	(2.7 - 80.1)
2009/10	~	92	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 - 40.1)
2011/12	~	~	9.4	(7.2 - 11.5)	~	~	10.3	(0.3 - 57.3)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 23: Royal Marines, new episodes of care at the MOD's DCMH, by rank, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Marines	Officer				other Rank			
	All episodes of care	of which mental disorders			All episodes of care	of which mental disorders		
		n	rate	95% CI		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	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)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 24: Royal Marines, new episodes of care at the MOD's DCMH, by age group, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Royal Marines	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	~	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	~	3.3 (0.4 - 12.0)	23	9.9 (6.3 - 14.8)	34	16.7 (11.1 - 22.2)	8	7.8 (3.4 - 15.4)	7	10.4 (4.2 - 21.4)	~	5.9 (0.7 - 21.4)	~	13.8 (1.7 - 49.9)	7	0.9 (0.3 - 1.8)
2010/11	~	3.8 (0.5 - 13.7)	23	9.4 (5.9 - 14.1)	13	6.1 (3.3 - 10.5)	12	10.8 (5.6 - 18.8)	~	4.4 (0.9 - 12.8)	~	11.6 (3.2 - 29.7)	0	0.0 (0.0 - 24.3)	0	0.0 (0.0 - 0.4)
2011/12	0	0.0 (0.0 - 9.9)	28	11.7 (7.9 - 17.2)	17	7.9 (4.7 - 12.8)	13	10.9 (5.7 - 18.4)	~	12.3 (6.1 - 23.6)	~	10.4 (4.3 - 21.9)	~	2.8 (0.1 - 15.1)	0	0.0 (0.0 - 0.5)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 25: Royal Marines, new episodes of care at the MOD's DCMH, by Operation, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Marines	Iraq and/or Afghanistan			Iraq			Afghanistan			Not deployed		
	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	
		n	rate 95% CI		n	rate 95% CI		n	rate 95% CI		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	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 - 9.1)
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)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 26: Royal Marines, new episodes of care at the MOD's DCMH, by ICD classification, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Marines	2007/08			2008/09			2009/10			2010/11			2011/12		
	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	15.8	(13.0 - 18.5)	101	12.2	(9.8 - 14.6)	118	14.5	(11.9 - 17.2)
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	7.9	(5.9 - 9.8)	76	9.4	(7.3 - 11.5)
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)
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)
Mood disorders	14	1.8	(1.0 - 3.0)	10	1.3	(0.6 - 2.3)	14	1.7	(0.9 - 2.9)	8	1.0	(0.4 - 1.9)	7	0.9	(0.3 - 1.8)
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)
Neurotic disorders	47	6.1	(4.3 - 7.8)	43	5.5	(3.8 - 7.1)	66	8.2	(6.2 - 10.2)	53	6.4	(4.7 - 8.1)	57	7.0	(5.2 - 8.8)
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	1.5	(0.7 - 2.5)	9	1.1	(0.5 - 2.1)
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 - 6.1)	41	5.1	(3.5 - 6.6)
Other mental and behavioural disorders	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)
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	4.4	(2.9 - 5.8)	42	5.2	(3.6 - 6.7)
No initial assessment provided	3			0			0			0			0		

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

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 2011/12. The key trends to have emerged over the past five financial years are :

- There has been no significant year on year increase in the rate of Army personnel assessed with a mental disorder since 2007/08 with the exception of the increase between 2008/09 and 2009/10 when the reporting methodology changed (**Table 27**).
- Females and Other ranks have statistically significant higher rates than males and officers for the whole five-year time period presented (**Tables 28 and 29**).
- The rate of mental disorder among Army personnel is significantly higher in those aged 20-24 in each year since 2007/08. The exception to this is in 2008/09 when there was no significant difference between the rate of 20-24 year olds and those aged under 20 (**Table 30**).
- Between 2007/08 and 2009/10, there was no significant difference in the rate of mental disorder among Army personnel previously deployed to Iraq and Afghanistan and those not previously deployed there. However, since 2010/11, 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 2007/08, driven primarily by rates of Adjustment Disorder (**Table 32**).
- PTSD rates remain low throughout the five years presented at a rate of 1.9 per 1,000 strength in 2011/12. However, there was a significant increase in the rate between 2009/10 and 2010/11 (1.1 per 1,000 strength to 1.7 per 1,000 strength respectively) (**Table 32**).
- There was no significant difference between the rate of Army in-patient admissions for males and females with the exception of in 2007/08 where the rate for females was significantly higher than males (2.8 per 1,000 strength compared to 1.3 per 1,000 strength respectively) (**Table 33**).
- The admissions rate for Army other ranks was significantly higher than for officers throughout the five year period and there was no significant difference in admissions between those aged under 30 and those aged over 30 (**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's DCMH, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

	All episodes 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	3,348	2,404	20.4	(19.5 - 21.2)
2010/11	3,504	2,578	22.0	(21.2 - 22.9)
2011/12	3,414	2,570	22.2	(21.4 - 23.1)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)

2. Excludes 227 presenting complaints information not provided (see paragraph 33)

3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 28: Army, new episodes of care at the MOD's DCMH, by gender, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Army	Male				Female			
	All episodes of care	of which mental disorders			All episodes of care	of which mental disorders		
		n	rate	95% CI		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	2,875	2,034	18.6	(17.8 - 19.4)	473	370	41.9	(37.6 - 46.2)
2010/11	3,053	2,220	20.5	(19.7 - 21.4)	451	358	40.3	(36.1 - 44.5)
2011/12	2,935	2,179	20.4	(19.5 - 21.3)	479	391	44.1	(39.7 - 48.4)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 29: Army, new episodes of care at the MOD's DCMH, by rank, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Army	Officer				other Rank			
	All episodes of care	of which mental disorders			All episodes of care	of which mental disorders		
		n	rate	95% CI		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	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	(23.1 - 25.0)
2011/12	209	179	11.2	(9.5 - 12.8)	3205	2,391	24.0	(23.0 - 25.0)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 30: Army, new episodes of care at the MOD's DCMH, by age group, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Army	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						
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	228	19.3	(16.8 - 21.8)	733	24.8	(23.0 - 26.6)	529	20.9	(19.1 - 22.6)	346	19.3	(17.2 - 21.3)	319	18.7	(16.6 - 20.7)	161	17.4	(14.7 - 20.1)	51	12.5	(9.1 - 15.9)	37	12.3	(8.3 - 16.2)
2010/11	195	20.9	(17.9 - 23.8)	815	28.0	(26.1 - 29.9)	591	23.1	(21.3 - 25.0)	414	21.8	(19.7 - 23.9)	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	(12.3 - 17.6)	791	28.0	(26.5 - 30.5)	592	23.0	(21.1 - 24.8)	432	21.8	(19.7 - 23.8)	307	19.9	(18.2 - 22.7)	213	20.6	(18.0 - 23.6)	67	14.9	(11.3 - 18.4)	45	13.8	(9.8 - 17.8)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 31: Army, new episodes of care at the MOD's DCMH, by operation, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Army	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					
		n	rate		95% CI	n		rate	95% CI		n	rate	95% CI	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	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	(19.4 - 22.2)	1,241	829	19.8	(18.4 - 21.1)
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	19.6	(18.2 - 20.9)
2011/12	2,304	1,809	23.1	(22.1 - 24.2)	1,326	1,062	21.9	(20.6 - 23.3)	1,733	1,353	22.9	(21.7 - 24.1)	1,111	763	20.3	(18.9 - 21.7)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 32: Army, new episodes of care at the MOD's DCMH, by ICD category, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

Army	2007/08			2008/09			2009/10			2010/11			2011/12		
	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	3,099	27.0	(26.1 - 28.0)	2,841	24.8	(23.9 - 25.7)	3,358	28.4	(27.5 - 29.4)	3,504	29.9	(28.9 - 30.9)	3,414	29.5	(28.5 - 30.5)
Cases of Mental Health disorder	2,188	19.1	(18.3 - 19.9)	1,989	17.4	(16.6 - 18.1)	2,411	20.4	(19.6 - 21.2)	2,578	22.0	(21.2 - 22.9)	2,570	22.2	(21.4 - 23.1)
Psychoactive substance use	245	2.1	(1.9 - 2.4)	233	2.0	(1.8 - 2.3)	227	1.9	(1.7 - 2.2)	240	2.1	(1.8 - 2.3)	216	1.9	(1.6 - 2.1)
<i>of which disorders due to alcohol</i>	221	1.9	(1.7 - 2.2)	218	1.9	(1.6 - 2.2)	213	1.8	(1.6 - 2.0)	228	1.9	(1.7 - 2.2)	212	1.8	(1.6 - 2.1)
Mood disorders	492	4.3	(3.9 - 4.7)	414	3.6	(3.3 - 4.0)	529	4.5	(4.1 - 4.9)	558	4.8	(4.4 - 5.2)	572	4.9	(4.5 - 5.4)
<i>of which depressive episode</i>	391	3.4	(3.1 - 3.7)	346	3.0	(2.7 - 3.3)	471	4.0	(3.6 - 4.3)	517	4.4	(4.0 - 4.8)	502	4.3	(4.0 - 4.7)
Neurotic disorders	1,283	11.2	(10.6 - 11.8)	1,181	10.3	(9.7 - 10.9)	1,457	12.3	(11.7 - 13)	1,578	13.5	(12.8 - 14.1)	1,603	13.9	(13.2 - 14.5)
<i>of which PTSD</i>	123	1.1	(0.9 - 1.3)	85	0.7	(0.6 - 0.9)	128	1.1	(0.9 - 1.3)	196	1.7	(1.4 - 1.9)	224	1.9	(1.7 - 2.2)
<i>of which adjustment disorders</i>	805	7.0	(6.5 - 7.5)	713	6.2	(5.8 - 6.7)	901	7.6	(7.1 - 8.1)	1,003	8.6	(8.0 - 9.1)	1,001	8.7	(8.1 - 9.2)
Other mental and behavioural disorders	168	1.5	(1.2 - 1.7)	161	1.4	(1.2 - 1.6)	198	1.7	(1.4 - 1.9)	202	1.7	(1.5 - 2.0)	179	1.5	(1.3 - 1.8)
No mental disorder	788	6.9	(6.4 - 7.3)	852	7.4	(6.9 - 7.9)	947	8.0	(7.5 - 8.5)	926	7.9	(7.4 - 8.4)	844	7.3	(6.8 - 7.8)
No Initial assessment provided	123			0			0			0			0		

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 33: Army, In-patient admissions at MOD's In-Patient contractors by demographics and year, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

	2007/08			2008/09			2009/10			2010/11			2011/12		
	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													249	2.2	(1.9 - 2.4)
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)
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)
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)
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)
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)
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)
Deployment - Theatres of															
Iraq and/or Afghanistan	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)
Of which Iraq	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)
Of which Afghanistan	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)
Neither Iraq or Afghanistan	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)

1. Deployment to the wider theatre of operation (see paragraph 40)
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 41)
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 27-29)
4. British Forces Germany in-patients are now included in the 2011/12 totals (paragraph 34)
5. The rates and confidence intervals have been rounded to 1 decimal place (paragraph 36)

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 2011/12. The key trends to have emerged over the past five financial years are:

- Since 2007/08 there was no significant increase in the rate of mental disorders amongst RAF personnel with the exception of between 2008/09 and 2009/10 where the rate significantly increased (14.8 per 1,000 strength to 20.2 per 1,000 strength respectively) (**Table 34**).
- Over the five year period RAF females and other ranks have significantly higher rates of mental disorders compared to males and officers (**Tables 35 and 36**).
- Over the five year period there is no significant difference in the rate of mental disorder in RAF personnel between age groups (**Table 37**).
- In 2007/08 and 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. 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**).
- The most prevalent mental disorder among RAF personnel in each of the past five financial years was Neurotic Disorder and rates were significantly higher than any other disorder (**Table 39**).
- Between 2010/11 and 2011/12, the rate of Mood Disorder among RAF personnel significantly increased from 4.7 per 1,000 strength to 6.2 per 1,000 strength (**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 is no significant difference in gender (**Table 40**).
- There was no significant difference among ranks and age groups for RAF in-patient admissions (**Table 40**).
- Between 2007/08 and 2010/11, 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. However, in 2011/12, 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's DCMH, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

	All episodes 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	1,311	897	20.2	(18.9 - 21.6)
2010/11	1,311	944	21.5	(20.1 - 22.9)
2011/12	1,262	936	22.3	(20.9 - 23.7)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 35: RAF new episodes of care at the MOD's DCMH, by ICD gender, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

RAF	Male				Female			
	All episodes of care	of which mental disorders			All episodes of care	of which mental disorders		
		n	rate	95% CI		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	900	610	15.9	(14.7 - 17.2)	411	287	47.6	(42.1 - 53.1)
2010/11	899	637	16.8	(15.5 - 18.1)	412	307	51.1	(45.4 - 56.8)
2011/12	885	634	17.5	(16.2 - 18.9)	377	302	52.2	(46.3 - 58.1)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 36: RAF new episodes of care at the MOD's DCMH, by rank, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

RAF	Officer				other Rank			
	All episodes of care	of which mental disorders			All episodes of care	of which mental disorders		
		n	rate	95% CI		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	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	(22.0 - 25.2)
2011/12	194	160	16.7	(14.1 - 19.3)	1,068	776	24.0	(22.3 - 25.7)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 37: RAF new episodes of care at the MOD's DCMH, by age group, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

RAF	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	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	32	14.9	(9.7 - 20.0)	156	20.8	(17.5 - 24.1)	187	20.4	(17.5 - 23.3)	156	24.1	(20.4 - 27.9)	169	22.4	(19.1 - 25.8)	108	18.5	(15.0 - 21.9)	62	17.6	(13.2 - 22.0)	27	12.6	(8.3 - 18.4)
2010/11	33	20.5	(13.5 - 27.5)	145	19.5	(16.3 - 22.7)	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 - 21.2)	26	11.5	(7.5 - 16.8)
2011/12	30	32.0	(25.6 - 54.2)	154	22.1	(19.2 - 26.3)	197	21.8	(19.1 - 25.3)	176	24.0	(20.3 - 27.3)	141	23.4	(20.5 - 28.7)	127	22.0	(18.7 - 26.6)	77	21.7	(16.9 - 26.7)	34	14.8	(9.8 - 19.8)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 38: RAF new episodes of care at the MOD's DCMH, by Operation, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

RAF	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		
		n	rate	95% CI		n	rate	95% CI		n	rate	95% CI		n	rate	95% CI
2007/08	487	342	14.6	(13.0 - 16.1)	443	31.3	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	31.1	14.4	(12.8 - 16.0)	184	145	14.1	(11.8 - 16.5)	400	291	15.5	(13.7 - 17.2)
2009/10	661	510	19.6	(17.9 - 21.3)	555	43.4	19.9	(18.0 - 21.8)	311	236	18.4	(16.1 - 20.8)	650	387	21.2	(19.1 - 23.3)
2010/11	718	559	20.7	(19.0 - 22.4)	552	43.6	20.4	(18.5 - 22.3)	385	297	18.6	(16.5 - 20.7)	593	385	22.8	(20.5 - 25.1)
2011/12	715	354	13.0	(11.6 - 14.3)	523	38.9	19.4	(17.5 - 21.4)	478	364	19.14	(17.2 - 21.1)	547	402	27.5	(24.8 - 30.2)

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 39: RAF new episodes of care at the MOD's DCMH, by ICD category, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

RAF ICD-10 description	2007/08			2008/09			2009/10			2010/11			2011/12		
	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 - 21.0)	1,311	29.6	(28 - 31.2)	1,311	29.9	(28.3 - 31.5)	1,262	30.1	(28.4 - 31.7)
Cases of Mental Health disorder	761	17.1	(15.8 - 18.3)	649	14.8	(13.7 - 16.0)	897	20.2	(18.9 - 21.6)	944	21.5	(20.1 - 22.9)	936	22.3	(20.9 - 23.7)
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)
<i>of which disorders due to alcohol</i>	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)
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)
<i>of which depressive episode</i>	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)
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)
<i>of which PTSD</i>	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)
<i>of which adjustment disorders</i>	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 - 10.0)
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)
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)
No Initial assessment provided	71			0			0			0			0		

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 27-29)
2. Excludes 227 presenting complaints information not provided (see paragraph 33)
3. Excludes 148 records supplied without identifiers (see paragraph 32)

Table 40: RAF, In-patient admissions at MOD's In-Patient contractors by demographics and year, 2007/08 – 2011/12, numbers and rates per 1,000 strength.

	2007/08			2008/09			2009/10			2010/11			2011/12		
	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)
Female	13	2.2	(1.2 - 3.8)	13	2.2	(1.1 - 3.7)	17	2.9	(1.7 - 4.7)	~	0.3	(0.0 - 1.2)	~	0.7	(0.2 - 1.8)
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)
Ranks	~	1.1	(0.7 - 1.4)	~	1.2	(0.8 - 1.5)	38	1.1	(0.8 - 1.5)	24	0.7	(0.4 - 1.0)	~	0.8	(0.5 - 1.2)
Age															
Under 30	21	1.2	(0.7 - 1.8)	19	1.0	(0.6 - 1.6)	25	1.4	(0.9 - 2.0)	7	0.4	(0.1 - 0.8)	13	0.8	(0.4 - 1.3)
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)
Deployment - Theatres of															
Iraq and/or Afghanistan	22	0.9	(0.6 - 1.4)	21	0.8	(0.5 - 1.2)	21	0.8	(0.5 - 1.3)	16	0.6	(0.4 - 1.0)	9	0.3	(0.2 - 0.6)
Of which Iraq	20	1.0	(0.6 - 1.5)	16	0.7	(0.4 - 1.2)	19	0.9	(0.5 - 1.4)	14	0.6	(0.4 - 1.1)	5	0.2	(0.1 - 0.6)
Of which Afghanistan	7	0.9	(0.4 - 1.8)	10	0.8	(0.4 - 1.4)	9	0.9	(0.4 - 1.7)	8	0.6	(0.3 - 1.2)	6	0.3	(0.1 - 0.7)
Neither Iraq or Afghanistan	20	0.9	(0.6 - 1.5)	22	1.2	(0.8 - 1.8)	26	1.4	(0.9 - 2.0)	13	0.7	(0.4 - 1.2)	20	1.4	(0.8 - 2.1)

1. Deployment to the wider theatre of operation (see paragraph 40)
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 41)
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 27-29)
4. British Forces Germany in-patients are now included in the 2011/12 totals (paragraph 334)
5. The rates and confidence intervals have been rounded to 1 decimal place (paragraph 36)

Annex B

104. The following tables present the annual summary tables, 2007/08 to 2010/11; this data has previously been released in a calendar year format.

Table 41: New Episodes of Care at MOD DCMH for 2007/08

Characteristic	All patients seen	Patients assessed with a mental disorder			Patients assessed without a mental disorder ²	Not Known ³
		Number	Rate	95% CI		
All	5,037	3,477	17.5	(19.7 - 20.9)	1,333	227
Service						
Royal Navy	691	445	14.1	(12.0 - 14.6)	216	
Royal Marines	124	83	10.7	(7.3 - 11.5)	38	
Army	2,934	2,085	18.2	(21.3 - 23.0)	726	
RAF	165	761	17.1	(20.9 - 23.7)	291	
Gender						
Males	3,993	2,743	15.2	(17.3 - 18.6)	1,078	
Females	879	631	34.8	(40.3 - 46.3)	193	
Rank						
Officers	302	229	6.8	(10.9 - 13.2)	52	
Other ranks	4,570	3,145	19.1	(21.3 - 22.7)	1,219	
Age						
<20	557	317	19.8	(13.6 - 18.6)	216	
20-24	1,522	994	22.1	(23.3 - 26.3)	451	
25-29	1,017	731	17.5	(19.7 - 22.4)	235	
30-34	625	453	15.6	(19.0 - 22.1)	138	
35-39	697	532	15.7	(18.5 - 22.0)	143	
40-44	285	214	11.9	(17.3 - 21.1)	59	
45-49	114	89	9.4	(12.9 - 17.5)	20	
50+	55	44	8.2	(9.7 - 15.1)	9	
Deployment - Theatres of operation⁵						
Iraq and/or Afghanistan ⁶	2,424	1,795	17.2	(19.8 - 21.4)	539	
<i>of which, Iraq</i>	2,135	5,190	57.5	(18.6 - 20.5)	468	
<i>of which, Afghanistan⁶</i>	578	427	13.0	(19.9 - 21.8)	124	
Neither Iraq nor Afghanistan ⁶	2,448	1,579	17.1	(18.8 - 20.8)	732	

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraph 27-29)
2. Those assessed as having no mental disorder (see paragraph 31)
3. Excludes 227 presenting complaints information not provided (see paragraph 33)
4. Excludes 148 records supplied without identifiers (see paragraph 32)
5. Deployment to the wider theatre of operation (see paragraph 40)
6. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 41)

Table 42: New episodes of care at the MOD's DCMH by ICD-10 description and deployment, 2007/08, numbers and rate ratios.

2007/08	All patients seen	Deployment - Theatres of operation									Not deployed
		Iraq or Afghanistan			Iraq			Afghanistan			
ICD-10 description		Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen
All patients seen	5,037	2,334			2,058			551			2,311
All patients assessed with a mental disorder	3,477	1,795	1.0	(1.0 - 1.1)	1,590	1.0	(1.0 - 1.1)	427	0.8	(0.7 - 0.9)	1,579
Psychoactive substance use	385	195	1.0	(0.8 - 1.2)	180	1.0	(0.8 - 1.3)	32	0.5	(0.3 - 0.7)	181
<i>disorders due to alcohol</i>	355	176	0.9	(0.8 - 1.1)	162	1.0	(0.8 - 1.2)	31	0.5	(0.4 - 0.8)	170
Mood disorders	810	369	0.8	(0.7 - 0.9)	334	0.8	(0.7 - 0.9)	76	0.5	(0.4 - 0.7)	426
<i>Depressive episode</i>	678	297	0.7	(0.6 - 0.8)	266	0.8	(0.6 - 0.9)	67	0.5	(0.4 - 0.7)	367
Neurotic disorders	2,045	1,126	1.2	(1.1 - 1.3)	987	1.2	(1.1 - 1.3)	293	1.0	(0.9 - 1.1)	861
<i>PTSD</i>	174	144	5.4	(3.5 - 8.3)	119	5.2	(3.3 - 8.0)	59	7.0	(4.4 - 11.3)	24
<i>Adjustment disorders</i>	1,232	687	1.2	(1.1 - 1.4)	602	1.2	(1.1 - 1.4)	173	1.0	(0.8 - 1.2)	509
Other mental and behavioural disorders	237	105	0.9	(0.7 - 1.1)	89	0.8	(0.6 - 1.1)	26	0.7	(0.4 - 1.0)	111
No mental disorder	1,333	539			468			124			732
No Initial Assessment provided	227	90			77			27			137

Table 43: New Episodes of Care at MOD DCMH for 2008/09

Characteristic	All patients seen	Patients assessed with a mental disorder			Patients assessed without a mental disorder ²
		Number	Rate	95% CI	
All	4,418	3,118	15.8	(19.7 - 20.9)	1,300
Service					
Royal Navy	633	415	13.3	(12.0 - 14.6)	218
Royal Marines	85	65	8.3	(7.3 - 11.5)	20
Army	2,783	1,951	17.0	(21.3 - 23.0)	832
RAF	859	649	14.8	(20.9 - 23.7)	210
Gender					
Males	3,537	2,442	13.6	(17.3 - 18.6)	1,095
Females	823	638	35.4	(40.3 - 46.3)	185
Rank					
Officers	316	251	7.5	(10.9 - 13.2)	65
Other ranks	4,044	2,829	17.3	(21.3 - 22.7)	1,215
Age					
<20	460	272	17.2	(13.6 - 18.6)	188
20-24	1,337	879	19.8	(23.3 - 26.3)	458
25-29	969	709	16.8	(19.7 - 22.4)	260
30-34	586	433	15.3	(19.0 - 22.1)	153
35-39	586	465	14.2	(18.5 - 22.0)	121
40-44	271	200	10.8	(17.3 - 21.1)	71
45-49	111	92	9.4	(12.9 - 17.5)	19
50+	40	30	5.2	(9.7 - 15.1)	10
Deployment - Theatres of operation⁴					
Iraq and/or Afghanistan ⁵	2,388	1,766	15.5	(19.8 - 21.4)	622
<i>of which, Iraq</i>	1,969	1,445	15.6	(18.6 - 20.5)	524
<i>of which, Afghanistan⁵</i>	920	711	15.1	(19.9 - 21.8)	209
Neither Iraq nor Afghanistan ⁵	1,972	1,314	15.7	(18.8 - 20.8)	658

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraph 27-29)

2. Those assessed as having no mental disorder (see paragraph 31)

3. Excludes 148 records supplied without identifiers (see paragraph 32)

4. Deployment to the wider theatre of operation (see paragraph 40)

5. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 41)

Table 44: New episodes of care at the MOD's DCMH by ICD-10 description and deployment, 2008/09, numbers and rate ratios.

2008/09	All patients seen	Deployment - Theatres of operation									Not deployed
		Iraq or Afghanistan			Iraq			Afghanistan			
ICD-10 description		Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen
All patients seen	4,418	2,388			1,969			920			1,972
All patients assessed with a mental disorder	3,118	1,766	1.0	(0.9 - 1.1)	1,445	1.0	(0.9 - 1.1)	711	1.0	(0.9 - 1.1)	1,314
Psychoactive substance use disorders due to alcohol	337	160	0.7	(0.6 - 0.9)	134	0.7	(0.6 - 0.9)	48	0.5	(0.4 - 0.7)	172
Mood disorders	321	154	0.7	(0.6 - 0.9)	129	0.7	(0.6 - 0.9)	46	0.5	(0.4 - 0.7)	163
<i>Depressive episode</i>	697	359	0.8	(0.7 - 0.9)	303	0.8	(0.7 - 1.0)	124	0.7	(0.5 - 0.8)	332
<i>Depressive episode</i>	603	310	0.8	(0.7 - 0.9)	262	0.8	(0.7 - 1.0)	113	0.7	(0.6 - 0.9)	289
Neurotic disorders	1,844	1,138	1.2	(1.1 - 1.3)	912	1.2	(1.1 - 1.3)	503	1.3	(1.2 - 1.5)	685
<i>PTSD</i>	141	111	3.1	(2.1 - 4.8)	85	3.0	(1.9 - 4.6)	59	4.0	(2.5 - 6.4)	26
<i>Adjustment disorders</i>	1,094	679	1.3	(1.1 - 1.4)	540	1.2	(1.1 - 1.4)	307	1.4	(1.2 - 1.6)	399
Other mental and behavioural disorders	240	109	0.6	(0.5 - 0.8)	96	0.7	(0.5 - 0.9)	36	0.5	(0.4 - 0.7)	125
No mental disorder	1,300	622			524			209			658
No Initial Assessment provided											

Table 45 New Episodes of Care at MOD DCMH for 2009/10

Characteristic	All patients seen	Patients assessed with a mental disorder			Patients assessed without a mental disorder ²
		Number	Rate	95% CI	
All	5,443	3,805	18.9	(19.7 - 20.9)	1,638
Service					
Royal Navy	647	404	12.9	(12.0 - 14.6)	243
Royal Marines	127	93	11.5	(7.3 - 11.5)	34
Army	3,348	2,404	20.4	(21.3 - 23.0)	944
RAF	1,311	897	20.2	(20.9 - 23.7)	414
Gender					
Males	4,380	3,024	16.5	(17.3 - 18.6)	1,356
Females	1,053	774	41.6	(40.3 - 46.3)	279
Rank					
Officers	447	361	10.7	(10.9 - 13.2)	86
Other ranks	4,986	3,437	20.5	(21.3 - 22.7)	1,549
Age					
<20	544	289	17.7	(13.6 - 18.6)	255
20-24	1,598	1,021	22.2	(23.3 - 26.3)	577
25-29	1,153	846	19.7	(19.7 - 22.4)	307
30-34	753	563	19.0	(19.0 - 22.1)	190
35-39	742	558	18.0	(18.5 - 22.0)	184
40-44	390	318	16.3	(17.3 - 21.1)	72
45-49	160	130	12.6	(12.9 - 17.5)	30
50+	93	73	11.7	(9.7 - 15.1)	20
Deployment - Theatres of operation⁴					
Iraq and/or Afghanistan ⁵	3,085	2,315	19.4	(19.8 - 21.4)	770
of which, Iraq	2,299	1,712	18.7	(18.6 - 20.5)	587
of which, Afghanistan ⁵	1,587	1,224	19.8	(19.9 - 21.8)	363
Neither Iraq nor Afghanistan ⁵	2,348	1,483	18.0	(18.8 - 20.8)	865

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraph 27-29)

2. Those assessed as having no mental disorder (see paragraph 31)

3. Excludes 148 records supplied without identifiers (see paragraph 32)

4. Deployment to the wider theatre of operation (see paragraph 40)

5. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 41)

Table 46 New episodes of care at the MOD's DCMH by ICD-10 description and deployment, 2009/10 numbers and rate ratios.

2009/10	All patients seen	Deployment - Theatres of operation									Not deployed
		Iraq or Afghanistan			Iraq			Afghanistan			
ICD-10 description		Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen
All patients seen	5,443	3,085			2,299			1,587			2,348
All patients assessed with a mental disorder	3,805	2,315	1.1	(1.0 - 1.1)	1,712	1.0	(1.0 - 1.1)	1,224	1.1	(1.0 - 1.2)	1,483
Psychoactive substance use disorders due to alcohol	314	175	0.9	(0.7 - 1.1)	129	0.8	(0.7 - 1.1)	90	0.9	(0.7 - 1.1)	138
Mood disorders	297	169	0.9	(0.7 - 1.2)	127	0.9	(0.7 - 1.1)	84	0.9	(0.7 - 1.2)	127
Depressive episode	914	502	0.8	(0.7 - 1.0)	404	0.9	(0.8 - 1.0)	214	0.7	(0.6 - 0.8)	411
Neurotic disorders	834	464	0.9	(0.8 - 1.0)	372	0.9	(0.8 - 1.0)	199	0.7	(0.6 - 0.9)	369
PTSD	2,292	1,499	1.3	(1.2 - 1.4)	1,066	1.2	(1.1 - 1.3)	862	1.5	(1.3 - 1.6)	788
Adjustment disorders	194	166	4.2	(2.8 - 6.4)	97	3.2	(2.1 - 4.9)	126	6.2	(4.1 - 9.4)	27
Other mental and behavioural disorders	1,420	925	1.3	(1.2 - 1.4)	645	1.2	(1.0 - 1.3)	535	1.4	(1.3 - 1.6)	492
No mental disorder	285	139	0.7	(0.5 - 0.8)	113	0.7	(0.5 - 0.9)	58	0.5	(0.4 - 0.7)	146
No Initial Assessment provided	1,635	770			587			363			865

Table 47: New Episodes of Care at MOD DCMH for 2010/11

Characteristic	All patients seen	Patients assessed with a mental disorder			Patients assessed without a mental disorder ²
		Number	Rate	95% CI	
All	5,582	3,983	19.9	(19.7 - 20.9)	1,599
Service					
Royal Navy	666	396	12.8	(12.0 - 14.6)	270
Royal Marines	101	65	7.9	(7.3 - 11.5)	36
Army	3,504	2,578	22.0	(21.3 - 23.0)	926
RAF	1,311	944	21.5	(20.9 - 23.7)	367
Gender					
Males	4,558	3,209	17.7	(17.3 - 18.6)	1,349
Females	1,024	774	41.6	(40.3 - 46.3)	250
Rank					
Officers	456	353	10.5	(10.9 - 13.2)	103
Other ranks	5,126	3,630	21.8	(21.3 - 22.7)	1,496
Age					
<20	439	250	19.4	(13.6 - 18.6)	189
20-24	1,645	1,085	23.9	(23.3 - 26.3)	560
25-29	1,248	900	20.7	(19.7 - 22.4)	348
30-34	834	641	20.4	(19.0 - 22.1)	193
35-39	745	584	20.1	(18.5 - 22.0)	161
40-44	423	328	15.9	(17.3 - 21.1)	95
45-49	169	132	12.4	(12.9 - 17.5)	37
50+	79	63	9.5	(9.7 - 15.1)	16
Deployment - Theatres of operation⁴					
Iraq and/or Afghanistan ⁵	3,351	2,564	20.9	(19.8 - 21.4)	787
<i>of which, Iraq</i>	2,194	1,691	19.4	(18.6 - 20.5)	503
<i>of which, Afghanistan⁵</i>	2,161	1,970	25.8	(19.9 - 21.8)	491
Neither Iraq nor Afghanistan ⁵	2,231	1,419	18.3	(18.8 - 20.8)	812

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraph 27-29)

2. Those assessed as having no mental disorder (see paragraph 31)

3. Excludes 148 records supplied without identifiers (see paragraph 32)

4. Deployment to the wider theatre of operation (see paragraph 40)

5. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 41)

Table 48 New episodes of care at the MOD DCMH by ICD-10 description and deployment, 2010/11 numbers and rate ratios.

2010/11	All patients seen	Deployment - Theatres of operation									Not deployed
		Iraq or Afghanistan			Iraq			Afghanistan			
ICD-10 description		Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen
All patients seen	5,582	3,351			2,194			2,161			2,231
All patients assessed with a mental disorder	3,983	2,564	1.1	(1.1 - 1.2)	1,691	1.1	(1.0 - 1.1)	1,670	1.2	(1.1 - 1.3)	1,419
Psychoactive substance use disorders due to alcohol	327	195	0.9	(0.7 - 1.2)	126	0.8	(0.7 - 1.1)	126	1.0	(0.8 - 1.2)	132
Mood disorders	896	519	0.9	(0.8 - 1.0)	392	0.9	(0.8 - 1.1)	279	0.7	(0.6 - 0.9)	377
<i>Depressive episode</i>	836	483	0.9	(0.8 - 1.0)	361	0.9	(0.8 - 1.0)	263	0.8	(0.6 - 0.9)	353
Neurotic disorders	2,456	1,678	1.4	(1.2 - 1.5)	1,059	1.2	(1.1 - 1.3)	1,154	1.5	(1.4 - 1.6)	778
<i>PTSD</i>	253	219	4.1	(2.8 - 5.8)	105	2.7	(1.9 - 4.0)	186	5.5	(3.8 - 8.0)	34
<i>Adjustment disorders</i>	1,599	1,074	1.3	(1.2 - 1.4)	678	1.1	(1.0 - 1.3)	755	1.5	(1.3 - 1.6)	525
Other mental and behavioural disorders	304	172	0.8	(0.7 - 1.0)	114	0.8	(0.6 - 1.0)	111	0.9	(0.7 - 1.1)	132
No mental disorder	1,599	787			503			491			812
No Initial Assessment provided											

Annex C: Field Mental Health Team Data (Afghanistan)

105. 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.

106. 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.

107. **Table 49** 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 49: 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
<i>of which due to alcohol</i>	~	0	0	~	0
Mood Disorders	12	9	0	15	~
<i>of which depressive episode</i>	11	8	0	15	7
Neurotic disorders	44	30	95	120	41
<i>of which PTSD</i>	6	~	0	0	0
<i>of which adjustment disorders</i>	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

1. Data from 1 April 2011 to 10th August 2011 when new data capture mechanism was in place.

2. Data presented as "~" has been suppressed in accordance with DASA's rounding policy (see paragraph 47).

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.

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

109. Data for 2011/12 should be considered provisional due to different data capture mechanisms put in place after 11th August 2011 and therefore DASA anticipate this figure to increase once more data has been received.

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

110. Personnel are aeromedically evacuated from theatre for a range of medical conditions. **Table 50** details the number of UK Armed Forces personnel aeromedically evacuated from the Iraq or Afghanistan theatres of operation for psychiatric reasons for the period 2007/08 to 2011/12.

Table 50: UK Armed Forces personnel aeromedically evacuated¹ for psychiatric reasons from the Afghanistan and Iraq theatres of operation, 2007/08-2011/12, numbers^{2 3 4}.

	2007/08	2008/09	2009/10	2010/11	2011/12
Afghanistan Aeromedical Evacuations					
Total number of evacuations	22	16	27	35	32
1A - Severe Psychiatric Patient	0	0	0	~	~
1B - Psychiatric Patients of Intermediate Severity	6	~	10	~	~
1C - Mildly Disturbed Psychiatric Patients	16	~	17	24	22
Unknown Severity	0	0	0	0	0
Iraq Aeromedical Evacuations					
Total number of evacuations	24	26	8	~	0
1A - Severe Psychiatric Patient	0	~	0	0	0
1B - Psychiatric Patients of Intermediate Severity	~	~	~	~	0
1C - Mildly Disturbed Psychiatric Patients	~	19	~	~	0
Unknown Severity	0	0	0	0	0

1. Patients flown home to the UK either by the aeromed evacuation team or other flights.

2. The numbers reported here reflect the reason for evacuation as recorded. There may be patients who are evacuated for other medical reasons who are also suffering from a mental disorder.

3. Data presented as "~" has been suppressed in accordance with DASA's rounding policy (see paragraph 47).

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

111. 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.

112. **Table 51** shows the first location of medical care following aeromedical evacuation from the Afghanistan and Iraq theatres of operation for the period 2007/08 to 2011/12.

Table 51: First location of medical care for UK Armed Forces personnel aeromedically evacuated for psychiatric reasons from the Afghanistan and Iraq theatres of operation, 2007/08-2011/12, numbers^{1 2 3 4}.

	2007/08	2008/09	2009/10	2010/11	2011/12
Afghanistan Aeromedical Evacuations					
Total number of evacuations	22	16	27	35	32
DCMH or In-Patient contractor	5	7	~	5	~
Unit/Unit Primary Healthcare	7	9	15	22	24
Ministry of Defence Hospital Unit (MDHU)	0	0	~	~	0
NHS	0	0	~	~	~
RRU	0	0	0	0	~
Reserve Training and Mobilisation Centre (RTMC)	0	0	~	0	0
Unknown	10	0	0	~	0
Iraq Aeromedical Evacuations					
Total number of evacuations	24	26	8	~	0
DCMH or In-Patient contractor	0	14	~	0	0
Unit/Unit Primary Healthcare	6	12	~	~	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	18	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 DASA's rounding policy (see paragraph 47).

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

113. Of the 32 UK Service personnel aeromedically evacuated for psychiatric reasons from Afghanistan in 2011/12, 75% (N=24) had their first medical care at their unit/unit primary healthcare following evacuation.

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

114. 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.

115. 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 and therefore figures after this period (2009/10) is expected to increase as a result.

116. 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.

117. In 2011/12, a total of 254 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.

118. **Table 52 - 56** provides details of the key socio-demographic characteristics of Armed Forces personnel assessed for potential mental health issues at DMRC Headley Court between 2007/08 and 2011/12

Table 52 Initial mental health assessments at DMRC Headley, financial years, numbers and rates per 1,000 strength¹.

	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

1. Data collection began in July 2009

Table 53: Initial mental health assessments at DMRC Headley Court by Gender, 2009/10-2011/12, numbers and rates per 1,000 strength¹.

	Male				Female				No Mental Disorder
	All episodes of care	of which mental disorders			All episodes of care	of which mental disorders			n
		n	rate	95% CI		n	rate	95% CI	
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

1. Data collection began in July 2009

Table 54: Initial mental health assessments at DMRC Headley Court by rank, 2009/10-2011/12, numbers and rates per 1,000 strength¹.

	Officer				other Rank				No Mental Disorder
	All episodes of care	of which mental disorders			All episodes of care	of which mental disorders			n
		n	rate	95% CI		n	rate	95% CI	
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

1. Data collection began in July 2009

Table 55: Initial mental health assessments at DMRC Headley Court by age group, 2009/10-2011/12, numbers and rates per 1,000 strength¹.

	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
	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			
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 - 0.9)	35	0.8 (0.6 - 1.1)	43	1.0 (0.7 - 1.3)	27	0.8 (0.5 - 1.2)	23	0.9 (0.6 - 1.3)	5	0.2 (0.1 - 0.6)	~	0.2 (0.0 - 0.7)	0	0.0 (0.0 - 0.6)	115

1. Data collection began in July 2009

Table 56: Initial mental health assessments at DMRC Headley Court by deployment, 2009/10-2011/12, numbers and rates per 1,000 strength¹.

	Iraq and or Afghanistan				Iraq				Afghanistan				Neither Operation				No Mental Disorder
	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			
		n	rate	95% CI		n	rate	95% CI		n	rate	95% CI		n	rate	95% CI	
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

1. Data collection began in July 2009

1. Of the 254 patients seen in 2011/12, 139 (55%) 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.
2. Overall, there was no significant difference between the three years presented, there was also no significant difference between some of the demographic groups for gender, rank and age.
3. 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.

Annex F: Reserves Mental Health Programme

4. 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.
5. 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.
6. 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.
7. **Table 57** provides a summary of the method of contact made to the RMHP in 2007/08 to 2011/12 despite publicised details that primary referral should be through a GP, this accounted for only 12.5% of calls in 2011/12.

Table 57: Calls received by the Reserves Mental Health Programme, 2007/08 to 2011/12, numbers.

	2007/08	2008/09	2009/10	2010/11	2011/12
Total calls received	40	50	29	42	40
Self referral	32	44	21	32	35
GP referral	8	6	8	10	5
Cases assessed	40	50	29	42	40
No mental disorder (Cat 1)	6	13	5	11	6
Mental disorder not combat related (Cat 2)	~	~	~	~	~
Mental disorder combat related (Cat 3)	27	27	19	23	27
Cases waiting to be assessed at end date	0	0	0	0	0
Appointments cancelled	~	~	~	~	~
Did not attend	0	0	~	0	0

8. 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.
9. The figures in **Table 57** were provided in aggregated form by the RMHP practice manager and have not been validated by DASA, or linked to DCMH data. Previous tables with RMHP data supplied in calendar years had an additional breakdown for 3rd party referrals in the tables (i.e. calls from family/partners/friends etc), upon advice from the RMHP administrator, this line has now been removed from the above table as it is understood 3rd party referrals are not accepted onto the RMHP and the individual is asked to be referred via their GP or by self referral.

Annex G: Medical Discharges

10. 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.
11. 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.
12. 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.
13. **Table 58** presents the numbers of UK Service personnel medically discharged from each Service with the principal condition of mental health.

Table 58: Personnel medically discharged with the principal condition attributed to mental health by Service, 2007/08-2011/12, numbers¹.

	All	2007/08			2008/09			2009/10			2010/11			2011/12		
		Naval Service	Army	RAF	Naval Service	Army	RAF	Naval Service	Army	RAF	Naval Service	Army	RAF	Naval Service	Army	RAF
Discharges for psychiatric reasons	964	36	139	45	29	140	40	21	102	23	42	128	30	39	124	26
Psychiatric substance abuse	27	0	~	~	0	8	~	0	~	~	0	~	0	0	~	0
<i>disorders due to alcohol</i>	25	0	~	~	0	8	~	0	~	~	0	~	0	0	~	0
Mood Disorders	326	15	51	15	11	37	23	9	25	11	17	33	14	16	40	9
<i>Depressive episode</i>	271	13	42	14	9	31	21	8	17	11	16	25	13	14	28	9
Neurotic Disorders	469	16	63	20	13	71	11	7	60	8	19	71	10	17	69	14
<i>of which PTSD</i>	195	7	21	~	5	32	~	~	26	~	7	33	~	~	44	~
<i>of which Adjustment disorders</i>	95	~	12	11	5	10	8	~	12	~	~	9	~	~	8	5
Other Mental and Behavioural Disorders	142	~	22	6	5	24	~	5	14	~	~	20	6	~	13	~

1. Data presented as "~" has been suppressed in accordance with DASA's rounding policy (see paragraph 47).

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

Annex H: Armed Forces Compensation Scheme Awards

15. 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.
16. 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.
17. 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>
18. **Table 59** shows the number of claims that have been awarded under the AFCS between 2007/08-2011/12 that contain a condition under the tariff of injury table of 'Mental Disorders', by claim type.

Table 59: Claims awarded under the AFCS that contain a condition under the tariff of injury table of 'Mental Disorders' by claim type¹, 2007/08-2011/12, numbers².

	2007/08	2008/09	2009/10	2010/11	2011/12
All	65	95	120	195	200
In Service	30	45	65	125	130
Medical discharge	25	35	20	20	25
Post Service	10	20	35	50	50

1. Includes claims and further additional claims.

19. 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.
20. 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.
21. For further information regarding the Armed Forces Compensation Scheme or the tariff of injuries tables, please see the AFCS Official Statistic that can be found on the DASA website at www.dasa.mod.uk.