



Ministry
of Defence

Defence Statistics (Health)
Ministry of Defence
Oak 0 West (#6028)
Abbey Wood North
Bristol BS34 8JH
United Kingdom

Ref: FOI2015/02584

Telephone: +44 (0)30679 84423
Facsimile: +44 (0)1179 319634

E-mail: DefStrat-Stat-Health-PQ-FOI@mod.uk

8 April 2015

Dear [REDACTED],

Thank you for your email of 6 March 2015 requesting the following information:

1. Under the Armed Forces Compensation Scheme (AFCS), how many soldiers have received compensation for PTSD since 2005 and also how many at each tariff level?

2. How many soldiers have been diagnosed with PTSD since 2007?
- Of this amount how many have been treated and remained in service?
- Of this amount how many have been medically discharged?

3. Regarding AFPS 05, how many soldiers medically discharged due to PTSD have received pensions at the following Tiers:

- Tier 1
- Tier 2
- Tier 3

4. Under the Armed Forces Compensation Scheme (AFCS), how many soldiers have received compensation for Adjustment Disorder since 2005 and also how many at each tariff level?

5. How many soldiers have been diagnosed with Adjustment Disorder since 2007?
- Of this amount how many have been treated and remained in service?
- Of this amount how many have been medically discharged?

6. Regarding AFPS 05, how many soldiers medically discharged due to Adjustment Disorder have received pensions at the following Tiers:

- Tier 1
- Tier 2
- Tier 3

7. Since 2007, how many soldiers have been medically discharged due to the following conditions:

- o ICD F32 - Depressive Episode
- o ICD F33 - Recurrent Depressive Disorder
- o ICD F34.1 - Dysthymia
- o ICD F10 - Mental and behavioural disorder due to use of alcohol
- o ICD F40 - Phobic anxiety disorders
- o ICD F51 - Nonorganic Sleep Disorders
- o ICD F60.6 - Anxious (avoidant) personality disorder
- o ICD F62.1 - Enduring personality change after psychiatric illness

I am treating your correspondence as a request for information under the Freedom of Information Act 2000 (FOIA).

A search for the information has now been completed within the Ministry of Defence, and I can confirm that information in scope of your request is held. Some of the information falls entirely within the scope of the absolute exemptions provided for at section 40 (Personal Data) of the FOIA and has been withheld.

Section 40(2) has been applied to some of the information in order to protect personal information as governed by the Data Protection Act 1998. This is also in line with Defence Statistics rounding policy, in which numbers fewer than five are suppressed in order to reduce the possible inadvertent disclosure of individual identities. Section 40 is an absolute exemption and there is therefore no requirement to consider the public interest in making a decision to withhold the information.

Q1

Between 6 April 2005 and 30 September 2014 (the latest data available) **1,235** individuals were awarded compensation under the AFCS for a mental disorder that had included PTSD as a claimed condition. A total of **1,265** compensation awards were made to these individuals (some individuals made multiple/additional claims for PTSD). **Table 1** provides the number of awarded claims for PTSD, by tariff level.

Table 1: Claims awarded for mental disorders under the AFCS with PTSD as a claimed condition¹ by tariff level², 6 April 2005 to 30 September 2014, numbers

Awards	Tariff Level					
	All	10	11	12	13	14
PTSD	1,265	30	~	540	630	60

Source: Compensation and Pension System

¹ Individuals may claim for multiple conditions but not be awarded for all claimed conditions. Therefore figures in this table may include awards for other mental disorders that are not PTSD, but have been included since the claim included PTSD within the application for compensation.

² Injuries/illnesses are assessed against a tariff of injury table with a set of tariff levels between 1 and 15 where the lower numerical values (i.e. 1-4) reflect the more severe conditions.

Q2

Between 01 January 2007 and 31 December 2014 **1,904** UK Armed Forces personnel had at least one episode of care at a MOD Department for Community Mental Health (DCMH) or admission to an MOD In-patient provider with an initial assessment of PTSD. Of these:

- **846** UK Armed Forces personnel are still serving¹.
- **372** have been medically discharged². Please note the reason for discharge could be for any medical condition, including mental health and therefore may not be related to a previous episode of care for PTSD.

Q3

I can confirm that the Ministry of Defence holds this information. The information is exempt under Section 21 of the Freedom of Information Act (FOIA), because it is reasonably accessible to you by other means.

Information on UK Regular Armed Forces personnel medically discharged with PTSD as principal or contributory condition that were paid a ill health pension under the Armed Forces Pension Scheme 2005 (AFPS05) between 6 April 2005 and 31 March 2014 (the latest medical

¹ As recorded on Joint Personnel Administration System as at 1 February 2015

² As at 31 March 2014

discharge data available) has been provided to you in previous responses dated 11 June 2013 and 6 March 2015.

Q4

Between 6 April 2005 and 30 September 2014 (the latest data available) **130** individuals were awarded compensation under the AFCS for a mental disorder that had included Adjustment Disorder as a claimed condition. A total of **135** compensation awards were made to these individuals (some individuals made multiple/additional claims for adjustment disorders). **Table 2** provides the number of awarded claims for adjustment disorders by tariff level.

Table 2: Claims awarded for mental disorders under the AFCS with Adjustment Disorder as a claimed condition¹ by tariff level², 6 April 2005 to 30 September 2014, numbers

Awards	Tariff Level				
	All	10	12	13	14
Adjustment Disorder	135	~	35	75	20

Source: Compensation and Pension System

1 Individuals may claim for multiple conditions but not be awarded for all claimed conditions. Therefore figures in this table may include awards for other mental disorders that are not adjustment disorder, but have been included since the claim included adjustment disorder within the application for compensation.

2 Injuries/illnesses are assessed against a tariff of injury table with a set of tariff levels between 1 and 15 where the lower numerical values (i.e. 1-4) reflect the more severe conditions.

Q5

Between 01 January 2007 and 31 December 2014 **11,395** UK Armed Forces personnel had at least one episode of care at a MOD Department for Community Mental Health (DCMH) or admission to an MOD In-patient provider for Adjustment disorder. Of these:

- **5,408** UK Armed Forces personnel are still serving³
- **1,035** have been medically discharged⁴. Please note the reason for discharge could be for any medical condition, including mental health and therefore may not be related to a previous episode of care for Adjustment Disorder.

Q6

Between 6 April 2005 and 31 March 2014 (the latest medical discharge data available) there have been **93** UK Regular Armed Forces personnel medically discharged with Adjustment Disorder as the principal or contributory condition that have also received a ill health pension under the AFPS05. Of these:

- **74** were awarded a Tier 1 pension
- **12** were awarded a Tier 2 pension
- **7** were awarded a Tier 3 pension

Q7

Table 4 shows the number of UK Regular Armed Forces personnel medically discharged between 1 January 2007 and 31 March 2014 (the latest data available) for the conditions specified in your request.

³ As recorded on Joint Personnel Administration System as at 1 February 2015

⁴ As at 31 March 2014

Table 4: UK Regular Armed Forces Personnel medically discharged for specified conditions¹, 1 January 2007 to 31 March 2014, Numbers^{2,3}

Principal or Contributory Condition of Medical Discharge	Number of Personnel Medically Discharged
All	857
Mental and behavioural disorders due to use of alcohol (F10)	130
Depression (F32)	604
Recurrent Depressive Disorder (F33)	114
Dysthymia (F341)	~
Phobic anxiety disorder (F40)	38
Non organic sleep disorder (F51)	14
Anxious personality disorder (F606)	~
Enduring personality change after psychiatric illness (F621)	0

Source: JPA and FMED23

1 Includes personnel medically discharged with a principal or contributory condition of mental and behavioural disorders due to use of alcohol (F10), Anxious personality disorder (F606), depression Episodes (F32), Recurrent Depressive Disorder (F33), dysthymia (F341), phobic anxiety disorder (F40), non organic Sleep disorder (F51) or enduring personality change after psychiatric illness (F621).

2 Personnel are only counted once per cause code grouping

3 Personnel may have multiple contributory ICD 10 codes in different cause code groups associated with their medical discharge. Therefore totals may be less than the sum of their parts.

Under Section 16 of the Act (Advice and assistance) you may find it useful to note the following:

The AFCS came into force on 6 April 2005 to pay compensation for injury, illness or death attributable to Service that occurred on or after that date. It replaced the previous compensation arrangements provided by the War Pensions Scheme (WPS) and the attributable elements of the Armed Forces and Reserve Forces Pensions Scheme.

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 (tariff levels 1-11), 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.

Awarded injuries/illnesses under the AFCS are assigned to a tariff of injury table condition grouping, as presented in Table 3.3a of the AFCS official statistic publication. This information is not recorded for unsuccessful cases. Further details on the tariff of injury tables are available at: <http://www.legislation.gov.uk/ukxi/2011/517/schedule/3/made>

Awards made for mental disorders were identified using the tariff of injury table group of 'mental disorders'. To identify claims made specifically for PTSD and adjustment disorders, the claimed condition field was searched for the following terms: 'PTSD', 'Post Traumatic Stress', 'Post-Traumatic Stress' and 'adjust'. Please note that due to the free text nature of this data it is possible that some records with reference to PTSD and adjustment disorders have not been identified.

In line with Defence Statistics' Rounding Policy for AFCS data, all figures of five or more have been rounded to the nearest 5 and figures fewer than five have been suppressed and marked ~. Due to rounding, the figures provided may not sum to totals.

UK Armed Forces personnel have access to specialist mental health services, by referrals made by their GP, provided through MOD DCMH or MOD In-patient providers. DCMH are specialised psychiatric services based on community mental health teams closely located with primary care services at MOD sites in the UK and abroad. All UK based and aero-medically evacuated Service personnel based overseas requiring in-patient admission are treated by one of eight NHS trusts in the UK which are part of a consortium headed by the South Staffordshire and Shropshire NHS Foundation trust (SSSFT). UK based Service personnel from British Forces

Germany (BFG) were treated at Guys and St Thomas Hospital in the UK up until April 2013 and from this date, at Gilead IV hospital, Bielefeld, under a contract with Soldiers, Sailors and Airmen Family Association (SSAFA) through the Limited Liability Partnership.

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 used in this response, 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).

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

DCMH

- a) Between 01 January 2007 and 31 March 2014, the data provided was sourced from DCMH monthly returns.
- b) For the period 01 April 2012 to 31 March 2014, new episodes of care data was also sourced from the electronic patient record held in Defence Medical Information Capability Program (DMICP) in addition to those provided by DCMH in monthly returns.

In-patient

- c) Since January 2007, SSSFT and Gilead IV hospital Bielefeld have submitted relevant in patient records.

It should be noted that some UK Armed forces personnel assessed with PTSD or Adjustment Disorder at a MOD DCMH or in-patient provider who subsequently were medically discharged may have been discharged some time after their episode of care and the principle or contributory condition of the medical discharge may not be related to their previous episode of care.

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. Statistics based on these discharges do not represent measures of true morbidity or pathology. At best they indicate a minimum burden of ill-health in the Armed Forces. Furthermore, the number and diversity of processes involved with administering a medical discharge introduce a series of time lags, as well as impact on the quality of data recorded.

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

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 Defence Business Services (formerly SPVA).

Information on UK Armed Forces personnel currently serving statistics are compiled from Service personnel records from the Joint Personnel Administration (JPA) system as at 1 February 2015. Statistics for Full-time personnel have been compiled from JPA for the RAF since April 2006, for RN/RM since November 2006 and for the Army since April 2007.

Please see our Background Quality Report on GOV.UK for more detail on the data sources, data quality and processes carried out to produce these statistics:

gov.uk/government/collections/defence-statistics-background-quality-reports-index

Please note, Defence Statistics routinely publish official statistics on AFCS claims, UK Armed Forces mental health and UK Armed Forces medical discharges. These statistics are available at: <https://www.gov.uk/government/statistics/mod-national-and-official-statistics-by-topic>

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications and consult you if we are thinking of making changes? You can subscribe to updates by emailing: DefStrat-Stat-Health-PQ-FOI@mod.uk

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, 1st Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <http://ico.org.uk>.

I hope this is helpful.

Yours sincerely

Defence Statistics (Health) Head (B1)