



Ministry of Defence

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5 May 2016

Dear [REDACTED]

Thank you for your email of 5 April 2016 requesting the following information:

“Between 2001 and 2015, how many people have been seen at MOD Specialist Mental Health Services for PTSD.

- *Of this amount how many have been treated for PTSD and have remained in service*
- *Of this amount please also detail how many were medically discharged because of PTSD.”*

This was later refined to:

“Between 1 April 2007 and 31 December 2015, how many people have been seen at MOD Specialist Mental Health Services for PTSD.

- *Of this amount how many have been treated for PTSD and have remained in service*
- *Of this amount please also detail how many were medically discharged because of PTSD.”*

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

I am writing to confirm that MOD holds the information on the subject you have requested.

Between 1 April 2007 and 31 December 2015, **2,017** UK regular Armed Forces personnel had an initial assessment for PTSD at MOD Specialist Mental Health Services¹. Of these:

- **816 (41%)** were still serving as at 1 March 2016 (latest available data).
- **449 (22%)** were medically discharged from Service with a principal or contributory condition of PTSD up to 31 December 2015 (latest available data), of which;
 - **42** were Naval Service personnel,
 - **382** were Army personnel,
 - **25** were RAF personnel

¹ UK Armed Forces personnel have access to specialist mental health services via referrals made by their GP, provided through MOD Department of Community Mental Health (DCMH) or the MOD in-patient provider.

- **752 (37%)** left service for another reason.

Medical discharges in the UK Armed Forces involve a series of processes, at times complex, which differ in each Service to meet their specific employment requirements. Due to these differences between the three Services, comparisons between the single Service statistics are judged to be invalid and therefore the medical discharges have been broken down by Service.

Please note, medical discharge information is provisional and may be subject to change as data validation has not been finalised for data between 1 April 2015 and 31 December 2015.

Under section 16 of the Act (Advice and Assistance), you may find it useful to note the following:

Defence Statistics release annual updates on medical discharges in the UK Armed Forces as an Official Statistic publication. The next statistical release is due on 14 July 2016 which will present data up to 31 March 2016. The latest report can be found at: <https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>

The medical discharge report presents all medical discharges for PTSD by year. Please note the report numbers will differ from those provided in this response as your request relates to medical discharges among those with an initial assessment of PTSD at MOD Specialist Mental Health Services only. Some patients may not have had an initial assessment for PTSD but may go on to be diagnosed with PTSD later in their care pathway and therefore won't be included in this response.

Defence statistics produce quarterly and annual statistics on UK Armed Forces personnel who present to MOD Specialist Mental Health Services, these reports can be found at <https://www.gov.uk/government/statistics>

Mental Health data

UK Regulars are full time Service personnel, including Nursing Services and Gurkhas, but excluding FTRS personnel, Naval activated Reservists, mobilised Reservists, Military Provost Guarding Service (MPGS) and Non Regular Permanent Service (NRPS). Unless otherwise stated, includes trained and untrained personnel.

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 aeromedically 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.

This response only captures the patients that were referred to a MOD DCMH or admitted to a MOD In-patient provider and does not represent the totality of mental health problems in the Armed Forces as some patients can be treated wholly within the primary care setting by their GP or medical officer.

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 according to the World Health Organisation's International Statistical Classification of Diseases and Health-Related Disorders 10th edition (ICD-10).

Personnel may have had more than one initial assessment of PTSD over the period specified in this response. These personnel have only be counted once.

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

DCMH

- Between 01 January 2007 and 30 June 2014, data was provided by DCMHs to Defence Statistics in monthly returns.
- For the period 01 April 2012 to 30 June 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.
- Since 01 July 2014, DMICP was the single source of DCMH new episodes of care data.

In-patient

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

Medical Discharge data

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 from the Defence Medical Information Capability System (DMICP) and manually entered paper documents from medical boards. The primary purpose of these medical documents is to ensure the appropriate administration of each individual patient's discharge. Statistical analysis and reporting is a secondary function.

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

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 Vets UK (formerly Service Personnel and Veterans Agency).

Medical discharges for PTSD were compiled using the International Classification of Diseases and Related Health Problems Version 10 (ICD), specifically F431 (PTSD).

Principal condition is the first principal ICD 10 code on the medical discharge documents (FMED 23) or the principal condition for discharge as identified on the electronic patient record where the information is taken from DMICP. Contributory cause contains all other principal conditions and any contributory conditions on the medical discharge paper (FMED 23) or electronic patient record.

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications covering mental health and medical discharges in the UK Armed Forces 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, 2nd 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, <https://ico.org.uk/>.

I hope this is helpful.

Yours sincerely

Defence Statistics (Health) Head (B1)