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UK Armed Forces mental health: Annual Summary & Trends Over Time, 2007/08 - 2013/14

INTRODUCTION

1. This annual report provides statistical information on mental health in the UK Armed Forces for the period 1 April 2007 to 31 March 2014. It summarises all attendances for a new episode of care of Service personnel to the MOD's Departments of Community Mental Health (DCMH) for outpatient care, and all admissions to the MOD's in-patient care contractor by financial year. This data updates previous reports and includes previously unpublished data for 1 April 2013 – 31 March 2014.

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

3. This is the second report in this annual series providing new episodes of care at DCMH using the MOD electronic primary care patient record (DMICP^a) in addition to those submitted to the existing Defence Statistics (DS) database. The inclusion of new episodes of care from DMICP resulted in an increase of 21% in reported episodes of care in 2012/13.

KEY POINTS

4. Of the 6,804 new episodes of care at DCMH in 2013/14, 5,351 (79%) were assessed as having a mental disorder, representing a rate of 30.4 per 1,000 at strength.

5. Although the absolute numbers and rates increased in 2013/14, the populations at risk for new episodes of mental health disorders in the UK Armed Forces between 2007/08 and 2013/14 remained the same :

- Army and RAF personnel (lower rates of mental disorder among Royal Marines may be due to the recruitment selection process, support received as a result of tight unit cohesion and high levels of preparedness for combat);
- Females (this is replicated in the UK civilian population and may be a result of females being more likely to report mental health problems than males);
- Other Ranks (higher educational attainment and socio-economic background are associated with lower levels of mental health disorder and this may explain differences in the rates between officers and other ranks);
- Personnel aged between 20 and 44 years.

6. Neurotic Disorders were the most prevalent mental health disorders throughout the period presented and this finding is replicated within the civilian population. Adjustment Disorders accounted for 60% of all Neurotic Disorders in the Armed Forces and had a significantly higher rate than all other mental health disorders over all years.

7. Previous deployment was not a predictor for being seen at a DCMH for a mental health condition for the Armed Forces as a whole and for the Royal Navy, Royal Marines and RAF. In three of the last seven years (2010/11, 2011/12 and 2013/14), previous deployment to Iraq or Afghanistan was a driver for mental health disorders among Army personnel, however this finding was not consistent across all years presented.

8. Previous deployment to Iraq or Afghanistan presented an increased risk of being assessed with PTSD. In 2013/14, a UK Service person who previously deployed to :

- Iraq were 1.4 times more likely to have an assessment of PTSD than a UK Service person who did not previously deploy there.
- Afghanistan were 2.2 times more likely to have a PTSD assessment than those not previously deployed there.

9. Whilst rates of PTSD have increased over the last seven years, they remained low at 2.3 per 1,000 in 2013/14.

^a Defence Medical Information Capability Programme

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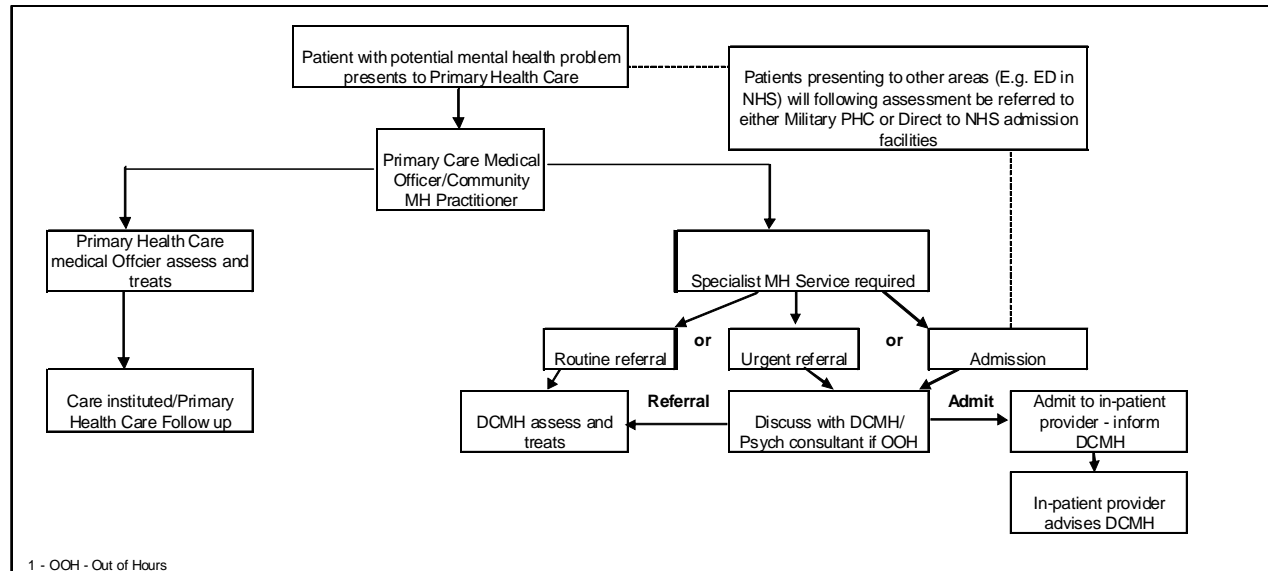
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BACKGROUND NOTE

10. Assessment and care-management within the Armed Forces for personnel suffering with mental health problems is available at three levels:

- In Primary Health Care (PHC), by the patient's own Medical Officer (MO).
- In the community through specialists in military Departments of Community Mental Health (DCMH).
- In hospitals, either the NHS or the contracted In-Patient Service Provider (ISP).

11. The level of care a patient may require is determined by a number of factors, including the severity of symptoms and the degree of risk posed by the patient's current condition. The following diagram shows the pathways into mental health services in the Armed Forces :



12. This report summarises all attendances for a new episode of care of Service personnel to the MOD's DCMH for outpatient care, and all admissions to the MOD's in-patient care contractor only. It therefore captures patients referred to the Specialist Mental Health Service 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.

13. DCMH are specialised psychiatric services based on community mental health teams closely located with primary care services at 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.

14. This is the second report in this annual series providing new episodes of care at DCMH in 2013/14 using the MOD electronic primary care patient record (DMICP) in addition to those submitted to the existing Defence Statistics (DS) reporting database. This improves the robustness and integrity of the data which has only been possible since the introduction of system developments enabling DCMH to begin recording new episodes of care in mental health templates within DMICP.

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

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

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

16. A rigid pseudo-anonymisation process, and other measures preserving patient confidentiality, has enabled full verification and validation of the DCMH and in-patient records, importantly allowing identification of repeat

attendances. It also ensures linkage with deployment databases was possible, so that potential effects of deployment could be measured.

17. In addition, the annexes provide a summary by financial year for each individual Service (Annex A1 - A4); personnel seen in Afghanistan by Field Mental Health Teams (FMHT) (Annex B); aero-medical evacuations for psychiatric reasons (Annex C); psychiatric assessments made at the Defence Medical Rehabilitation Centre (DMRC) Headley Court (Annex D); the Reserves Mental Health Program (RMHP) (Annex E); medical discharges for psychiatric reasons (Annex F); and awards made under the Armed Forces Compensation Scheme (AFCS) for mental health reasons (Annex G).

POINTS TO NOTE

18. 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 are not representative of the health of the Armed Forces as a whole - instead they provide a useful insight into the health of those personnel who are referred to the Defence Mental Health Services. As such those who do not seek help, or personnel who are managed wholly within primary care settings, are not reflected in these figures.

19. DS (formerly DASA) data starts from January 2007 and if personnel received treatment prior January 2007 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.

20. 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.

21. 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

DATA SOURCES

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

- Since January 2007, DCMH have submitted relevant information to Defence Statistics on a monthly basis (captured on the DS database).
- Since April 2012, system developments enabled DCMH to begin recording on the MOD's electronic patient record system (DMICP) in a consistent way to enable reliable reporting.
- Since January 2007, SSSFT (UK and overseas patients) and Guys and St Thomas' hospital (Germany based patients) have submitted information to DS.
- Since April 2013 SSAFA (Germany based patients) have submitted information to DS.

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

^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).

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

25. A DMICP template primary purpose is to facilitate the delivery of clinical care, the secondary purpose of the templates is to ensure pieces of information relating to a specific patient consultation are recorded in a consistent way, which enables reliable analysis. Items in templates are coded in order that they transfer into the data warehouse. The circumstances under which clinicians must enter data into the patient record through a template are mandated through policy and protocols.

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

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

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

DATA COVERAGE

29. The data in this report include regular UK Armed Forces personnel (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. Reservists entering the Reserve Mental Health Program (RMHP) and Veterans claiming compensation for a mental health disorder have been included in the Annex (Annex E and Annex G respectively).

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). The following ICD 10 Chapters have been included in this report :

- **F10 - F19 Mental and behavioural disorders due to psychoactive substance misuse, including alcohol.**

A wide variety of disorders that differ in severity (from uncomplicated intoxication and harmful use to obvious psychotic disorders and dementia), but that are all attributable to the use of one or more psychoactive substances (which may or may not have been medically prescribed).

- **F30 - F39 Mood affective disorders, including depressive episodes.**

Disorders in which the fundamental disturbance is a change in affect or mood to depression (with or without associated anxiety) or to elation. The mood change is usually accompanied by a change in the overall level of activity; most of the other symptoms are either secondary to, or easily understood in the context of, the change in mood and activity. Most of these disorders tend to be recurrent and the onset of individual episodes can often be related to stressful events or situations.

- **F40 - F49 Neurotic Stress related and somatoform disorders, including PTSD and Adjustment disorders.**

This includes mental disorders characterized by anxiety and avoidance behaviour, with symptoms distressing to the patient, intact reality testing, no violations of gross social norms, and no apparent organic aetiology.

- **F00 - F09, F20 - F29 and F50 - F99 are presented as 'Other mental health disorders'**

This includes, disorders grouped together on the basis of their having in common a demonstrable etiology in cerebral disease, brain injury, or other insult leading to cerebral dysfunction; schizophrenia and eating disorders.

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

32. From July 2009 onwards, Defence Statistics 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.

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

34. 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, 6, and 9 in the 'all patients seen' column however they have been excluded from tables 8 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.

METHODOLOGY

Change to methodology in July 2009

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

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

Change to methodology implemented in July 2013

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

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

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

40. Comparisons between 2012/13 and previous years should be treated with caution as it is possible this increase may be due to the change in data source or a real rise in mental health among Armed Forces personnel.

41. A full description of the methodology changes and the impact of the change is presented in the UK Armed Forces mental health annual summary and trends over time, 2007/08 - 2012/13 and can be found at www.gov.uk
42. Defence Statistics are working closely with DCMH to improve coverage and accuracy of coding and use of templates within the electronic patient record to enable DMICP to become the single source of new episode of care data for this report and to enable the removal of the existing DS database, reducing the data capture burden with the DCMH.
43. It should be noted Defence Statistics cannot verify demographic information submitted in the DS database (Service, gender, rank, age and deployment) for Service personnel who withheld consent (see paragraph 33). Without the anonymised unique patient identifier, records for these personnel submitted in the DS database could not be identified in the DMICP record. It is therefore possible that new episodes of care for personnel who withhold consent may be counted twice in this report. In 2013/14, 51 Service personnel withheld consent in records submitted in the DS database.
44. In order to calculate the rates in this report, an estimate of persons time at risk is required for the denominator value. The estimate was calculated using a thirteen-month average of strengths figures (e.g. the strength at the first of every month between April 2013 and April 2014 divided by thirteen for 2013/2014). 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.
45. There will be an impact on the trends in rates presented in this report, as the Armed Forces population shrinks and the age and gender profile of the serving population changes, as seen in 2012/13 for rates of new episodes of care, caused by the reduction in recruitment of personnel under 20 years of age. This is as a result of the changes to the Armed Forces population through redundancy programmes, changes in recruitment patterns and the move to the new employment model and the new structures required to meet Future Force 2020^c.
46. 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.
47. To test for trend in the rates of mental health disorder presented, Logistic regression analysis was conducted in SPSS v19 using the Forced Entry Method for the period 2009-10 to 2011/12 and presented in the 2011/12 report. Due to the methodology change, this regression has not been updated to include data since 2012/13, however, this analysis will be repeated in the future when sufficient time point data is available under the revised methodology.
48. Time was measured by the number of Service Personnel assessed each quarter between 2009/10 and 2011/12. A categorical variable was derived to represent the number of those on strength with no mental health disorder at each quarter point measured.
49. Logistics Regression analysis to identify demographic factors associated with PTSD assessments at a MOD DCMH between 2007/08 and 2011/12 was conducted and presented in the 2011/12 report. This analysis has not been updated in this report due to resource constraints.
50. Analysis was conducted 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.
51. 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.

^c https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/62487/Factsheet5-Future-Force-2020.pdf

52. Defence Statistics maintains a database of individual deployment records from November 2001. Data prior to April 2007 was derived from the single services Operation Location tracking (OPLOC) systems^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).

53. The deployment data presented in this report represent deployments to the theatre of operation and not deployment to a specific country. Deployment to Iraq refers to deployment to Operation TELIC (see paragraph 54), and includes other countries in the Gulf region such as Kuwait and Oman. Similarly, deployment to Afghanistan refers to deployment to Operation HERRICK (see paragraph 55), and also includes other countries in the region. Therefore, this data cannot be compared to data on personnel deployed to a specific country such as Iraq.

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

55. 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).

56. Deployment markers were assigned using the criteria that an individual was recorded as being deployed to the Iraq and/or Afghanistan theatres of operation if they had deployed to these theatres prior to their appointment date. Person level deployment data for Afghanistan was not available between 1 January 2003 and 14 October 2005. Therefore, it is possible that some UK Armed Forces personnel who were deployed to Afghanistan during this period and subsequently attended a DCMH have not been identified as having deployed to Afghanistan in this report but have been captured in the overall figures for episodes of care at a DCMH. **Please note: this report compares those who had been deployed before their episode of care with those who have not been identified as having deployed before their episode of care.**

57. 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.

58. In line with Defence Statistics' rounding policy for health statistics (May 2009), and in keeping with the Office for National Statistics Guidelines, all numbers less than five have been suppressed and presented as '~'. Where there is only one cell in a row or column that is less than five, the next smallest number (or numbers where there are tied values) has also been suppressed so that numbers cannot simply be derived from totals. In order to not disclose small numbers, the Royal Navy with the Royal Marines are grouped together as Naval Service in some tables presented in this report. This is also the case for some age groups where those under 30 (16-29) were grouped together and those over 30 (30+) were grouped together.

59. Revisions have been made to Table 7 in this publication due to a processing error. These revisions do not significantly change the overall at risk groups from what has previously been presented. To avoid a repeat of this error additional validation steps have been put in place.

STRENGTHS AND WEAKNESSES OF THE DATA PRESENTED IN THIS REPORT

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

61. Users should be aware that this report does not currently include information on patients seen only by their GP or Medical Officer. Mental disorder types reported here are the clinician's initial assessment during a patient's

^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.

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

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RESULTS

SECTION ONE: NEW EPISODES OF CARE AT MOD DCMH AND ADMISSIONS TO MOD IN-PATIENT CONTRACTORS, 2013/14.

62. Table 1 presents the demographic breakdowns of episodes of care for those seen at a MOD DCMH in 2013/14.

Table 1: New episodes of care at the MOD's DCMH by demographics, 2013/14, numbers and rates per 1,000 strength.

| Characteristic | All patients seen | Patients assessed with a mental disorder | | | Patients assessed without a mental disorder ¹ |
|---|-------------------|--|------|---------------|--|
| | | Number | Rate | 95% CI | |
| All | 6,804 | 5,351 | 30.4 | (29.6 - 31.2) | 1,453 |
| Service | | | | | |
| Royal Navy | 867 | 624 | 23.8 | (21.9 - 25.7) | 243 |
| Royal Marines | 170 | 113 | 14.4 | (11.8 - 17.1) | 57 |
| Army | 4,335 | 3,514 | 33.4 | (32.3 - 34.5) | 821 |
| RAF | 1,432 | 1,100 | 29.9 | (28.2 - 31.7) | 332 |
| Gender | | | | | |
| Males | 5,540 | 4,313 | 27.1 | (26.3 - 27.9) | 1,227 |
| Females | 1,264 | 1,038 | 62.2 | (58.4 - 66.0) | 226 |
| Rank | | | | | |
| Officers | 620 | 501 | 16.7 | (15.2 - 18.1) | 119 |
| Other ranks | 6,184 | 4,850 | 33.2 | (32.3 - 34.2) | 1,334 |
| Age | | | | | |
| <20 | 257 | 157 | 18.5 | (15.6 - 21.4) | 100 |
| 20-24 | 1,637 | 1,212 | 32.5 | (30.7 - 34.3) | 425 |
| 25-29 | 1,612 | 1,254 | 30.7 | (29.0 - 32.5) | 358 |
| 30-34 | 1,370 | 1,122 | 34.9 | (32.9 - 37.0) | 248 |
| 35-39 | 941 | 780 | 34.7 | (32.2 - 37.1) | 161 |
| 40-44 | 593 | 504 | 28.7 | (26.2 - 31.2) | 89 |
| 45-49 | 247 | 199 | 19.1 | (16.4 - 21.7) | 48 |
| 50+ | 147 | 123 | 18.1 | (14.9 - 21.3) | 24 |
| Deployment - Theatres of operation² | | | | | |
| Iraq and/or Afghanistan ³ | 4,363 | 3,564 | 31.6 | (30.6 - 32.7) | 799 |
| of which, Iraq | 2,309 | 1,902 | 30.1 | (28.7 - 31.5) | 407 |
| of which, Afghanistan ³ | 3,606 | 2,933 | 31.7 | (30.5 - 32.8) | 673 |
| Neither Iraq nor Afghanistan ³ | 2,441 | 1,787 | 28.2 | (26.9 - 29.5) | 654 |

Source : DS Database and DMICP

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

2. Deployment to the wider theatre of operation (see paragraph 53).

3. Figures for Afghanistan theatre of Operation for period October 2005 – present (see paragraph 56).

63. Of the 6,804 new episodes of care in 2013/14, 5,351 (79%) were assessed as having a mental disorder, representing a rate of 30.4 per 1,000 at strength. Table 1 shows some statistically significant findings:

- The Royal Marines had the lowest rate of mental disorders compared to the other Services (14.4 per 1,000 strength).
- Army personnel had the highest rate of mental disorder (33.4 per 1,000 strength) compared to the other Services, Royal Navy (23.8 per 1,000 strength), Royal Marines (14.4 per 1,000 strength) and RAF (29.9 per 1,000 strength). A possible explanation for why there were differences in rates of mental disorders between the Services can be found in section 3, paragraph 90.
- The rate of mental disorders in females in 2013/14 was higher than males (62.2 per 1,000 strength and 27.1 per 1,000 strength respectively). For further explanation and seven year trend analysis see section 3 paragraph 94.

- Rates of those assessed with a mental health disorder in other ranks was higher than Officers (33.2 per 1,000 strength and 16.7 per 1,000 strength respectively). A possible explanation for why there were differences between the different rank rates of mental disorders can be found in section 3 paragraph 97.
- In 2013/14, those aged groups between 20 and 44 had higher rates of mental health disorders than personnel aged less than 20 and those over 45 years of age. (Table 1)

64. Table 2 presents details of mental disorder types by Service for each episode of care at MOD DCMH's during 2013/14.

Table 2: New episodes of care at the MOD's DCMH by ICD-10 description and Service, 2013/14, 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 | 6,804 | 38.7 | (37.7 - 39.6) | 867 | 33.1 | (30.9 - 35.3) | 170 | 21.7 | (18.4 - 25.0) | 4,335 | 41.2 | (40.0 - 42.4) | 1,432 | 39.0 | (37.0 - 41.0) |
| Cases of Mental Health disorder | 5,351 | 30.4 | (29.6 - 31.2) | 624 | 23.8 | (21.9 - 25.7) | 113 | 14.4 | (11.8 - 17.1) | 3,514 | 33.4 | (32.3 - 34.5) | 1,100 | 29.9 | (28.2 - 31.7) |
| Psychoactive substance use | 262 | 1.5 | (1.3 - 1.7) | 45 | 1.7 | (1.2 - 2.2) | 16 | 2.0 | (1.2 - 3.3) | 170 | 1.6 | (1.4 - 1.9) | 31 | 0.8 | (0.5 - 1.1) |
| of which disorders due to alcohol | 256 | 1.5 | (1.3 - 1.6) | 45 | 1.7 | (1.2 - 2.2) | 16 | 2.0 | (1.2 - 3.3) | 164 | 1.6 | (1.3 - 1.8) | 31 | 0.8 | (0.5 - 1.1) |
| Mood disorders | 1,551 | 8.8 | (8.4 - 9.3) | 212 | 8.1 | (7.0 - 9.2) | 26 | 3.3 | (2.2 - 4.9) | 976 | 9.3 | (8.7 - 9.9) | 337 | 9.2 | (8.2 - 10.2) |
| of which depressive episode | 1,277 | 7.3 | (6.9 - 7.7) | 198 | 7.6 | (6.5 - 8.6) | 20 | 2.6 | (1.6 - 3.9) | 789 | 7.5 | (7.0 - 8.0) | 270 | 7.4 | (6.5 - 8.2) |
| Neurotic disorders | 3,365 | 19.1 | (18.5 - 19.8) | 346 | 13.2 | (11.8 - 14.6) | 64 | 8.2 | (6.2 - 10.2) | 2,249 | 21.4 | (20.5 - 22.3) | 706 | 19.2 | (17.8 - 20.6) |
| of which PTSD | 396 | 2.3 | (2.0 - 2.5) | 29 | 1.1 | (0.7 - 1.6) | 16 | 2.0 | (1.2 - 3.3) | 324 | 3.1 | (2.7 - 3.4) | 27 | 0.7 | (0.5 - 1.1) |
| of which adjustment disorders | 1,873 | 10.6 | (10.2 - 11.1) | 187 | 7.1 | (6.1 - 8.2) | 36 | 4.6 | (3.1 - 6.1) | 1,261 | 12.0 | (11.3 - 12.6) | 389 | 10.6 | (9.5 - 11.6) |
| Other mental and behavioural disorders | 173 | 1.0 | (0.8 - 1.1) | 21 | 0.8 | (0.5 - 1.2) | 7 | 0.9 | (0.4 - 1.8) | 119 | 1.1 | (0.9 - 1.3) | 26 | 0.7 | (0.5 - 1.0) |
| No mental disorder | 1,453 | | | 243 | | | 57 | | | 821 | | | 332 | | |

Source : DS Database and DMICP

65. Neurotic disorders were the most prevalent disorder in 2013/14 (at 19.1 per 1,000 strength) for the Armed Forces as a whole and within each Service (see Table 2). Adjustment disorder accounted for 56% of all neurotic disorders assessed.

66. Rates of Adjustment disorder in Army and RAF personnel (12.0 and 10.6 per 1,000 strength respectively) were significantly higher than for Royal Navy (4.6 per 1,000 strength) and Royal Marine personnel. See section 3 paragraphs 110-113 for discussion on the seven year trend.

67. PTSD remained a rare condition at 2.3 per 1,000 strength in the Armed Forces. Further discussion on the trend of PTSD is provided in paragraphs 114-118.

68. Mood disorders had the second highest rate of any mental disorder type at 8.8 per 1,000 strength and depressive episodes accounted for 82% of all mood disorders. Royal Marines had a significantly lower rate of depressive episode (2.6 per 1,000 strength) compared to the other three Services. Further discussion on this finding can be found in paragraphs 119-122.

69. Psychoactive substance misuse rates remained low at 1.5 per 1,000 strength. Rates among RAF personnel were significantly lower than all the other Services (0.8 per 1,000 strength)

70. 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 (RR) 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 2013/14, numbers and rate ratios.

| ICD-10 description | All patients seen | Deployment - Theatres of operation ¹ | | | | | | | | | Not previously deployed Patients seen |
|--|-------------------|---|------------|-------------|----------|---------------|-------------|--------------------------|-----|-------------|--|
| | | Iraq and/or Afghanistan ² | | | of which | | | | | | |
| | | Patients seen | Rate ratio | 95% CI | Iraq | | | Afghanistan ³ | | | |
| Patients seen | Rate ratio | | | | 95% CI | Patients seen | Rate ratio | 95% CI | | | |
| All patients seen | 6,804 | 4,363 | 0.8 | (0.8 - 0.9) | 2,309 | 0.8 | (0.8 - 0.9) | 3,606 | 0.9 | (0.9 - 0.9) | 2,441 |
| All patients assessed with a mental disorder | 5,351 | 3,564 | 0.9 | (0.9 - 1.0) | 1,902 | 1.0 | (0.9 - 1.0) | 2,933 | 1.0 | (0.9 - 1.1) | 1,787 |
| Psychoactive substance use | 262 | 166 | 0.8 | (0.6 - 1.1) | 80 | 0.7 | (0.6 - 1.0) | 140 | 0.9 | (0.7 - 1.2) | 96 |
| of which disorders due to alcohol | 256 | 163 | 0.8 | (0.6 - 1.1) | 79 | 0.8 | (0.6 - 1.0) | 137 | 0.9 | (0.7 - 1.2) | 93 |
| Mood disorders | 1,551 | 962 | 0.8 | (0.7 - 0.9) | 537 | 0.8 | (0.7 - 0.9) | 764 | 0.8 | (0.7 - 0.9) | 589 |
| of which depressive episode | 1,277 | 794 | 0.8 | (0.7 - 0.9) | 446 | 0.8 | (0.7 - 0.9) | 629 | 0.8 | (0.7 - 0.9) | 483 |
| Neurotic disorders | 3,365 | 2,349 | 1.1 | (1.0 - 1.2) | 1,236 | 1.1 | (1.0 - 1.2) | 1,961 | 1.2 | (1.1 - 1.3) | 1,016 |
| of which PTSD | 396 | 337 | 2.7 | (2.0 - 3.6) | 161 | 2.4 | (1.8 - 3.3) | 310 | 3.2 | (2.4 - 4.2) | 59 |
| of which adjustment disorders | 1,873 | 1,321 | 1.1 | (1.0 - 1.2) | 697 | 1.1 | (1.0 - 1.3) | 1,095 | 1.2 | (1.1 - 1.3) | 552 |
| Other mental and behavioural disorders | 173 | 87 | 0.5 | (0.4 - 0.6) | 49 | 0.5 | (0.4 - 0.7) | 68 | 0.5 | (0.4 - 0.7) | 86 |
| No mental disorder | 1,453 | 799 | | | 407 | | | 673 | | | 654 |

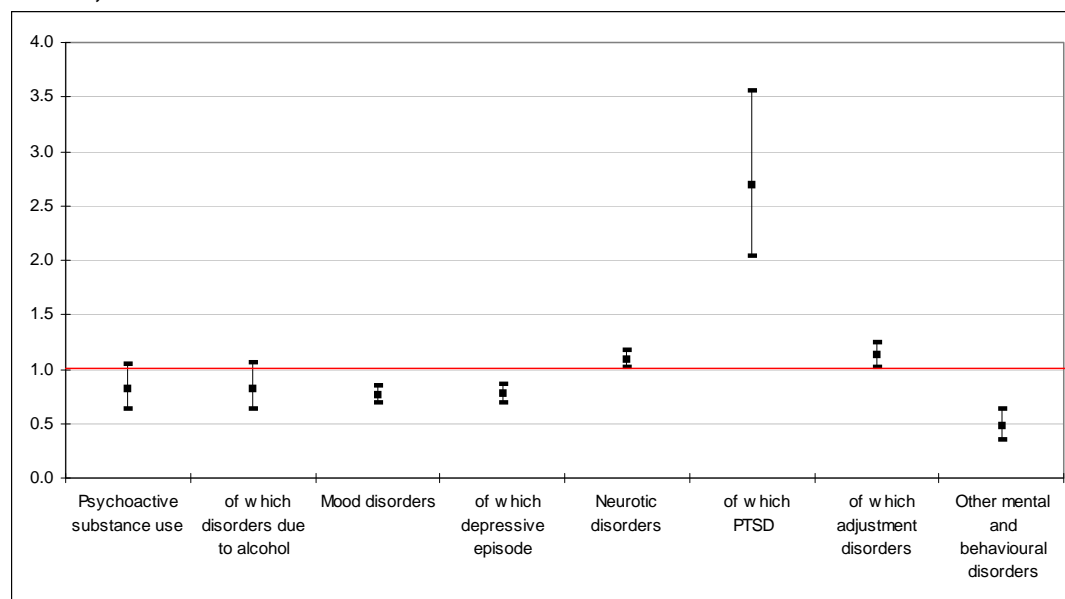
Source : DS Database and DMICP

1. Deployment to the wider theatre of operation (see paragraph 53).
2. Rate ratio compares personnel identified as deployed to these theatres of operation with those not identified as deployed to either theatre of operation (see paragraph 56).
3. Figures for Afghanistan theatre of Operation for period October 2005 – present (see paragraph 56).

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

- Rates of PTSD were higher in those who had previously deployed to Iraq and/or Afghanistan than those not deployed there (RR: 2.7, 95% CI: 2.0-3.6). For each separate deployment this represents an increase risk for PTSD of 140% for Service personnel previously deployed to Iraq and 220% for Service personnel previously deployed to Afghanistan (**Table 3 and figure 1**).
- Rates of Adjustment disorder were higher in those who had previously deployed to Afghanistan than those not deployed there (RR: 1.2, 95% CI: 1.1-1.3). This represents an increase risk for Adjustment disorder of 20% for Service personnel previously deployed to Afghanistan compared to those not previously deployed (**Table 3**).
- Rates of Mood Disorders were significantly lower in those deployed to Iraq and Afghanistan than those not previously deployed there (RR: 0.8, 95% CI: 0.7-0.9) (**Table 3 and Figure 1**).

Figure 1: New episodes of care at the MOD's DCMH's, for Iraq and/or Afghanistan by ICD Category, 2013/14, Rate Ratio



72. The rate ratio for mood disorder (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, and a possible explanation could be due to 'labelling', especially as the data is collected at point of first attendance and not the final diagnosis (as per conversation with Def Prof Mental Health). For example, the treating clinician bases the initial assessment on the information available at the time and is more likely to assess the patient who has deployed as having an adjustment disorder, resulting in other conditions being undercounted. Thus there is the possibility that a deployment bias has been introduced into the data. This will require further research and analysis to understand whether deployment reduces the likelihood of mood disorders or whether there is a reporting bias by clinicians at the initial assessment.

Admissions to the MOD's In-patient Contractors

73. There were 325 admissions to the MOD's UK and overseas in-patient contractors during 2013/14, representing a rate of 1.8 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, 2013/14, numbers and rates per 1,000 strength.

| | Service | | | | | | | | | | | |
|---|---------|------|-------------------------|----------------------------|------|-------------------------|--------|------|-------------------------|--------|------|-------------------------|
| | All | | | Naval Service ¹ | | | Army | | | RAF | | |
| | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval |
| Admissions | 325 | 1.8 | (1.6 - 2.0) | 40 | 1.2 | (0.8 - 1.5) | 246 | 2.3 | (2.0 - 2.6) | 39 | 1.1 | (0.7 - 1.4) |
| Gender | | | | | | | | | | | | |
| Male | 276 | 1.7 | (1.5 - 1.9) | 28 | 0.9 | (0.6 - 1.3) | 224 | 2.3 | (2.0 - 2.6) | 24 | 0.8 | (0.5 - 1.1) |
| Female | 49 | 2.9 | (2.1 - 3.8) | 12 | 3.9 | (2.0 - 6.8) | 22 | 2.6 | (1.6 - 3.9) | 15 | 3.0 | (1.7 - 4.9) |
| Rank | | | | | | | | | | | | |
| Officers | 25 | 0.8 | (0.5 - 1.2) | ~ | 0.7 | (0.2 - 1.7) | 16 | 1.1 | (0.6 - 1.8) | ~ | 0.5 | (0.1 - 1.2) |
| Ranks | 300 | 2.1 | (1.8 - 2.3) | ~ | 1.3 | (0.9 - 1.7) | 230 | 2.5 | (2.2 - 2.9) | ~ | 1.2 | (0.8 - 1.6) |
| Age | | | | | | | | | | | | |
| Under 29 | 168 | 1.9 | (1.6 - 2.2) | 17 | 1.1 | (0.6 - 1.7) | 133 | 2.4 | (2.0 - 2.8) | 18 | 1.3 | (0.7 - 2.0) |
| Over 30 | 157 | 1.8 | (1.5 - 2.0) | 23 | 1.3 | (0.8 - 1.9) | 113 | 2.3 | (1.9 - 2.7) | 21 | 0.9 | (0.6 - 1.4) |
| Deployment - Theatres of Operation² | | | | | | | | | | | | |
| Iraq and/or Afghanistan ² | 188 | 1.7 | (1.4 - 1.9) | 14 | 0.9 | (0.5 - 1.5) | 155 | 2.2 | (1.8 - 2.5) | 19 | 0.7 | (0.4 - 1.2) |
| Of which Iraq | 98 | 1.6 | (1.2 - 1.9) | 7 | 0.7 | (0.3 - 1.4) | 79 | 2.1 | (1.7 - 2.6) | 12 | 0.7 | (0.4 - 1.3) |
| Of which Afghanistan ³ | 171 | 1.8 | (1.6 - 2.1) | 9 | 1.0 | (0.5 - 1.9) | 145 | 2.3 | (2.0 - 2.7) | 17 | 0.8 | (0.5 - 1.3) |
| Neither Iraq or Afghanistan ³ | 137 | 2.2 | (1.8 - 2.5) | 26 | 1.4 | (0.9 - 2.0) | 91 | 2.7 | (2.2 - 3.3) | 20 | 1.8 | (1.1 - 2.8) |

Source : British Forces Germany and SSFT in-patient data.(see paragraph 13).

1. Royal Navy and Royal Marines combined to protect patient confidentiality (paragraph 58).

2. Deployment to the wider theatre of Operation (see paragraph 53).

3. Figures for Afghanistan theatre of Operation for period October 2005 - present (see paragraph 56).

4. Data presented as "-" has been suppressed in accordance with DS rounding policy (see paragraph 58).

Admission rates overall

74. It is important to note that the small number of in-patient admissions may impact on the rates and confidence intervals (CI) presented in this particular section. 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. Small numbers can also make the rate presented more volatile and create fluctuations in the data so caution should be exercised when interpreting these data.

75. For the latest financial year, 2013/14 the overall rate of admission to one of the MOD In-Patient providers was 1.8 per 1,000 strength **Table 4** shows some statistically significant findings:

- Females had a higher rate of admission compared to males (2.9 and 1.7 per 1,000 strength respectively).
- Other ranks had higher rates of admission compared to Officers (2.1 and 0.8 per 1,000 strength respectively).

76. The findings presented in **Table 4** are similar to those seen in the DCMH episode of care population for females and other ranks (**Table 1**).

Admission rates between the Services

77. There were some significant differences in admission rates in each of the Services for 2013/14 :

- The Naval Service population at risk of admission were females. There was no effect of Rank, age or deployment on Naval Service admissions.
- The Army had higher rates of admission (2.3 per 1,000 strength) compared to the Naval Service and the RAF (1.2 and 1.1 per 1,000 strength respectively).
- The Army population risk of admissions were other Ranks. There was no effect of gender, age or deployment on Army admissions.
- The RAF population at risk of admission were females. There was no effect of rank, age or deployment on RAF admissions.

SECTION TWO – Comparisons with the UK general population

Mental Health in the UK general population

78. Within the UK general population, an estimated 1 in 4 people^e will experience a mental health problem in any given year. The UK charity MIND reports^e that around 300 people out of 1,000 will experience mental health problems in Britain every year and of these 300 people, 230 will visit their GP (230 per 1,000) of which under half will be diagnosed with a mental health problem (102 per 1,000).

UK Armed Forces comparisons to the UK general population

79. Section 1 of this report shows the rate of new episodes of care for mental disorders within specialised psychiatric services among UK Armed Forces personnel in 2013/14 was 30.4 per 1,000. This is higher than the rate within the UK general population (24.0 per 1,000^e) and may be due to a lower referral threshold to specialist psychiatric care in the Armed Forces compared with GPs in the general population who may be more likely to treat mental health disorders within the primary care setting. The unique role of the Armed Forces, particularly with personnel having access to weapons, is likely to be a factor in military Medical Officers seeking specialist psychiatric care for personnel presenting with symptoms of mental disorders.

80. Conversely, rates of in-patient admissions within the UK Armed Forces population for 2013/14 were lower than the rates in the UK general population (1.8 and 6.0^e per 1,000 respectively). The rigorous selection of fit people into the Armed Forces may help to prevent those with more serious mental disorders joining the Services. In addition, Armed Forces personnel who have a mental disorder which prevents continued Service in the military environment may be considered for medical discharge, thus more severe cases of mental health may not remain in the Armed Forces population.

81. Rates of mental disorder among females were higher compared to males in both the UK Armed Forces and the UK general population. A study following up the mental health of adults suggested that this is because females are more likely to have more interactions with health professionals (Better or Worse; a follow up study of the mental health of adults in Great Britain London, National Statistics, 2003). Defence Statistics have not investigated whether females in the UK Armed Forces have more interactions with health professionals than their male colleagues.

Mental Health Disorders

82. Section 1 of this report also shows Neurotic Disorders were the most prevalent mental health disorders in the UK Armed Forces throughout the last seven years and this finding is replicated within the civilian population. Neurotic Disorders encompass a variety of common mental disorders including disorders of anxiety, stress, somatisation, panic, obsessive compulsive, dissociation and adjustment as well as phobias and PTSD.

83. There are differences in the specific types of Neurotic Disorders most commonly seen within the Armed Forces and civilian population. In the UK general population, Mixed Anxiety and Depression and Anxiety disorders are the most common Neurotic disorders^h, whereas Adjustment disorder is the most common in the UK Armed Forces. Adjustment disorder is a short term condition occurring when a person is unable to cope with or adjust to a particular source of stress such as a major life change, loss or event. The higher rates seen in the UK Armed Forces compared to the UK general population may reflect the impact of Service life with routine postings every few years and operational tours. Another possible explanation is a clinician's diagnostic habit to assess Armed Forces personnel with a condition which is less prognostically serious (personal correspondence with DCA Psychiatry, 2014). There may also exist a diagnostic bias among clinicians treating personnel who have been previously deployed as having an adjustment disorder resulting in other conditions being undercounted.

^e http://www.mind.org.uk/mental_health_a-z/8105_mental_health_facts_and_statistics. [Accessed 03/10/2013]

SECTION THREE – TRENDS OVER TIME

Tri-Service new episodes of care at a MOD DCMH for the seven year period 2007/08 – 2013/14

Trends by Demographic Variables

84. **Table 5 to 10** provides details of the number of new episodes of care by various demographic breakdowns from 2007/08 to 2013/14. Time-trend comparisons between 2013/14 and previous years should be treated with caution as this increase maybe a result of the change in methodology and therefore commentary analysing year on year differences will not be presented in this release.

Table 5: New episodes of care at the MOD's DCMH, 2007/08 – 2013/14, 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 | 18.8 | (18.2 - 19.4) | 1,638 | 0 |
| 2010/11 | 5,582 | 3,983 | 19.9 | (19.3 - 20.5) | 1,599 | 0 |
| 2011/12 | 5,404 | 3,970 | 20.4 | (19.7 - 21.0) | 1,434 | 0 |
| 2012/13 ³ | 6,700 | 5,058 | 27.1 | (26.4 - 27.9) | 1,642 | 0 |
| 2013/14 | 6,804 | 5,351 | 30.4 | (29.6 - 31.2) | 1,453 | 0 |

Source : DS Database and DMICP

1. ICD information not provided (see paragraph 34)

2. April 2007 - June 2009 new attendances, July 2009 onwards new episodes of care (see paragraph 35-36)

3. Revised methodology to include electronic patient record data source (see paragraphs 37-41).

85. When comparing the overall rates of mental disorder among the UK Armed Forces, **Table 5** shows a rise in the rate of mental disorders between 2007/08 and 2013/14 of 74%. This may be due to a number of factors, including more robust methodology to underpin the reporting of mental health in the Armed Forces, MOD led campaigns to reduce the stigma of mental health or a true rise in mental disorders among military personnel. It is not possible to determine proportionately how much of the overall rise in mental disorder rates was due to each of these factors.

86. Year on year changes in rates (**Table 5**) should be treated with caution due to methodological changes in 2009/10 and 2012/13. The methodology change in 2009/10 resulted in more patients being included in the analysis (see paragraphs 35-36) and an expected increase in the numbers and rates compared to the previous year. Rates then remained stable between 2009/10 and 2011/12 at around 19.0 per 1,000 strength before the inclusion of new episodes of care from DMICP in 2012/13 which resulted in an increase of 33% in the rate of mental disorder compared to 2011/12 (see paragraphs 37-41).

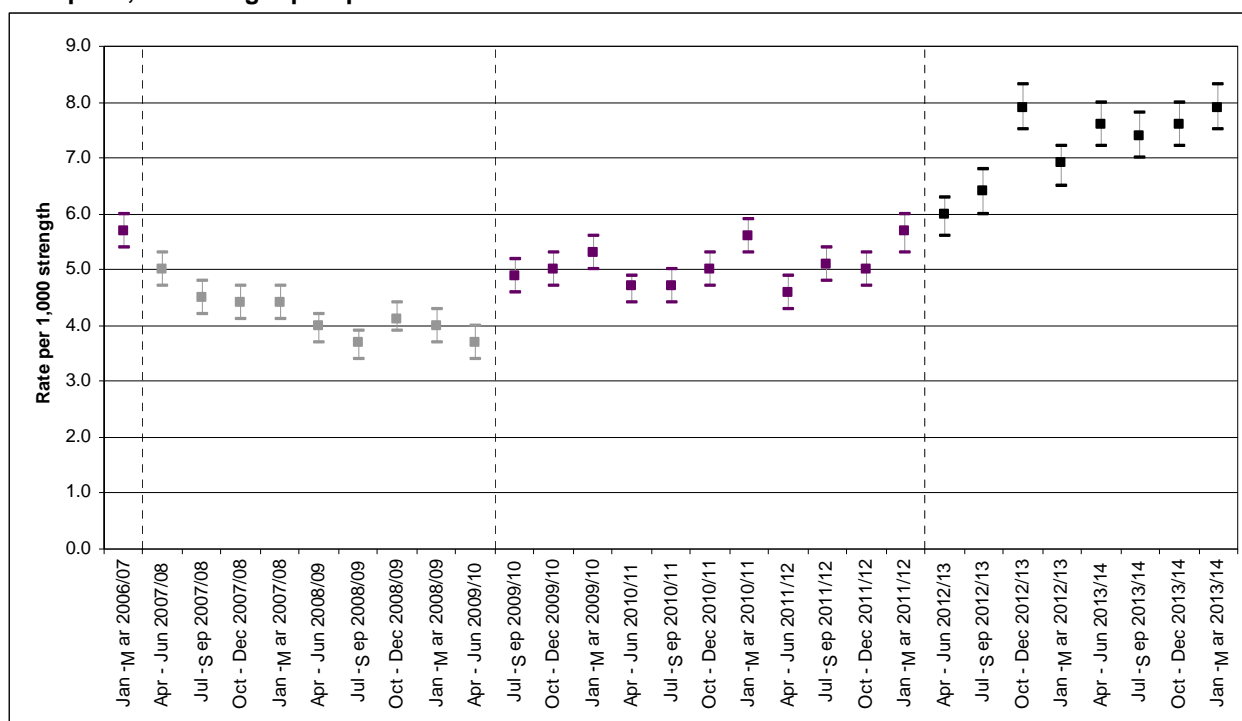
87. In the latest year, there was a significant increase (12%) in the rate of mental health disorder compared to 2012/13 (30.4 and 27.1 per 1,000 strength respectively). As data for both these periods was collated under the same methodology, a possible explanation for this rise may be the successful effect of campaigns run by the MOD to reduce stigma, resulting in more Armed Forces personnel presenting for assessment.

88. **Figure 2** presents the rate of UK Armed Forces personnel assessed with a mental disorder each quarter since the start of data collection in January 2007. Quarterly data has been presented to show a clearer picture of the underlying trend in mental health assessments. **Figures 11, 12, 13 and 14** in **Annex A1-A4** present the rate of UK Armed Forces personnel assessed with a mental health disorder by quarter for each Service.

89. **Figure 2** shows between July 2009^f and March 2012, the quarterly rate was stable at around 5.0 per 1,000 strength, with a rise in January – March each year, (please note that quarterly data after April 2012 using the new methodology is not comparable across the quarters presented before April 2012.) For the last three years, there has been a rise in the rate of personnel assessed with a mental disorder.

^f Methodology change from July 2009 onwards and April 2012 onwards (see paragraphs 35-36 and paragraphs 37-41)

Figure 2: UK Armed Forces personnel assessed with a mental disorder, January 2007 to March 2014^{1,2,3}, rates per 1,000 strength per quarter and 95% confidence intervals.



Source : DS Database and DMICP

1. January 2007 - June 2009 new attendances, July 2009 onwards new episodes of care (see paragraphs 35-36).
2. January 2007 represents a genuine baseline as at this point all cases were 'new episodes of care' as this was the start of data capture by Defence Statistics.
3. April 12 - June 2013 new methodology (see paragraphs 37-41).

Service differences

Table 6: New episodes of care at the MOD's DCMH, by Service, 2007/08 – 2013/14, numbers and rates per 1,000 strength.

| Date | All patients seen | Service | | | | | | | | | | | | Not Known ¹ |
|----------------------|-------------------|------------|------|---------------|---------------|------|---------------|--------|------|---------------|--------|------|---------------|------------------------|
| | | Royal Navy | | | Royal Marines | | | Army | | | RAF | | | |
| | | Number | Rate | 95% CI | Number | Rate | 95% CI | Number | Rate | 95% CI | Number | Rate | 95% CI | |
| 2007/08 | 5,037 | 445 | 14.1 | (12.8 - 15.4) | 83 | 10.7 | (8.4 - 13.1) | 2,085 | 18.2 | (17.4 - 19.0) | 761 | 17.1 | (15.8 - 18.3) | 103 |
| 2008/09 | 4,418 | 415 | 13.3 | (12.0 - 14.6) | 65 | 8.3 | (6.3 - 10.3) | 1,951 | 17.0 | (16.3 - 17.8) | 649 | 14.8 | (13.7 - 16.0) | 38 |
| 2009/10 ² | 5,443 | 404 | 12.9 | (11.7 - 14.2) | 93 | 11.5 | (9.2 - 13.9) | 2,404 | 20.3 | (19.5 - 21.1) | 897 | 20.2 | (18.9 - 21.5) | 7 |
| 2010/11 | 5,582 | 396 | 12.8 | (11.6 - 14.1) | 65 | 7.8 | (5.9 - 9.8) | 2,578 | 22.0 | (21.1 - 22.8) | 944 | 21.5 | (20.1 - 22.9) | 0 |
| 2011/12 | 5,404 | 388 | 13.3 | (12.0 - 14.6) | 76 | 9.4 | (7.3 - 11.5) | 2,570 | 22.2 | (21.4 - 23.1) | 936 | 22.3 | (20.9 - 23.7) | 0 |
| 2012/13 ³ | 6,700 | 589 | 21.5 | (19.8 - 23.3) | 121 | 15.4 | (12.6 - 18.1) | 3,231 | 28.8 | (27.8 - 29.8) | 1,117 | 28.6 | (26.9 - 30.2) | 0 |
| 2013/14 | 6,804 | 624 | 23.8 | (21.9 - 25.7) | 113 | 14.4 | (11.8 - 17.1) | 3,514 | 33.4 | (32.3 - 34.5) | 1,100 | 29.9 | (28.2 - 31.7) | 0 |

Source : DS Database and DMICP

1. 45 records supplied without identifiers (see paragraph 33)
2. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 35-36)
3. Revised methodology to include electronic patient record data source (see paragraphs 37-41)

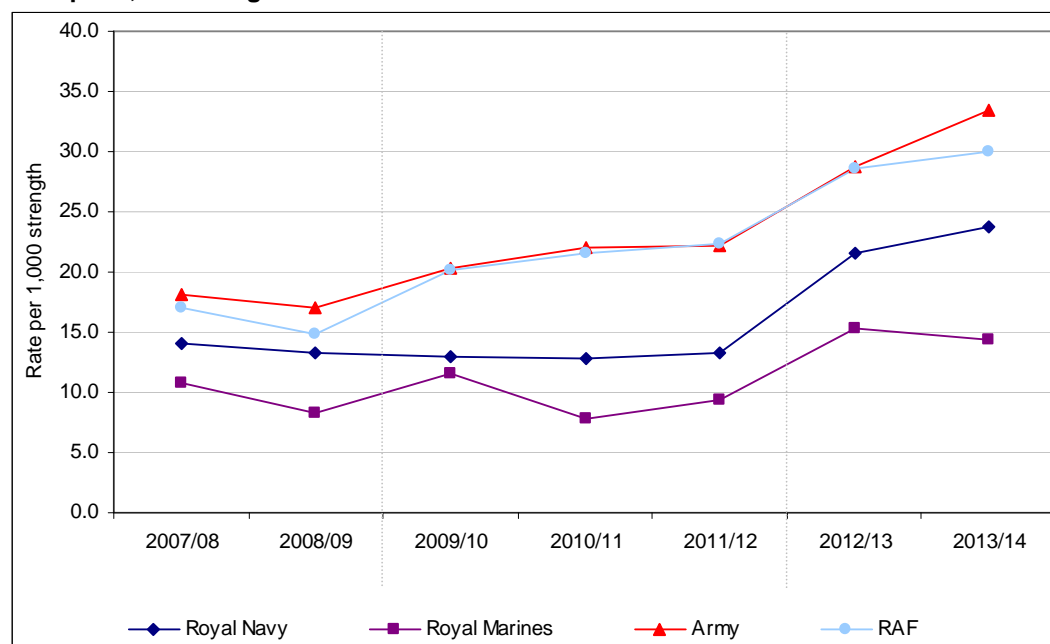
90. **Table 6** shows some statistically significant differences in the rates of episodes of mental health disorders between the Services :

- The Royal Marines had the lowest rate of mental disorders compared to the other Services, this may be due to a number of factors. The rigorous training personnel undergo ensures only the 'elite' go forward as Royal Marines (thus the selection process removes those that may be more susceptible to mental health problems) and/or it may be due the tight unit cohesion that exists amongst the elite forces, thus the support received from the Unit further supports the 'healthy worker' effect (personal communication with Def Prof Mental Health). In addition, high levels of preparedness may serve to lessen the impact of operational deployment experiences on mental health (Sundin et al., 2010).
- The Army and RAF had higher rates of mental health disorder compared to the Royal Navy and Royal Marines.

91. **Figure 3** illustrates rate of mental disorder by Service and year. Rates of mental disorder among Royal Marines and Army personnel between 2007/08 and 2013/14 have increased at different levels compared to the Armed Forces as a whole. The overall increase in the rate of mental disorder for this period in the Armed Forces was 74% (paragraph 85), however the increase among Royal Marines was lower at 34% and higher among the Army at 84%. The higher rate among Army personnel may reflect the success of Army-led stigma campaigns.

92. Rates among RAF personnel were similar to those seen among Army personnel, however the increase in rates over the last seven years have been at the same level as the Armed Forces as a whole (paragraph 85). Rates among the Royal Navy remained unchanged at around 13.0 per 1,000 strength but have risen since 2011/12. Further details on mental disorders in each Service can be found at **Annex A1-A4**.

Figure 3: UK Armed Forces personnel assessed with a mental disorder by Service, 2007/08 - 2013/14¹, rates per 1,000 strength.



Source : DS Database and DMICP

1. Dotted lines represent changes in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraphs 35-36) and 2012/13 revised methodology to include electronic patient record data source (paragraphs 37-41).

93. **Table 7** presents the rates of episodes of care for those with a mental health disorder, by gender and rank over the seven year period, 2007/08 to 2013/14. There were some statistically significant differences in the rates of episodes of care for gender and rank.

Table 7: New episodes of care at the MOD's DCMH, by Gender and Officer/Rank, 2007/08 – 2013/14, numbers and rates per 1,000 strength.

| Date | Gender | | | | | | Rank | | | | | | Not Known ¹ Number |
|----------------------|--------|------|---------------|---------|------|---------------|----------|-------------------|---------------|-------------|-------------------|---------------|----------------------------------|
| | Males | | | Females | | | Officers | | | Other Ranks | | | |
| | Number | Rate | 95% CI | Number | Rate | 95% CI | Number | Rate | 95% CI | Number | Rate | 95% CI | |
| 2007/08 | 2,743 | 15.2 | (14.6 - 15.8) | 631 | 34.8 | (32.1 - 37.6) | 229 | 6.8 | (5.9 - 7.7) | 3,145 | 19.1 | (18.4 - 19.7) | 103 |
| 2008/09 | 2,442 | 13.6 | (13.1 - 14.2) | 638 | 35.4 | (32.6 - 38.1) | 251 | 7.5 | (6.6 - 8.4) | 2,829 | 17.3 | (16.6 - 17.9) | 38 |
| 2009/10 ² | 3,024 | 16.5 | (15.9 - 17.1) | 774 | 41.5 | (38.6 - 44.4) | 361 | 10.7 | (9.6 - 11.8) | 3,437 | 20.4 | (19.7 - 21.1) | 7 |
| 2010/11 | 3,209 | 17.7 | (17.1 - 18.3) | 774 | 41.0 | (38.1 - 43.9) | 353 | 10.5 ^r | (9.4 - 11.5) | 3,630 | 21.8 ^r | (21.1 - 22.5) | 0 |
| 2011/12 | 3,184 | 18.1 | (17.4 - 18.7) | 786 | 42.3 | (39.3 - 45.2) | 400 | 12.1 | (10.9 - 13.3) | 3,570 | 22.1 | (21.3 - 22.8) | 0 |
| 2012/13 ³ | 4,002 | 23.7 | (22.9 - 24.4) | 1,056 | 60.4 | (56.7 - 64.0) | 484 | 15.4 | (14.0 - 16.7) | 4,574 | 29.5 | (28.6 - 30.4) | 0 |
| 2013/14 | 4,313 | 27.1 | (26.3 - 27.9) | 1,038 | 62.2 | (58.4 - 66.0) | 501 | 16.7 | (15.2 - 18.1) | 4,850 | 33.2 | (32.3 - 34.2) | 0 |

Source : DS Database and DMICP

1. 45 records supplied without identifiers (see paragraph 33)

2. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraphs 35-36)

3. Revised methodology to include electronic patient record data source (see paragraphs 37-41)

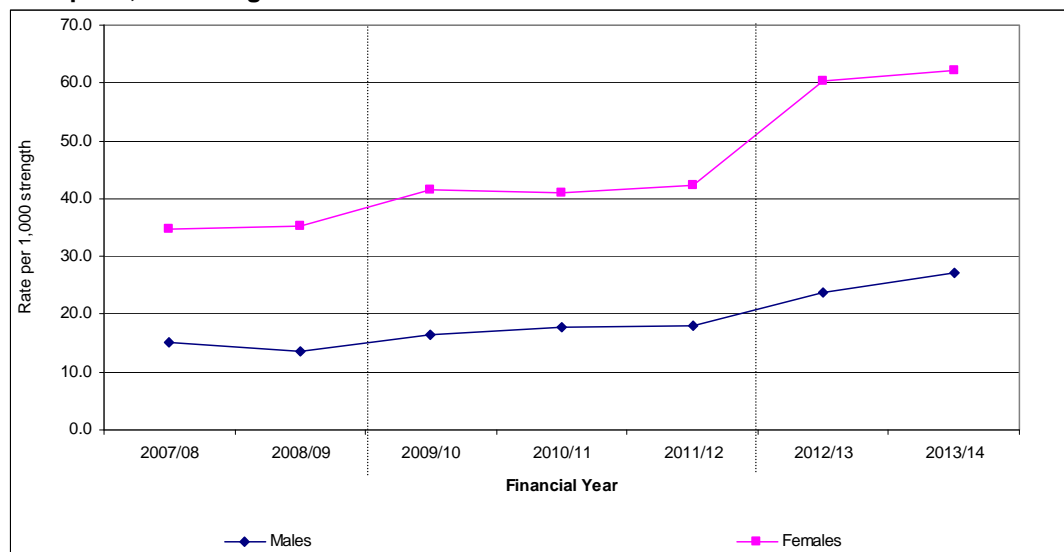
Gender differences

94. Rates of mental disorders in females were significantly higher than males across all years presented. This finding was replicated in the civilian population where females are more likely to report mental health problems than males. A study following up the mental health of adults suggested that this is because females are likely to have more interactions with health professionals (Better or Worse; a follow up study of the mental health of adults

in Great Britain London, National Statistics, 2003). Defence Statistics have not investigated whether females in the UK Armed Forces have more interactions with health professionals than their male colleagues.

95. **Figure 4** illustrates rate of mental disorder by gender and year. Over time, rates among male and female personnel have increased in line with the increase in overall rates for the Armed Forces as a whole, at around 75%. Thus, there were no differences in the proportion of males and females presenting at MOD DCMHs with a mental disorder over time.

Figure 4: UK Armed Forces personnel assessed with a mental disorder by gender, 2007/08 - 2013/14¹, rates per 1,000 strength.



Source : DS Database and DMICP

1. Dotted lines represent changes in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraphs 35-36) and 2012/13 revised methodology to include electronic patient record data source (paragraphs 37-41).

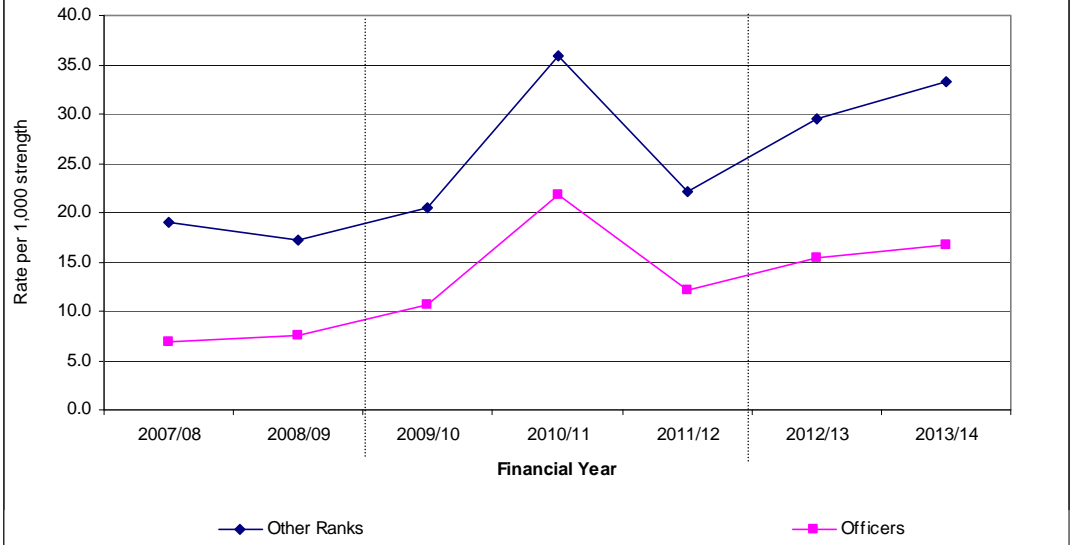
Rank differences

96. Rates of mental disorders among Other Ranks were significantly higher than Officers across all years presented (**Table 5**). This finding is also seen within each of the Services (Annex A1-A4).

97. The differences between Other 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).

98. **Figure 5** illustrates rate of mental disorder by rank status and year. Rates of mental disorder among Officers have increased disproportionately to the increase in rates among Other Ranks and the Armed Forces as a whole, with rates among Officers increasing by over 140% between 2007/09 and 203/14 compared to the increase in rates of mental disorder among Other Ranks in line with that of the overall Armed Forces rate at around 75%.

Figure 5: UK Armed Forces personnel assessed with a mental disorder by rank, 2007/08 - 2013/14¹, rates per 1,000 strength.



Source : DS Database and DMICP
 1. Dotted lines represent changes in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraphs 35-36) and 2012/13 revised methodology to include electronic patient record data source (paragraphs 37-41).

Age differences

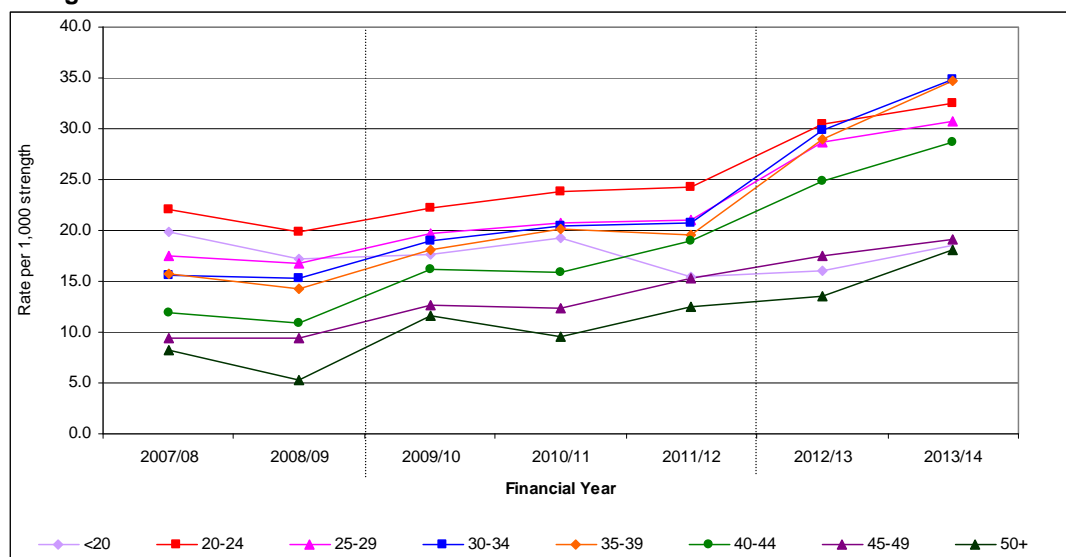
99. **Figure 6** and **Table 8** present the rate of mental disorders by age group and financial year for those assessed at a DCMH for an episode of care.

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

- Rates of mental disorders were highest among those aged between 20-44 years compared to those aged under 20 years and 45 years and over.

101. Whilst the rate of mental disorder among all UK Armed Forces personnel between 2007/08 and 2013/14 increased by 74%, the rate among those aged between 30 and 44 increased by over 100%. **Figure 6** shows that in 2007/08, the rate of mental disorder among each age group was more evenly distributed, however since 2010/11, differences have emerged with the rate among those aged under 20 changing at a different rate to the other age groups. This may be explained by the reduction in recruitment of personnel under 20 years of age in recent years. The reasons for the marked rise in mental disorder rates among those aged between 30 and 44 remain unclear.

Figure 6: New episodes of care at the MOD DCMH, by age group, 2007/08 - 2013/14¹, rates per 1,000 strength.



Source : DS Database and DMICP

1. Dotted lines represent changes in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraphs 35-36) and 2012/13 revised methodology to include electronic patient record data source (paragraphs 37-41).

Table 8: New episodes of care at the MOD DCMH, by age group, 2007/08 – 2013/14, numbers and rates per 1,000 strength.

| | Assessed as having a mental health disorder ¹ | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|--|------|---------------|-------|------|---------------|-------|------|---------------|-------|------|---------------|-------|------|---------------|-------|------|---------------|-------|------|---------------|-----|------|---------------|
| | <20 | | | 20-24 | | | 25-29 | | | 30-34 | | | 35-39 | | | 40-44 | | | 45-49 | | | 50+ | | |
| | n | Rate | 95% CI | n | Rate | 95% CI | n | Rate | 95% CI | n | Rate | 95% CI | n | Rate | 95% CI | n | Rate | 95% CI | n | Rate | 95% CI | n | Rate | 95% CI |
| 2007/08 | 317 | 19.8 | (17.6 - 22.0) | 994 | 22.1 | (20.7 - 23.5) | 731 | 17.5 | (16.2 - 18.7) | 453 | 15.6 | (14.2 - 17.1) | 532 | 15.7 | (14.3 - 17.0) | 214 | 11.9 | (10.3 - 13.5) | 89 | 9.4 | (7.4 - 11.3) | 44 | 8.2 | (5.8 - 10.6) |
| 2008/09 | 272 | 17.2 | (15.2 - 19.2) | 879 | 19.8 | (18.5 - 21.1) | 709 | 16.8 | (15.5 - 18.0) | 433 | 15.3 | (13.9 - 16.7) | 465 | 14.2 | (12.9 - 15.5) | 200 | 10.8 | (9.3 - 12.4) | 92 | 9.4 | (7.5 - 11.3) | 30 | 5.2 | (3.4 - 7.1) |
| 2009/10 ² | 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) |
| 2012/13 ³ | 148 | 16.0 | (13.4 - 18.6) | 1,244 | 30.5 | (28.8 - 32.2) | 1,217 | 28.7 | (27.1 - 30.3) | 990 | 29.8 | (28.0 - 31.7) | 700 | 28.9 | (26.8 - 31.1) | 482 | 24.8 | (22.6 - 27.0) | 186 | 17.6 | (15.0 - 20.1) | 91 | 13.5 | (10.7 - 16.3) |
| 2013/14 | 157 | 18.5 | (15.6 - 21.4) | 1,212 | 32.5 | (30.7 - 34.3) | 1,254 | 30.7 | (29.0 - 32.5) | 1,122 | 34.9 | (32.9 - 37.0) | 780 | 34.7 | (32.2 - 37.1) | 504 | 28.7 | (26.2 - 31.2) | 199 | 19.1 | (16.4 - 21.7) | 123 | 18.1 | (14.9 - 21.3) |

Source : DS Database and DMICP

1. 45 records supplied without identifiers (see paragraph 33)
2. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 35-36)
3. Revised methodology to include electronic patient record data source (see paragraphs 37-41)

102. **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 2013/14.

Table 9: New episodes of care at the MOD DCMH, by Operation, 2007/08 – 2013/14, numbers and rates per 1,000 strength deployed.

| Date | Deployment - Theatres of operation ¹ | | | | | | | | | | | | Not known ³ |
|----------------------|---|--------|---------------|----------|--------|---------------|-------|--------|---------------|-------------------------|--------|---------------|------------------------|
| | Iraq and/or Afghanistan ² | | | of which | | | | | | Not previously deployed | | | |
| | | | | Iraq | | Afghanistan | | | | | | | |
| | Patients assessed with a mental disorder | | | | | | | | | | | | |
| Number | Rate | 95% CI | Number | Rate | 95% CI | Number | Rate | 95% CI | Number | Rate | 95% CI | Number | |
| 2007/08 | 1,795 | 17.2 | (16.4 - 17.9) | 1,590 | 17.6 | (16.8 - 18.5) | 427 | 13.0 | (11.7 - 14.2) | 1,579 | 17.1 | (16.3 - 18.0) | 103 |
| 2008/09 | 1,766 | 15.5 | (14.8 - 16.3) | 1,445 | 15.6 | (14.8 - 16.4) | 711 | 15.1 | (14.0 - 16.2) | 1,314 | 15.7 | (14.8 - 16.5) | 38 |
| 2009/10 ⁴ | 2,315 | 19.4 | (18.6 - 20.2) | 1,712 | 18.7 | (17.8 - 19.6) | 1,224 | 19.8 | (18.7 - 20.9) | 1,483 | 18.0 | (17.1 - 18.9) | 7 |
| 2010/11 | 2,564 | 20.9 | (20.1 - 21.7) | 1,691 | 19.4 | (18.4 - 20.3) | 1,670 | 21.8 | (20.8 - 22.9) | 1,419 | 18.3 | (17.3 - 19.2) | 0 |
| 2011/12 | 2,552 | 20.7 | (19.9 - 21.5) | 1,591 | 19.6 | (18.6 - 20.6) | 1,836 | 20.9 | (20.0 - 21.9) | 1,418 | 19.8 | (18.8 - 20.9) | 0 |
| 2012/13 ⁵ | 3,226 | 27.0 | (26.1 - 27.9) | 1,862 | 25.8 | (24.6 - 26.9) | 2,535 | 27.3 | (26.2 - 28.4) | 1,832 | 27.3 | (26.1 - 28.6) | 0 |
| 2013/14 | 3,564 | 31.6 | (30.6 - 32.7) | 1,902 | 30.1 | (28.7 - 31.5) | 2,933 | 31.7 | (30.5 - 32.8) | 1,787 | 28.2 | (26.9 - 29.5) | 0 |

Source : DS Database and DMICP

1. Deployment to the wider theatre of operation (see paragraph 53)
2. Figures for Afghanistan theatre of Operation for period October 2005 – present (see paragraph 56)
3. 45 records supplied without identifiers (see paragraph 33)
4. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 35-36)
5. Revised methodology to include electronic patient record data source (see paragraphs 37-41)

103. Previous deployment was not a predictor for being seen at a DCMH for a mental health condition for the Armed Forces as a whole.

104. There were differences in the rates of mental health assessment between the Services (see Tables 18, 25, 31 and 38 in Annex A1-A4), for example:

- Previous deployment to Iraq or Afghanistan was not a predictor for mental health among Royal Navy, Royal Marine and RAF personnel (**Table 18, page 33, Table 25, page 38 and Table 38, page 48**);
- In three of the seven years (2010/11, 2011/12 and 2013/14), previous deployment to Iraq or Afghanistan was a driver for mental health disorders among Army personnel. However this finding was not consistent across all years presented. (**Table 31, page 43**);

Trends by mental disorder

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

Neurotic disorders

106. Neurotic disorders were the most prevalent disorder throughout the seven year period and had a significantly higher rate than all other mental health disorders (**Table 10**). This finding was replicated in the UK general population (paragraphs 82-83).

107. Between 2007/08 and 2013/14, there was a 85% increase in the rate of neurotic disorders assessed at a DCMH, similar to the overall increase in rates of mental disorders for the Armed Forces as a whole (74%).

108. In total between 2007/08 and 2013/14, Adjustment disorder accounted for the majority of all neurotic disorders (60%, n=10,552), whilst PTSD remained a rare condition and only accounted for 10% of all neurotic disorders (n=1,756) over the whole seven year time period.

109. **Figure 7** presents the rates of neurotic disorders and the sub groups PTSD and Adjustment disorders by financial year.

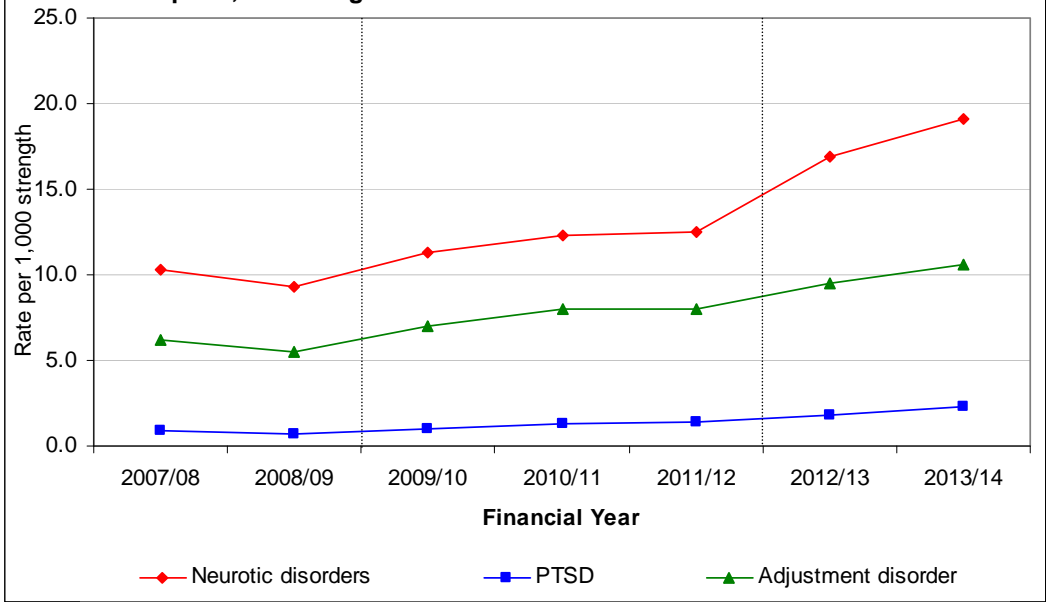
Table 10: New episodes of care at the MOD DCMH, by ICD Category and Service, 2007/08 – 2012/13, numbers and rates per 1,000 strength.

| Date | ICD-10 description | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------------|------|-------------|-----------------------------------|------|-------------|----------------|------|-------------|-----------------------------|------|-------------|--------------------|------|---------------|---------------|------|-------------|-------------------------------|------|---------------|------------------------|------|-------------|--------------------|------|-------------|
| | Psychoactive substance use | | | of which disorders due to alcohol | | | Mood Disorders | | | of which depressive episode | | | Neurotic disorders | | | of which PTSD | | | of which Adjustment disorders | | | Other mental disorders | | | No mental Disorder | | |
| | Number | Rate | 95% CI | Number | Rate | 95% CI | Number | Rate | 95% CI | Number | Rate | 95% CI | Number | Rate | 95% CI | Number | Rate | 95% CI | Number | Rate | 95% CI | Number | Rate | 95% CI | Number | Rate | 95% CI |
| All | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2007/08 | 385 | 1.9 | (1.7 - 2.1) | 355 | 1.8 | (1.6 - 2.0) | 810 | 4.1 | (3.8 - 4.4) | 678 | 3.4 | (3.2 - 3.7) | 2,045 | 10.3 | (9.8 - 10.7) | 174 | 0.9 | (0.7 - 1.0) | 1,232 | 6.2 | (5.9 - 6.5) | 237 | 1.2 | (1.0 - 1.3) | 1,333 | 6.7 | (6.3 - 7.1) |
| 2008/09 | 337 | 1.7 | (1.5 - 1.9) | 321 | 1.6 | (1.4 - 1.8) | 697 | 3.5 | (3.3 - 3.8) | 603 | 3.1 | (2.8 - 3.3) | 1,844 | 9.3 | (8.9 - 9.8) | 141 | 0.7 | (0.6 - 0.8) | 1,094 | 5.5 | (5.2 - 5.9) | 240 | 1.2 | (1.1 - 1.4) | 1,300 | 6.6 | (6.2 - 6.9) |
| 2009/10 ¹ | 314 | 1.6 | (1.4 - 1.7) | 297 | 1.5 | (1.3 - 1.6) | 914 | 4.5 | (4.2 - 4.8) | 834 | 4.1 | (3.8 - 4.4) | 2,292 | 11.3 | (10.9 - 11.8) | 194 | 1.0 | (0.8 - 1.1) | 1,420 | 7.0 | (6.6 - 7.4) | 285 | 1.4 | (1.2 - 1.6) | 1,638 | 8.1 | (7.7 - 8.5) |
| 2010/11 | 327 | 1.6 | (1.5 - 1.8) | 312 | 1.6 | (1.4 - 1.7) | 896 | 4.5 | (4.2 - 4.8) | 836 | 4.2 | (3.9 - 4.5) | 2,456 | 12.3 | (11.8 - 12.7) | 253 | 1.3 | (1.1 - 1.4) | 1,599 | 8.0 | (7.6 - 8.4) | 304 | 1.5 | (1.3 - 1.7) | 1,599 | 8.0 | (7.6 - 8.4) |
| 2011/12 | 287 | 1.5 | (1.3 - 1.6) | 278 | 1.4 | (1.3 - 1.6) | 962 | 4.9 | (4.6 - 5.2) | 870 | 4.5 | (4.2 - 4.8) | 2,442 | 12.5 | (12.0 - 13.0) | 273 | 1.4 | (1.2 - 1.6) | 1,561 | 8.0 | (7.6 - 8.4) | 279 | 1.4 | (1.3 - 1.6) | 1,434 | 7.4 | (7.0 - 7.7) |
| 2012/13 ² | 308 | 1.7 | (1.5 - 1.8) | 294 | 1.6 | (1.4 - 1.8) | 1,425 | 7.6 | (7.2 - 8.0) | 1,129 | 6.1 | (5.7 - 6.4) | 3,146 | 16.9 | (16.3 - 17.4) | 334 | 1.8 | (1.6 - 2.0) | 1,773 | 9.5 | (9.1 - 9.9) | 179 | 1.0 | (0.8 - 1.1) | 1,642 | 8.8 | (8.4 - 9.2) |
| 2013/14 | 262 | 1.5 | (1.3 - 1.7) | 256 | 1.5 | (1.3 - 1.6) | 1,551 | 8.8 | (8.4 - 9.3) | 1,277 | 7.3 | (6.9 - 7.7) | 3,365 | 19.1 | (18.5 - 19.8) | 396 | 2.3 | (2.0 - 2.5) | 1,873 | 10.6 | (10.2 - 11.1) | 173 | 1.0 | (0.8 - 1.1) | 1,453 | 8.3 | (7.8 - 8.7) |

Source: DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraphs 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)

Figure 7: New episodes of care at the MOD DCMH for neurotic disorder and subgroups, 2007/08 – 2013/14¹ rates per 1,000 strength.



Source: *DS Database and DMICP*
 1. Dotted lines represent changes in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 35-36) and 2012/13 revised methodology to include electronic patient record data source (paragraphs 37-41).

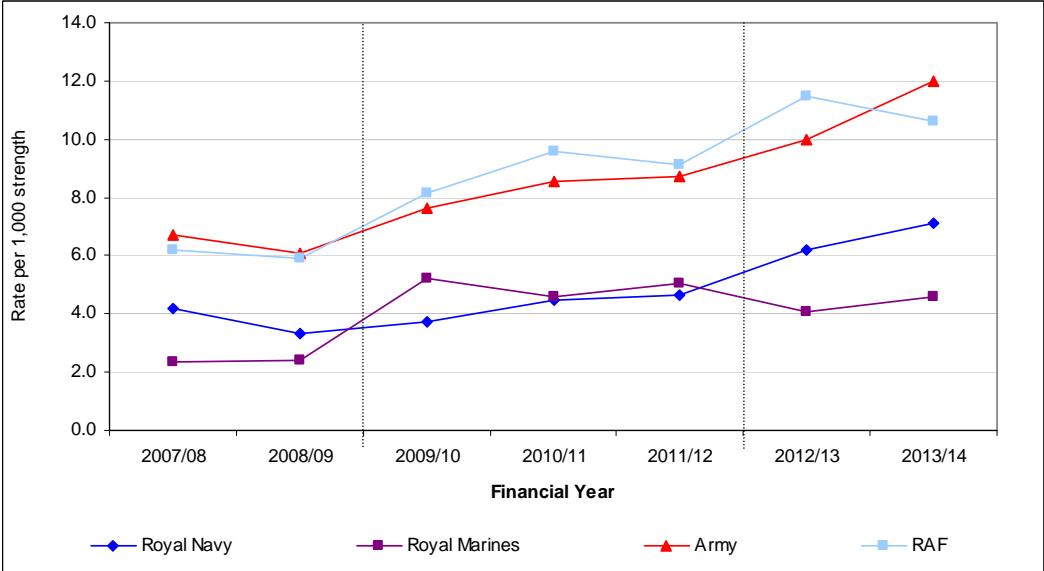
Adjustment disorder findings

110. Over the seven year time period presented, the rate of Adjustment disorder assessed at MOD DCMH increased in line with the rate of mental disorder for all Armed Forces personnel at around 74% (paragraph 85). Annex A1-A4 provides further breakdowns of each Service by rates of mental disorders and deployment.

111. There were significant differences in the rates of Adjustment disorder between the Services (**Figure 8**), with Army and RAF being assessed with significantly higher rates of adjustment disorder compared to the Royal Navy and Royal Marines for all years presented.

112. Rates of Adjustment disorder were significantly higher among females compared to males in each of the seven years for which data is available (data not shown). This finding was replicated within the civilian population although the reasons for this gender difference are unclear (Ali, 2007).

Figure 8: New episodes of care at the MOD DCMH for adjustment disorders and Service, 2007/08 – 2013/14¹, rates per 1,000 strength.

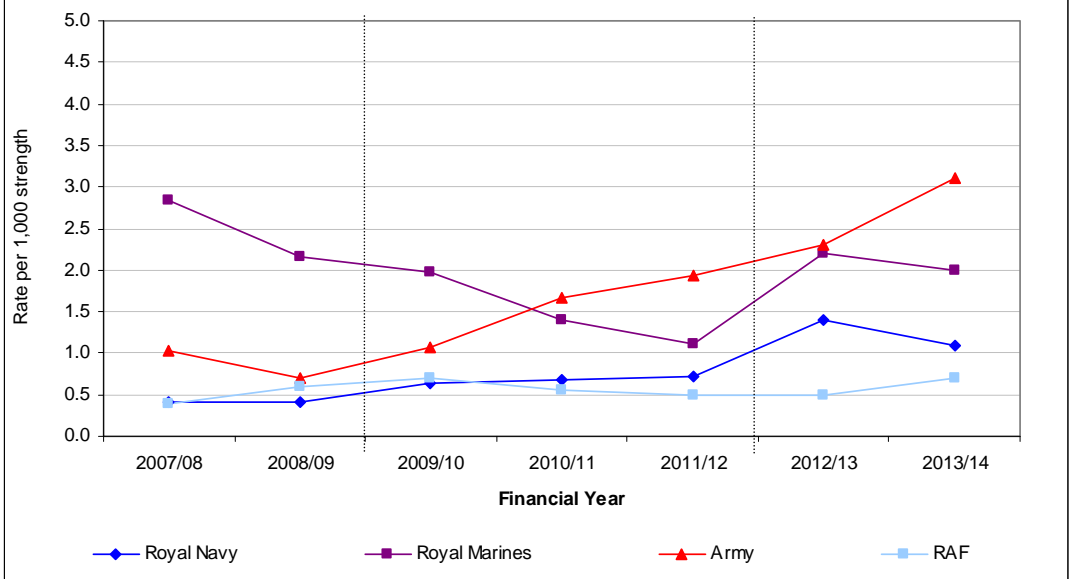


Source: DS Database and DMICP
 1. Dotted lines represent changes in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 35-36) and 2012/13 revised methodology to include electronic patient record data source (paragraphs 37-41).

PTSD findings

- 113. PTSD accounted for 8-12% of all neurotic disorders year on year since 2007/08 (Table 10).
- 114. The rate of PTSD has risen each year since 2007/08 from 0.9 per 1,000 strength in 2007/08 to 2.3 per 1,000 strength in 2013/14, an overall increase of 155%. This is higher than the 74% increase in the overall rate of mental health among the Armed Forces (paragraph 85).
- 115. Figure 9 shows the difference in PTSD rates by Service.

Figure 9: New episodes of care at the MOD DCMH for PTSD by Service, 2007/08 – 2013/14¹, rates per 1,000 strength.



Source: DS Database and DMICP
 1. Dotted lines represent changes in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 35-36) and 2012/13 revised methodology to include electronic patient record data source (paragraphs 37-41).

116. The Army and Royal Marines had the highest rates of PTSD during the seven year period. Both Services routinely deployed in large numbers on operations in Iraq and Afghanistan and thus it is reasonable to expect the rate of PTSD to be higher in these Services.

117. **Table 3** and **Figure 1** showed deployment was a key factor for PTSD in the UK Armed Forces, and rates in both the Army and Royal Marines were higher than the other two Services. There were also notable differences between the Army and Royal Marines (due to the methodology revisions and small numbers of episodes of PTSD in some Services, caution must be taken in interpreting the changing trend in rates each year):

- The rate of PTSD in the Army increased year on year since 2008/09.
- The rate of PTSD in the Royal Marines decreased year on year until 2011/12. The reasons for the rise in 2012/13 were unclear.

Mood disorder findings

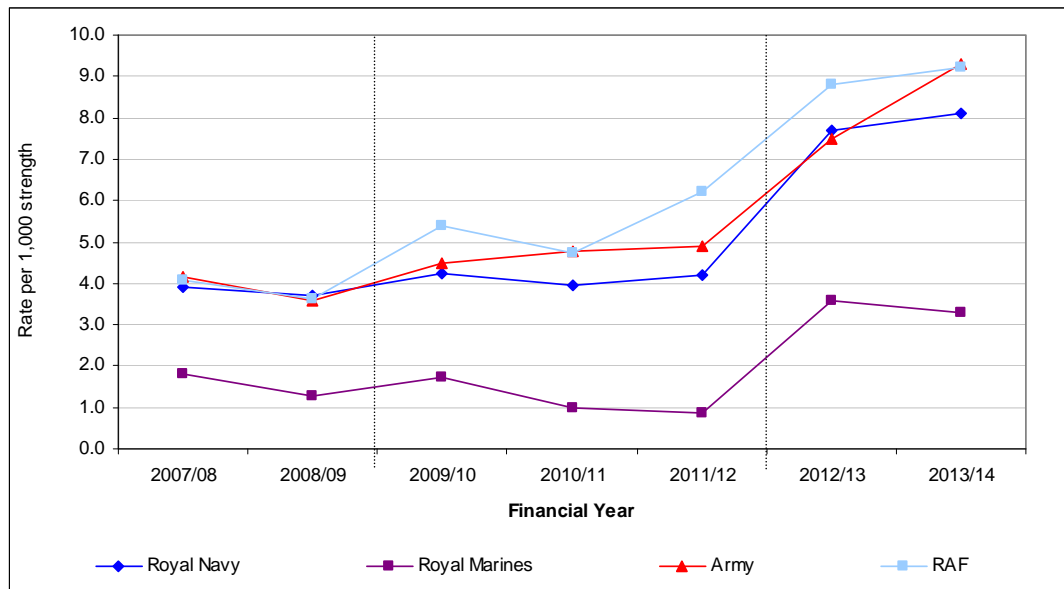
118. The second highest rate of mental health disorder among Armed Forces personnel over each of the years presented was Mood disorders. There was a 114% increase in the rate of Mood disorders assessed at a DCMH from 4.1 per 1,000 strength in 2007/08 to 8.8 per 1,000 strength in 2013/14, with the largest increase occurring from 2011/12 to 2012/13 following the inclusion of DMICP data. This increase in Mood disorders over the last seven years was higher than the 74% increase seen in the overall rate of mental disorder over the same period.

119. **Figure 10** presents the rate of mood disorders by Service and financial year since 2007/08. It shows Royal Marines had a significantly lower rate than the other Services throughout the seven year period. Rigorous selection, tight unit cohesion and high levels of preparedness are thought to be protective factors for mental disorders in Royal Marines (Sundin et al., 2010).

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

121. The rate of females being assessed with a depressive episode was significantly higher than males across all years since 2007/08 (data not shown). This finding is in line with the overall higher rate of females presenting compared to males, similar to the UK population: depression is more common in females than males. The reasons for this are unclear but may be due to social and biological factors (NHS, 2003).

Figure 10: New episodes of care at the MOD’s DCMH, for mood disorders and Service, 2007/08 – 2013/14¹ rates per 1,000 strength.



Source: DS Database and DMICP

1. Dotted lines represent changes in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 35-36) and 2012/13 revised methodology to include electronic patient record data source (paragraphs 37-41).

SECTION FOUR - TRENDS OVER TIME

Tri-Service admissions at a MOD In-Patient provider for the seven year period 2007/08 – 2013/14

Trends by Demographic Variables

122. Tables 11 to 13 provide details of the types of mental disorder by demographic breakdowns for 2007/08 to 2013/14 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. As a result it is not possible to add together the DCMH episodes of care and in-patient admissions to give an overall total of Armed Forces personnel assessed with a mental health condition.

Table 11: Admissions to the MOD In-Patient contractors, by Service, 2007/08 – 2013/14, 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 ² | 292 | 1.4 | (1.3 - 1.6) | 52 | 1.3 | (1.0 - 1.7) | 193 | 1.6 | (1.4 - 1.9) | 47 | 1.1 | (0.8 - 1.4) |
| 2010/11 | 304 | 1.5 | (1.3 - 1.7) | 28 | 0.7 | (0.5 - 1.0) | 247 | 2.1 | (1.8 - 2.4) | 29 | 0.7 | (0.4 - 0.9) |
| 2011/12 | 304 | 1.6 | (1.4 - 1.7) | 26 | 0.7 | (0.5 - 1.0) | 249 | 2.2 | (1.9 - 2.4) | 29 | 0.7 | (0.5 - 1.0) |
| 2012/13 | 302 | 1.6 | (1.4 - 1.8) | 43 | 1.2 | (0.9 - 1.6) | 227 | 2.0 | (1.8 - 2.3) | 32 | 0.8 | (0.5 - 1.1) |
| 2013/14 | 325 | 1.8 | (1.6 - 2.0) | 40 | 1.2 | (0.8 - 1.5) | 246 | 2.3 | (2.0 - 2.6) | 39 | 1.1 | (0.7 - 1.4) |

Source: SSSFT and BFG

1. Royal Navy and Royal Marines combined to protect patient confidentiality (paragraph 58)
2. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 15).

123. The rate of admissions to the MOD UK and overseas in-patient contractors during 2013/14 (1.8 per 1,000 strength) were comparable to those seen in the last six financial years, where with the exception of 2007/08, the number and rate have remained stable at around 1.5-1.6 per 1,000 strength.

124. Comparing the admissions between the Services, the Army had consistently significantly higher rates of admissions compared to the Naval Service and RAF in all years after 2009/10.

125. There was no significant difference between the admission rate for the Naval Service and RAF across all years presented.

Table 12: Admissions to the MOD In-Patient contractors, by Gender, Rank and Age, 2007/08 – 2013/14, 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) | 294 | 1.8 | (1.6 - 2.0) | 158 | 1.6 | (1.4 - 1.9) | 146 | 1.5 | (1.3 - 1.7) |
| 2012/13 | 268 | 1.6 | (1.4 - 1.8) | 34 | 1.9 | (1.3 - 2.6) | 17 | 0.5 | (0.3 - 0.9) | 285 | 1.8 | (1.6 - 2.1) | 155 | 1.7 | (1.4 - 1.9) | 147 | 1.6 | (1.3 - 1.8) |
| 2013/14 | 276 | 1.7 | (1.5 - 1.9) | 49 | 2.9 | (2.1 - 3.8) | 25 | 0.8 | (0.5 - 1.2) | 300 | 2.1 | (1.8 - 2.3) | 168 | 1.9 | (1.6 - 2.2) | 157 | 1.8 | (1.5 - 2.0) |

Source: SSSFT and BFG

1. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 15).
2. Age groups have been combined to protect patient confidentiality (paragraph 58)

126. There were some statistically significant differences in admission rates between the subgroups of patients:

- Rates of admissions were higher in females than males.
- Rates of admissions were consistently higher for other ranks compared to officers.

127. Rates for those aged under 30 were higher than those aged over 30, however this difference is not significant.

128. Annex A1-A4 provides in-patient admission numbers and rates for each Service since 2007/08.

Table 13: Admissions to the MOD In-Patient contractors, by Operation, 2007/08 – 2013/14, numbers and rates per 1,000 strength.

| Date | Deployment - Theatres of operation ¹ | | | | | | | | | | | |
|----------------------|---|--------|-------------|----------|--------|-------------|------|--------|-------------|---------|--------|-------------|
| | Iraq and/or Afghanistan ² | | | of which | | | | | | Neither | | |
| | | | | Iraq | | Afghanistan | | | | | | |
| 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 ³ | 170 | 1.4 | (1.2 - 1.6) | 141 | 1.5 | (1.3 - 1.8) | 71 | 1.1 | (0.9 - 1.4) | 122 | 1.5 | (1.2 - 1.7) |
| 2010/11 | 180 | 1.5 | (1.3 - 1.7) | 139 | 1.6 | (1.3 - 1.9) | 92 | 1.2 | (1.0 - 1.4) | 124 | 1.6 | (1.3 - 1.9) |
| 2011/12 | 187 | 1.5 | (1.3 - 1.7) | 112 | 1.4 | (1.1 - 1.6) | 137 | 1.6 | (1.3 - 1.8) | 117 | 1.6 | (1.3 - 1.9) |
| 2012/13 | 184 | 1.5 | (1.3 - 1.8) | 86 | 1.2 | (0.9 - 1.4) | 152 | 1.6 | (1.4 - 1.9) | 118 | 1.8 | (1.4 - 2.1) |
| 2013/14 | 188 | 1.7 | (1.4 - 1.9) | 98 | 1.6 | (1.2 - 1.9) | 171 | 1.8 | (1.6 - 2.1) | 137 | 2.2 | (1.8 - 2.5) |

Source: SSSFT and BFG

1. Deployment to the wider theatre of operation (see paragraph 53).

2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56).

3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 15).

129. There was no significant difference between the rates of admissions of those previously deployed to Iraq and/or Afghanistan compared to those not previously deployed to either Operation.

Annex A1 ROYAL NAVY

130. 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 2013/14. The key trends to have emerged over the past seven financial years were :

Risk Groups

- Females and Other ranks had statistically significant higher rates than males and officers for the whole seven-year time period presented (**Tables 15 and 16**).
- The highest rates of mental disorder were seen in those aged 25-39 years after which, as age increased, rates of mental disorder decreased. (**Table 17**).
- Previous deployment to Iraq or Afghanistan was not a predictor of mental disorders in the Royal Navy with the exception of 2007/08 and 2012/13. (**Table 18**).
- Due to the small numbers of in-patient admissions, Royal Navy and Royal Marines in-patient admission have been presented in Table 20 as Naval Service personnel. Females had significantly higher rates of admission compared to males. (**Table 20**).
- There were no significant differences between rank, age or deployment among Royal Navy in-patient admissions (**Table 20**).

Disorders

- The most prevalent disorder across in the latest seven-year period among Royal Navy personnel was Neurotic Disorder with a rate of 13.2 per 1,000 strength in 2013/14. The rate for this disorder was significantly higher than any other mental disorder in each of the last seven years (**Table 19**) in line with Neurotic Disorders among the Armed Forces as a whole.
- The rate of PTSD among Royal Navy personnel remained low at 1.1 per 1,000 strength in 2013/14 (**Table 19**).

Recent trends

- Rates of mental health disorder among Royal Navy personnel increased by 69% over the last seven years. This change is lower than the 74% increase in rate of mental disorder among the Armed Forces as a whole. (**Table 14, Figure 11**).
- In 2013/14 there was a significant increase in the rate of males presenting to a DCMH compared to 2012/13 (21.8 and 17.7 per 1,000 strength respectively) (**Table 15**). Over the last seven years, the rate among Royal Navy males has increased by 91% compared to a 14% rise in the rate of females in the same period. Rates of mental disorder among males and females in the Armed Forces as a whole each rose by around 78%.

New Episodes of Care at MOD DCMH 2007/08 - 2013/14

Table 14: Royal Navy, new episodes of care at the MOD DCMH, 2007/08 - 2013/14, 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) |
| 2012/13 ¹ | 847 | 589 | 21.5 | (19.8 - 23.3) |
| 2013/14 | 867 | 624 | 23.8 | (21.9 - 25.7) |

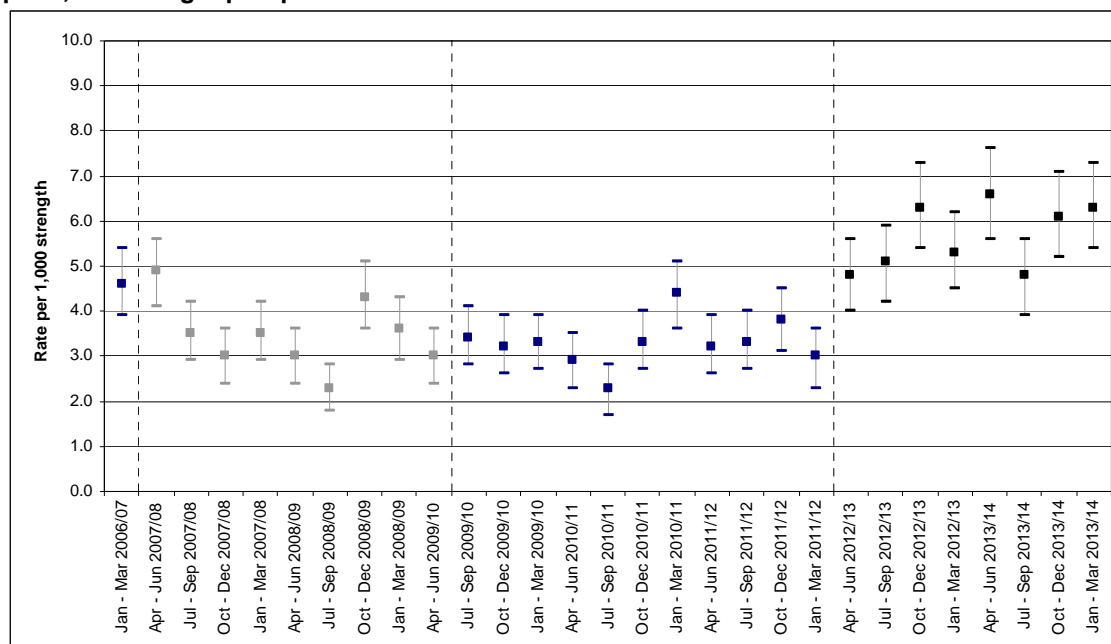
Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 35-36)

2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)

3. Excludes 45 records supplied without identifiers (see paragraph 33)

Figure 11: Royal Navy personnel assessed with a mental disorder, January 2007 to March 2014^{1,2,3}, rates per 1,000 strength per quarter and 95% confidence intervals



Source : DS Database and DMICP

1. January 2007 - June 2009 new attendances, July 2009 onwards new episodes of care (see paragraph 35-36).
2. January 2007 represents a genuine baseline as at this point all cases were 'new episodes of care' as this was the start of data capture by Defence Statistics.
3. April 12 - June 2013 new methodology (see paragraph 37-41).

Table 15: Royal Navy, new episodes of care at the MOD DCMH, by gender, 2007/08 - 2013/14, numbers and rates per 1,000 strength.

| Royal Navy | 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 | 515 | 320 | 11.4 | (10.2 - 12.7) | 176 | 125 | 34.4 | (28.4 - 40.4) |
| 2008/09 | 453 | 276 | 10.0 | (8.8 - 11.2) | 180 | 139 | 38.1 | (31.8 - 44.5) |
| 2009/10 ¹ | 480 | 288 | 10.4 | (9.2 - 11.7) | 167 | 116 | 31.6 | (25.8 - 37.3) |
| 2010/11 | 505 | 287 | 10.5 | (9.3 - 11.8) | 161 | 109 | 30.1 | (24.5 - 35.8) |
| 2011/12 | 464 | 296 | 11.5 | (10.2 - 12.8) | 146 | 92 | 27.2 | (21.7 - 32.8) |
| 2012/13 ² | 641 | 428 | 17.7 | (16.0 - 19.3) | 206 | 161 | 51.4 | (43.5 - 59.4) |
| 2013/14 | 699 | 507 | 21.8 | (19.9 - 23.7) | 168 | 117 | 39.3 | (32.2 - 46.4) |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)
3. Excludes 45 records supplied without identifiers (see paragraph 33)

Table 16: Royal Navy, new episodes of care at the MOD DCMH, by rank 2007/08 - 2013/14, numbers and rates per 1,000 strength.

| Royal Navy | All episodes of care | Officer | | | All episodes of care | Other Rank | | |
|------------|----------------------|---------------------------|------|---------------|----------------------|---------------------------|------|---------------|
| | | of which mental disorders | | | | 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) |
| 2012/13 | 107 | 77 | 12.1 | (9.4 - 14.8) | 740 | 512 | 24.4 | (22.2 - 26.5) |
| 2013/14 | 112 | 79 | 12.8 | (10.0 - 15.6) | 755 | 545 | 27.2 | (24.9 - 29.5) |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)
3. Excludes 45 records supplied without identifiers (see paragraph 33)

Table 17: Royal Navy, new episodes of care at the MOD DCMH, by Age group, 2007/08 - 2013/14, 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 |
| 2008/09 | 26 | 14.0 | (9.1 - 20.5) | 120 | 18.6 | (15.3 - 21.9) | 81 | 13.3 | (10.4 - 16.1) | 63 | 15.3 | (11.5 - 19.1) | 75 | 13.0 | (10.1 - 15.9) | 31 | 8.2 | (5.3 - 11.1) | ~ | 7.5 | (4.4 - 12.1) | ~ | 2.4 | (0.3 - 8.8) |
| 2009/10 ¹ | 27 | 15.1 | (9.9 - 21.9) | 109 | 16.7 | (13.6 - 19.9) | 96 | 15.3 | (12.2 - 18.3) | 53 | 12.9 | (9.4 - 16.4) | 55 | 10.2 | (7.5 - 12.8) | 42 | 11.1 | (7.8 - 14.5) | 15 | 6.4 | (3.6 - 10.5) | 7 | 7.3 | (2.9 - 14.9) |
| 2010/11 | 20 | 14.5 | (8.8 - 22.3) | 102 | 16.0 | (12.9 - 19.2) | 94 | 14.4 | (11.5 - 17.3) | 53 | 12.4 | (9.1 - 15.8) | 66 | 13.2 | (10.0 - 16.3) | 40 | 10.4 | (7.2 - 13.6) | 16 | 6.7 | (3.9 - 10.9) | 5 | 4.9 | (1.6 - 11.3) |
| 2011/12 | 8 | 10.4 | (5.5 - 25.1) | 81 | 14.1 | (11.4 - 17.7) | 107 | 16.5 | (13.5 - 19.8) | 62 | 13.7 | (10.0 - 16.7) | 61 | 14.0 | (11.1 - 18.5) | 44 | 11.3 | (8.1 - 14.8) | 20 | 8.4 | (5.1 - 12.9) | 5 | 5.0 | (1.6 - 11.9) |
| 2012/13 ² | 7 | 14.7 | (7.3 - 33.1) | 139 | 26.6 | (23.2 - 29.9) | 149 | 24.1 | (20.8 - 27.3) | 109 | 23.2 | (19.9 - 26.5) | 76 | 20.2 | (16.2 - 24.3) | 76 | 20.7 | (17.2 - 24.2) | 25 | 10.8 | (5.3 - 13.3) | 8 | 7.8 | (1.6 - 11.3) |
| 2013/14 | ~ | 6.1 | (1.2 - 17.7) | 106 | 22.1 | (17.9 - 26.3) | 175 | 28.7 | (24.5 - 33.0) | 141 | 29.7 | (24.8 - 34.6) | 89 | 26.3 | (20.8 - 31.8) | 62 | 18.6 | (14.0 - 23.3) | 38 | 16.8 | (11.5 - 22.2) | ~ | 8.9 | (4.3 - 16.4) |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)
3. Excludes 45 records supplied without identifiers (see paragraph 33)

Table 18: Royal Navy, new episodes of care at the MOD DCMH, by Operation, 2007/08 - 2013/14, 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 | (8.8 - 12.8) | 18 | 14 | 6.2 | (3.4 - 10.5) | 524 | 326 | 15.9 | (14.2 - 17.6) |
| 2008/09 | 210 | 152 | 13.0 | (11.0 - 15.1) | 191 | 137 | 13.0 | (10.0 - 16.1) | 47 | 34 | 12.1 | (8.0 - 16.2) | 423 | 263 | 13.5 | (11.8 - 15.1) |
| 2009/10 ¹ | 215 | 153 | 12.7 | (10.7 - 14.7) | 177 | 123 | 11.6 | (8.7 - 14.6) | 70 | 54 | 15.7 | (11.5 - 19.9) | 432 | 251 | 13.1 | (11.5 - 14.7) |
| 2010/11 | 219 | 140 | 11.4 | (9.5 - 13.2) | 184 | 116 | 10.9 | (8.0 - 13.9) | 65 | 42 | 11.0 | (7.7 - 14.3) | 447 | 256 | 13.8 | (12.1 - 15.5) |
| 2011/12 | 217 | 150 | 12.2 | (10.3 - 14.2) | 170 | 118 | 11.6 | (8.6 - 14.6) | 84 | 61 | 13.7 | (10.3 - 17.2) | 392 | 238 | 14.1 | (12.3 - 15.9) |
| 2012/13 ² | 261 | 197 | 17.5 | (15.0 - 19.9) | 200 | 157 | 17.3 | (13.1 - 21.6) | 112 | 86 | 18.6 | (14.7 - 22.5) | 586 | 392 | 24.4 | (22.0 - 26.8) |
| 2013/14 | 295 | 226 | 21.6 | (18.8 - 24.4) | 226 | 172 | 21.2 | (16.4 - 26.1) | 132 | 101 | 21.4 | (17.2 - 25.6) | 572 | 398 | 25.3 | (22.8 - 27.8) |

Source : DS Database and DMICP

1. Deployment to the wider theatre of operation (see paragraph 53).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (see paragraphs 35-36).
4. Revised methodology to include electronic patient record data source (see paragraphs 37-41)

Table 19: Royal Navy, new episodes of care at the MOD's DCMH, ICD Code, 2007/08 - 2013/14, numbers and rates per 1,000 strength.

| Royal Navy | 2007/08 | | | 2008/09 | | | 2009/10 ¹ | | | 2010/11 | | | 2011/12 | | | 2012/13 ² | | | 2013/14 | | |
|--|------------|-------------|-------------------------|------------|-------------|-------------------------|----------------------|-------------|-------------------------|------------|-------------|-------------------------|------------|-------------|-------------------------|----------------------|-------------|-------------------------|------------|-------------|-------------------------|
| | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval |
| All cases seen by DCMH | 661 | 20.9 | (19.3 - 22.5) | 633 | 20.3 | (18.7 - 21.9) | 647 | 20.7 | (19.2 - 22.3) | 666 | 21.6 | (20.0 - 23.2) | 610 | 20.9 | (19.3 - 22.6) | 847 | 30.9 | (28.9 - 33.0) | 867 | 33.1 | (30.9 - 35.3) |
| Cases of Mental Health disorder | 445 | 14.1 | (12.8 - 15.4) | 415 | 13.3 | (12.0 - 14.6) | 404 | 12.9 | (11.7 - 14.2) | 396 | 12.8 | (11.6 - 14.1) | 388 | 13.3 | (12.0 - 14.6) | 589 | 21.5 | (19.8 - 23.3) | 624 | 23.8 | (21.9 - 25.7) |
| Psychoactive substance use | 85 | 2.7 | (2.1 - 3.3) | 73 | 2.3 | (1.8 - 2.9) | 47 | 1.5 | (1.1 - 1.9) | 47 | 1.5 | (1.1 - 2.0) | 32 | 1.1 | (0.7 - 1.5) | 36 | 1.3 | (0.9 - 1.7) | 45 | 1.7 | (1.2 - 2.2) |
| of which disorders due to alcohol | 81 | 2.6 | (2.0 - 3.1) | 73 | 2.3 | (1.8 - 2.9) | 44 | 1.4 | (0.6 - 1.8) | 44 | 1.4 | (1.0 - 1.8) | 29 | 1.0 | (0.7 - 1.4) | 35 | 1.3 | (0.9 - 1.7) | 45 | 1.7 | (1.2 - 2.2) |
| Mood disorders | 123 | 3.9 | (3.2 - 4.6) | 115 | 3.7 | (3.0 - 4.4) | 132 | 4.2 | (3.5 - 4.9) | 122 | 4.0 | (3.3 - 4.7) | 122 | 4.2 | (3.4 - 4.9) | 210 | 7.7 | (6.6 - 8.7) | 212 | 8.1 | (7.0 - 9.2) |
| of which depressive episode | 116 | 3.7 | (3.0 - 4.3) | 106 | 3.4 | (2.8 - 4.0) | 126 | 4.0 | (3.4 - 4.7) | 114 | 3.7 | (3.0 - 4.4) | 115 | 3.9 | (3.2 - 4.7) | 191 | 7.0 | (6.0 - 8.0) | 198 | 7.6 | (6.5 - 8.6) |
| Neurotic disorders | 207 | 6.6 | (5.7 - 7.4) | 194 | 6.2 | (5.3 - 7.1) | 198 | 6.3 | (5.4 - 7.2) | 203 | 6.6 | (5.7 - 7.5) | 212 | 7.3 | (6.3 - 8.3) | 326 | 11.9 | (10.6 - 13.2) | 346 | 13.2 | (11.8 - 14.6) |
| of which PTSD | 13 | 0.4 | (0.2 - 0.7) | 13 | 0.4 | (0.2 - 0.7) | 20 | 0.6 | (0.4 - 1.0) | 21 | 0.7 | (0.4 - 1.0) | 21 | 0.7 | (0.4 - 1.1) | 38 | 1.4 | (0.9 - 1.8) | 29 | 1.1 | (0.7 - 1.6) |
| of which adjustment disorders | 133 | 4.2 | (3.5 - 4.9) | 103 | 3.3 | (2.7 - 3.9) | 117 | 3.7 | (3.0 - 4.4) | 138 | 4.5 | (3.7 - 5.2) | 136 | 4.7 | (3.9 - 5.4) | 171 | 6.2 | (5.3 - 7.2) | 187 | 7.1 | (6.1 - 8.2) |
| Other mental and behavioural disorders | 30 | 0.9 | (0.6 - 1.3) | 33 | 1.1 | (0.7 - 1.4) | 27 | 0.9 | (0.4 - 1.3) | 24 | 0.8 | (0.5 - 1.2) | 22 | 0.8 | (0.5 - 1.1) | 17 | 0.6 | (0.4 - 1.0) | 21 | 0.8 | (0.5 - 1.2) |
| No mental disorder | 216 | 6.8 | (5.9 - 7.7) | 218 | 7.0 | (6.1 - 7.9) | 243 | 7.8 | (6.8 - 8.8) | 270 | 8.8 | (7.7 - 9.8) | 222 | 7.6 | (6.6 - 8.6) | 258 | 9.4 | (8.3 - 10.6) | 243 | 9.3 | (8.1 - 10.4) |
| No Initial assessment provided | 30 | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraphs 35-36)

2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)

3. Excludes 45 records supplied without identifiers (see paragraph 33)

New Episodes of Care at MOD In-patient contractors 2007/08 - 2013/14

Table 20: Naval Service, In-patient admissions at MOD's In-Patient contractors by demographics and year, 2007/08 - 2013/14, numbers and rates per 1,000 strength.

| | 2007/08 | | | 2008/09 | | | 2009/10 | | | 2010/11 | | | 2011/12 | | | 2012/13 | | | 2013/14 | | |
|---------------------------------|-----------|------------|-------------------------|-----------|------------|-------------------------|-----------|------------|-------------------------|-----------|------------|-------------------------|-----------|------------|-------------------------|-----------|------------|-------------------------|-----------|------------|-------------------------|
| | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval |
| All | 37 | 0.9 | (0.6 - 1.2) | 47 | 1.2 | (0.9 - 1.5) | 52 | 1.3 | (1.0 - 1.7) | 28 | 0.7 | (0.5 - 1.0) | 26 | 0.7 | (0.5 - 1.0) | 43 | 1.2 | (0.9 - 1.6) | 40 | 1.2 | (0.8 - 1.5) |
| Gender | | | | | | | | | | | | | | | | | | | | | |
| Male | 31 | 0.9 | (0.6 - 1.2) | 33 | 0.9 | (0.6 - 1.3) | 44 | 1.2 | (0.9 - 1.6) | 22 | 0.6 | (0.4 - 0.9) | ~ | 0.7 | (0.5 - 1.1) | 36 | 1.1 | (0.8 - 1.5) | 28 | 0.9 | (0.6 - 1.3) |
| Female | 6 | 1.6 | (0.6 - 3.5) | 14 | 3.7 | (2.0 - 6.3) | 8 | 2.1 | (0.9 - 4.2) | 6 | 1.6 | (0.6 - 3.5) | ~ | 0.6 | (0.1 - 2.1) | 7 | 2.2 | (0.9 - 4.5) | 12 | 3.9 | (2.0 - 6.8) |
| Rank | | | | | | | | | | | | | | | | | | | | | |
| Officers | 5 | 6.1 | (2.0 - 14.2) | 7 | 0.9 | (0.4 - 1.9) | ~ | 0.4 | (0.1 - 1.1) | ~ | 0.4 | (0.1 - 1.1) | 5 | 0.7 | (0.2 - 1.6) | ~ | 0.3 | (0.0 - 1.0) | ~ | 0.7 | (0.2 - 1.7) |
| Ranks | 32 | 4.6 | (3.0 - 6.2) | 40 | 1.3 | (0.9 - 1.7) | ~ | 1.5 | (1.1 - 2.0) | ~ | 0.8 | (0.5 - 1.2) | 21 | 0.7 | (0.4 - 1.1) | ~ | 1.5 | (1.0 - 1.9) | ~ | 1.3 | (0.9 - 1.7) |
| Age | | | | | | | | | | | | | | | | | | | | | |
| Under 29 | 19 | 1.0 | (0.6 - 1.5) | 26 | 1.4 | (0.9 - 2.0) | 29 | 1.5 | (1.0 - 2.1) | 12 | 0.6 | (0.3 - 1.1) | 11 | 0.6 | (0.3 - 1.1) | 25 | 1.5 | (1.0 - 2.2) | 17 | 1.1 | (0.6 - 1.7) |
| Over 30 | 17 | 0.8 | (0.5 - 1.4) | 21 | 1.1 | (0.7 - 1.6) | 23 | 1.2 | (0.7 - 1.8) | 16 | 0.8 | (0.5 - 1.3) | 15 | 0.8 | (0.4 - 1.3) | 18 | 1.0 | (0.6 - 1.5) | 23 | 1.3 | (0.8 - 1.9) |
| 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 | (0.3 - 1.2) | 16 | 1.0 | (0.6 - 1.6) | 14 | 0.9 | (0.5 - 1.5) |
| Of which Iraq | 4 | 0.3 | (0.1 - 0.8) | ~ | 0.7 | (0.4 - 1.4) | 22 | 1.7 | (1.0 - 2.5) | ~ | 0.7 | (0.3 - 1.3) | 10 | 0.8 | (0.4 - 1.4) | 11 | 1.0 | (0.5 - 1.8) | 7 | 0.7 | (0.3 - 1.4) |
| Of which Afghanistan | 3 | 0.6 | (0.1 - 1.7) | ~ | 0.6 | (0.2 - 1.5) | 8 | 1.0 | (0.4 - 2.1) | ~ | 0.5 | (0.1 - 1.2) | 7 | 0.7 | (0.3 - 1.5) | 14 | 1.5 | (0.8 - 2.5) | 9 | 1.0 | (0.5 - 1.9) |
| 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) | 27 | 1.4 | (0.9 - 2.1) | 26 | 1.4 | (0.9 - 2.0) |

Source: SSSFT and BFG

1. Deployment to the wider theatre of operation (see paragraph 53).

2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56).

3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (see paragraph 15).

Annex A2 ROYAL MARINES

131. Tables 21 to 26 present the numbers and rates for new episodes of care at a DCMH and in-patient admissions for Royal Marine personnel from 2007/08 to 2013/14. Rates of mental disorder among Royal Marine personnel remain the lowest of each of the Services. The key trends to have emerged over the past seven financial years were :

Risk groups

Please note these findings are based on the result of the small number of female Marines on strength.

- There was no significant difference in the rate of mental disorder between males and females
- There was no significant difference between the following groups of Royal Marine personnel over the last seven year period:
 - Officers and Other Ranks (**Table 23**)
 - Age groups (**Table 24**)
- Previous deployment was not a predictor of overall rates of mental disorder among Royal Marine personnel, however, it was a driver for PTSD.

Disorders

- The most prevalent disorder across the latest seven-year period among Royal Marine personnel was Neurotic Disorders with a rate of 8.2 per 1,000 strength in 2013/14. (**Table 26**). This finding is replicated in the overall Armed Forces population.
- The rate of PTSD among Royal Marine personnel remained low at 2.0 per 1,000 strength in 2013/14 (**Table 26**).

Recent Trends

- Mental health disorders among Royal Marine personnel were different compared to the other Services. In 2013/14, the increased risk to females, Other Ranks, personnel aged between 20 and 39 years of age seen among all Armed Forces personnel, is not apparent within the Royal Marines.
- The overall rate of mental disorder among Royal Marines rose at a lower rate over the last seven years (34%), compared to the Armed Forces as a whole (74%) (**Table 21 and Figure 12**).
- Rates of Neurotic Disorders among Royal Marines increased by 100% over the last seven years compared to a rise in Neurotic Disorders of 85% among the Armed Forces as a whole.
- Rates of PTSD among Royal Marine personnel fell by 29% over the last seven years compared to an increase of 155% for the Armed Forces as a whole (**Table 32**).
- It is possible that the Royal Marines rigorous selection process, tight unit cohesion and high levels of preparedness may be a protective factor to developing mental health disorders.

New Episodes of Care at MOD DCMH 2007/08 - 2013/14

Table 21: Royal Marines, new episodes of care at the MOD DCMH, 2007/08 - 2013/14, 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 | 7.8 | (5.9 - 9.8) |
| 2011/12 | 118 | 76 | 9.4 | (7.3 - 11.5) |
| 2012/13 ² | 155 | 121 | 15.4 | (12.6 - 18.1) |
| 2013/14 | 170 | 113 | 14.4 | (11.8 - 17.1) |

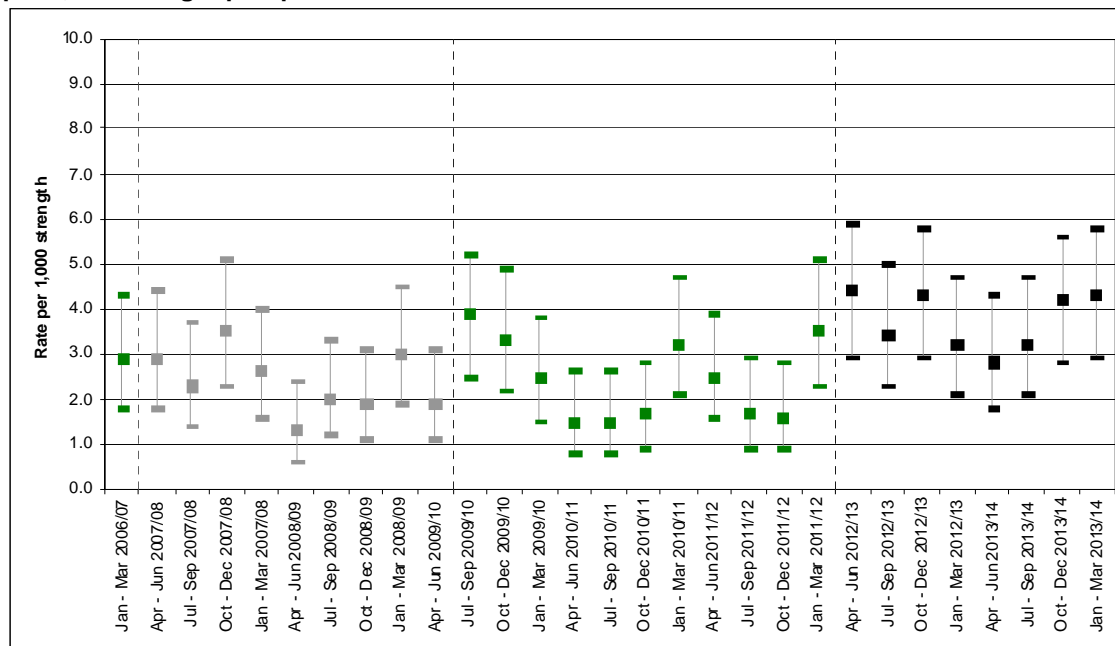
Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 35-36)

2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)

3. Excludes 45 records supplied without identifiers (see paragraph 33)

Figure 12: Royal Marine personnel assessed with a mental disorder, January 2007 to March 2014^{1,2,3}, rates per 1,000 strength per quarter and 95% confidence intervals



Source : DS Database and DMICP

1. January 2007 - June 2009 new attendances, July 2009 onwards new episodes of care (see paragraphs 35-36).
2. January 2007 represents a genuine baseline as at this point all cases were 'new episodes of care' as this was the start of data capture by Defence Statistics.
3. April 12 - June 2013 new methodology (see paragraphs 37-41).

Table 22: Royal Marines, new episodes of care at the MOD DCMH, by gender, 2007/08 - 2013/14, 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 | ~ | ~ | 10.5 | (8.2 - 12.8) | ~ | ~ | 33.2 | (6.9 - 97.2) |
| 2008/09 | ~ | ~ | 8.1 | (6.1 - 10.1) | ~ | ~ | 22.2 | (2.7 - 80.1) |
| 2009/10 ¹ | ~ | ~ | 11.5 | (9.2 - 13.9) | ~ | ~ | 11.2 | (0.3 - 62.2) |
| 2010/11 | 101 | 65 | 7.9 | (6.0 - 9.9) | 0 | 0 | 0.0 | (0.0 - 39.8) |
| 2011/12 | ~ | ~ | 9.4 | (7.2 - 11.5) | ~ | ~ | 10.3 | (0.3 - 57.3) |
| 2012/13 ² | 147 | 144 | 18.5 | (15.5 - 21.5) | 8 | 7 | 70.1 | (28.2 - 144.4) |
| 2013/14 | 164 | ~ | 14.2 | (11.6 - 16.9) | 6 | ~ | 28.9 | (6.0 - 84.4) |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraphs 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)
3. Excludes 45 records supplied without identifiers (see paragraph 33)

Table 23: Royal Marines, new episodes of care at the MOD DCMH, by rank, 2007/08 - 2013/14, 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 ¹ | 9 | 8 | 9.3 | (4.0 - 18.2) | 118 | 85 | 11.8 | (9.3 - 14.3) |
| 2010/11 | 7 | ~ | 3.4 | (0.7 - 9.9) | 94 | ~ | 8.4 | (6.3 - 10.5) |
| 2011/12 | 9 | ~ | 4.6 | (1.3 - 11.8) | 109 | ~ | 9.9 | (7.6 - 12.2) |
| 2012/13 ² | 11 | 11 | 13.1 | (6.5 - 23.4) | 144 | 110 | 15.6 | (12.7 - 18.6) |
| 2013/14 | 8 | 5 | 6.1 | (2.0 - 14.2) | 162 | 108 | 15.4 | (12.5 - 18.3) |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraphs 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)
3. Excludes 45 records supplied without identifiers (see paragraph 33)

Table 24: Royal Marines, new episodes of care at the MOD DCMH, by age group, 2007/08 - 2013/14, 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 ¹ | ~ | 3.3 | (0.4 - 11.9) | 23 | 9.9 | (6.2 - 14.8) | 34 | 16.6 | (11.0 - 22.2) | 8 | 7.8 | (3.4 - 15.4) | 15 | 16.5 | (9.3 - 27.3) | ~ | 10.3 | (4.2 - 21.3) | ~ | 5.9 | (0.7 - 21.4) | 7 | 13.7 | (1.7 - 49.6) |
| 2010/11 | ~ | 3.7 | (0.5 - 13.5) | 23 | 9.4 | (5.9 - 14.0) | 13 | 6.1 | (3.3 - 10.5) | 12 | 10.8 | (5.6 - 18.8) | ~ | 9.2 | (4.0 - 18.1) | ~ | 4.4 | (0.9 - 12.8) | 0 | 11.6 | (3.2 - 29.7) | 0 | 0.0 | (0.0 - 24.3) |
| 2011/12 | 0 | 0.0 | (0.0 - 9.5) | 28 | 11.7 | (7.7 - 16.8) | 17 | 7.9 | (4.6 - 12.7) | 13 | 10.9 | (5.8 - 18.6) | ~ | 12.3 | (5.9 - 22.6) | ~ | 10.4 | (4.2 - 21.4) | ~ | 2.8 | (0.1 - 15.5) | 0 | 0.0 | (0.0 - 25.6) |
| 2012/13 ² | ~ | 10.7 | (2.9 - 27.3) | 32 | 13.6 | (8.9 - 18.4) | 29 | 13.7 | (9.2 - 19.7) | 29 | 24.3 | (16.3 - 34.9) | 14 | 19.2 | (10.5 - 32.2) | ~ | 9.6 | (3.5 - 20.9) | 7 | 19.9 | (8.0 - 41.1) | 0 | 0.0 | (0.0 - 25.8) |
| 2013/14 | ~ | 12.1 | (3.3 - 31.0) | 26 | 11.4 | (7.5 - 16.8) | 26 | 11.9 | (7.8 - 17.4) | 21 | 17.0 | (10.5 - 26.0) | 16 | 22.7 | (13.0 - 36.9) | 13 | 21.7 | (11.6 - 37.2) | 6 | 16.8 | (6.2 - 36.7) | ~ | 6.5 | (0.2 - 36.2) |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraphs 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)
3. Excludes 45 records supplied without identifiers (see paragraph 33)

Table 25: Royal Marines, new episodes of care at the MOD DCMH, by Operation, 2007/08 - 2013/14, numbers and rates per 1,000 strength.

| Marines | 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 | 79 | 60 | 12.8 | (9.6 - 16.0) | 44 | 31 | 10.3 | (4.9 - 11.5) | 58 | 44 | 14.5 | (10.2 - 18.7) | 45 | 23 | 7.6 | (4.8 - 11.4) |
| 2008/09 | 55 | 44 | 8.8 | (6.2 - 11.4) | 29 | 23 | 8.1 | (4.6 - 11.2) | 44 | 35 | 9.2 | (6.1 - 12.2) | 30 | 21 | 7.4 | (4.6 - 11.3) |
| 2009/10 ¹ | 102 | 77 | 14.8 | (11.5 - 18.1) | 41 | 32 | 11.7 | (3.3 - 9.5) | 93 | 71 | 16.7 | (12.8 - 20.6) | 25 | 16 | 5.6 | (3.2 - 9.0) |
| 2010/11 | 75 | 50 | 9.5 | (6.8 - 12.1) | 36 | 23 | 8.6 | (3.1 - 9.2) | 65 | 44 | 9.9 | (7.0 - 12.8) | 26 | 15 | 5.0 | (2.8 - 8.3) |
| 2011/12 | 89 | 61 | 10.7 | (8.0 - 13.4) | 30 | 22 | 8.7 | (3.3 - 9.8) | 85 | 58 | 11.5 | (8.6 - 14.5) | 29 | 15 | 6.2 | (3.5 - 10.2) |
| 2012/13 ² | 106 | 86 | 16.6 | (13.1 - 20.1) | 53 | 43 | 19.7 | (14.4 - 25.0) | 95 | 76 | 16.3 | (12.7 - 20.0) | 49 | 35 | 13.0 | (8.7 - 17.3) |
| 2013/14 | 119 | 78 | 16.1 | (12.6 - 19.7) | 54 | 33 | 16.8 | (10.9 - 22.7) | 106 | 71 | 16.2 | (12.4 - 20.0) | 51 | 35 | 11.7 | (7.8 - 15.5) |

Source : DS Database and DMICP

1. Deployment to the wider theatre of operation (see paragraph 53).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (see paragraphs 35-36).
4. Revised methodology to include electronic patient record data source (see paragraphs 37-41)

Table 26: Royal Marines, new episodes of care at the MOD DCMH, by ICD classification, 2008/09 - 2013/14, numbers and rates per 1,000 strength.

| Marines | 2007/08 | | | 2008/09 | | | 2009/10 ¹ | | | 2010/11 | | | 2011/12 | | | 2012/13 ² | | | 2013/14 | | |
|--|------------|-------------|-------------------------|-----------|-------------|-------------------------|----------------------|-------------|-------------------------|------------|-------------|-------------------------|------------|-------------|-------------------------|----------------------|-------------|-------------------------|------------|-------------|-------------------------|
| | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval |
| All cases seen by DCMH | 124 | 16.1 | (13.2 - 18.9) | 85 | 10.8 | (8.5 - 13.1) | 127 | 15.7 | (13 - 18.5) | 101 | 12.2 | (9.8 - 14.6) | 118 | 14.5 | (11.9 - 17.2) | 155 | 19.7 | (16.6 - 22.8) | 170 | 21.7 | (18.4 - 25.0) |
| Cases of Mental Health disorder | 83 | 10.7 | (8.4 - 13.1) | 65 | 8.3 | (6.3 - 10.3) | 93 | 11.5 | (9.2 - 13.9) | 65 | 7.8 | (5.9 - 9.8) | 76 | 9.4 | (7.3 - 11.5) | 121 | 15.4 | (12.6 - 18.1) | 113 | 14.4 | (11.8 - 17.1) |
| Psychoactive substance use | 17 | 2.2 | (1.3 - 3.5) | 10 | 1.3 | (0.6 - 2.3) | ~ | 1.4 | (0.7 - 2.4) | ~ | 0.4 | (0.1 - 1.1) | 8 | 1.0 | (0.4 - 1.9) | 19 | 2.4 | (1.5 - 3.8) | 16 | 2.0 | (1.2 - 3.3) |
| <i>of which disorders due to alcohol</i> | 16 | 2.1 | (1.2 - 3.4) | 10 | 1.3 | (0.6 - 2.3) | ~ | 1.4 | (0.7 - 2.4) | ~ | 0.4 | (0.1 - 1.1) | 8 | 1.0 | (0.4 - 1.9) | 18 | 2.3 | (1.4 - 3.6) | 16 | 2.0 | (1.2 - 3.3) |
| Mood disorders | 14 | 1.8 | (1.0 - 3.0) | ~ | 1.3 | (0.6 - 2.3) | 14 | 1.7 | (0.9 - 2.9) | 8 | 1.0 | (0.4 - 1.9) | ~ | 0.9 | (0.3 - 1.8) | 28 | 3.6 | (2.4 - 5.1) | 26 | 3.3 | (2.2 - 4.9) |
| <i>of which depressive episode</i> | 11 | 1.4 | (0.7 - 2.5) | ~ | 1.1 | (0.5 - 2.2) | 12 | 1.5 | (0.8 - 2.6) | 8 | 1.0 | (0.4 - 1.9) | ~ | 0.6 | (0.2 - 1.4) | 24 | 3.0 | (2.0 - 4.5) | 20 | 2.6 | (1.6 - 3.9) |
| Neurotic disorders | 47 | 6.1 | (4.3 - 7.8) | 43 | 5.5 | (3.8 - 7.1) | 66 | 8.2 | (6.2 - 10.1) | 53 | 6.4 | (4.7 - 8.1) | 57 | 7.0 | (5.2 - 8.8) | 70 | 8.9 | (6.8 - 11.0) | 64 | 8.2 | (6.2 - 10.2) |
| <i>of which PTSD</i> | 22 | 2.8 | (1.8 - 4.3) | 17 | 2.2 | (1.3 - 3.5) | 16 | 2.0 | (1.1 - 3.2) | 12 | 1.4 | (0.7 - 2.5) | 9 | 1.1 | (0.5 - 2.1) | 17 | 2.2 | (1.3 - 3.5) | 16 | 2.0 | (1.2 - 3.3) |
| <i>of which adjustment disorders</i> | 18 | 2.3 | (1.4 - 3.7) | 19 | 2.4 | (1.5 - 3.8) | 42 | 5.2 | (3.6 - 6.8) | 38 | 4.6 | (3.1 - 6.0) | 41 | 5.1 | (3.5 - 6.6) | 32 | 4.1 | (2.7 - 5.5) | 36 | 4.6 | (3.1 - 6.1) |
| Other mental and behavioural | 5 | 0.6 | (0.2 - 1.5) | ~ | 0.3 | (0.0 - 0.9) | ~ | 0.2 | (0.0 - 0.9) | ~ | 0.1 | (0.0 - 0.7) | ~ | 0.5 | (0.1 - 1.3) | 4 | 0.5 | (0.1 - 1.3) | 7 | 0.9 | (0.4 - 1.8) |
| No mental disorder | 38 | 4.9 | (3.4 - 6.5) | 20 | 2.5 | (1.6 - 3.9) | 34 | 4.2 | (2.8 - 5.6) | 36 | 4.3 | (2.9 - 5.8) | 42 | 5.2 | (3.6 - 6.7) | 34 | 4.3 | (2.9 - 5.8) | 57 | 7.3 | (5.4 - 9.2) |
| No Initial assessment provided | 3 | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraphs 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)
3. Excludes 45 records supplied without identifiers (see paragraph 33)

Annex A3 ARMY

132. 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 2013/14. The key trends to have emerged over the past seven financial years were :

Risk groups

- Females and Other Ranks had significantly higher rates than males and officers for the whole seven-year time period presented (**Tables 28 and 29**). This finding was in line with the Armed Forces as a whole.
- Rates of mental disorder were highest among Army personnel aged between 20 and 39 years of age. Rates decline from the age of 40 years. (**Table 30**).
- Since 2010/11, deployment to Iraq or Afghanistan was a predictor for mental health disorders among Army personnel. Personnel who had previously deployed to Iraq and Afghanistan had significantly higher rates of mental disorder, including PTSD, compared to those not previously deployed there. (**Table 31**). Previous deployment was not a predictor of mental disorder among personnel from each of the other Services.
- The in-patient admissions rate for Army Other Ranks was significantly higher than for Officers throughout the seven year period (**Table 33**), as per the Armed Forces overall.
- There was no significant difference between the following groups of Army in-patient admissions over the last seven year period:
 - Gender (**Table 33**)
 - Age groups (**Table 33**)
 - Previous Deployment to Iraq or Afghanistan (**Table 33**)

Disorders

- Rates of Neurotic Disorders were significantly higher than any other disorder among Army personnel in each year presented with a rate of 12.0 per 1,000 strength in 2013/14 (**Table 32**). This finding is in line with the Armed Forces as a whole.
- PTSD rates have increased over time, however, they remained low throughout the period presented at a rate of 3.1 per 1,000 strength in 2013/14. (**Table 32**).

Recent Trends

- Rates of mental health disorder among Army personnel increased over the last seven years by 84%. This was higher than the 74% increase seen in the rate of mental disorders for the Armed Forces overall. (**Table 27 and Figure 13**).
- Rates of Neurotic Disorders among Army personnel increased by 100% over the last seven years compared to a rise in Neurotic Disorders of 85% among the Armed Forces as a whole. Similarly, rates of PTSD among Army personnel rose by 210% compared to 155% for the Armed Forces as a whole (**Table 32**).
- The increase in rates in 2013/14 compared to the previous year, was the result of a increases in the number of Army males presenting at DCMH, those personnel aged between 30 and 44 years of age and those previously deployed to Iraq and Afghanistan (**Table 30**). This may be partly explained by the success of anti-stigma campaigns targeted at Armed Forces personnel.

New Episodes of Care at MOD DCMH 2007/08 - 2013/14

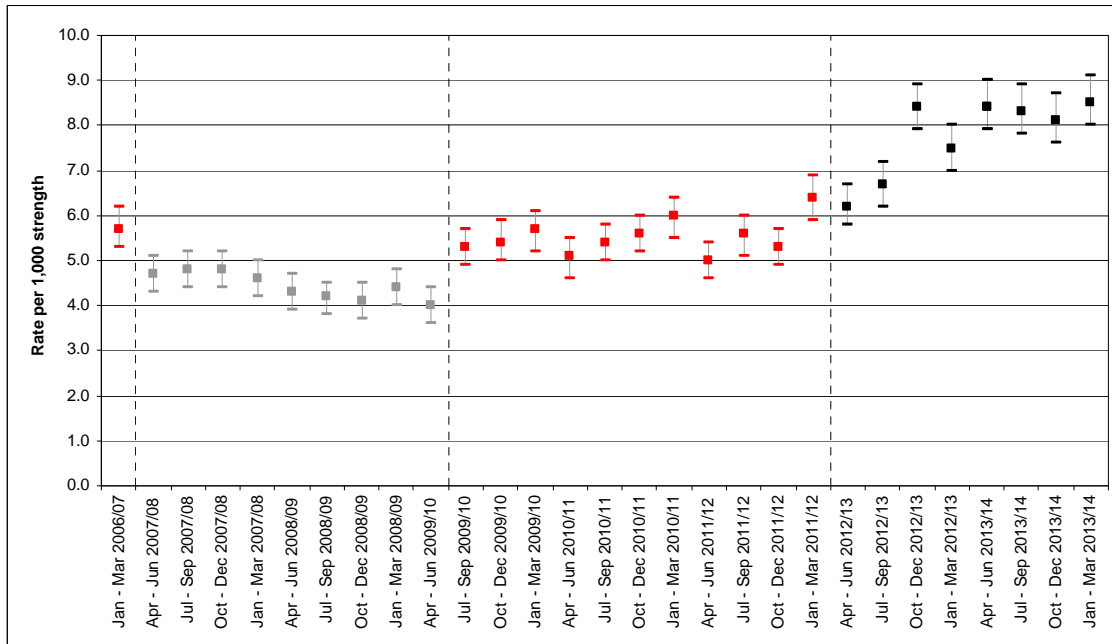
Table 27: Army, new episodes of care at the MOD DCMH, 2007/08 - 2013/14, numbers and rates per 1,000 strength.

| | 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 ¹ | 3,348 | 2,404 | 20.3 | (19.5 - 21.1) |
| 2010/11 | 3,504 | 2,578 | 22.0 | (21.1 - 22.8) |
| 2011/12 | 3,414 | 2,570 | 22.2 | (21.4 - 23.1) |
| 2012/13 ² | 4,224 | 3,231 | 28.8 | (27.8 - 29.8) |
| 2013/14 | 4,335 | 3,514 | 33.4 | (32.3 - 34.5) |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraphs 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)
3. Excludes 45 records supplied without identifiers (see paragraph 33)

Figure 13: Army personnel assessed with a mental disorder, January 2007 to March 2014^{1,2,3}, rates per 1,000 strength per quarter and 95% confidence intervals



Source : DS Database and DMICP

1. January 2007 - June 2009 new attendances, July 2009 onwards new episodes of care (see paragraphs 35-36).
2. January 2007 represents a genuine baseline as at this point all cases were 'new episodes of care' as this was the start of data capture by Defence Statistics.
3. April 12 - June 2013 new methodology (see paragraphs 37-41).

Table 28: Army, new episodes of care at the MOD DCMH, by gender, 2007/08 - 2013/14, 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 ¹ | 2,875 | 2,034 | 18.6 | (17.8 - 19.4) | 473 | 370 | 41.8 | (37.6 - 46.1) |
| 2010/11 | 3,053 | 2,220 | 20.5 | (19.6 - 21.3) | 451 | 358 | 40.3 | (36.1 - 44.4) |
| 2011/12 | 2,935 | 2,179 | 20.4 | (19.5 - 21.3) | 479 | 391 | 44.0 | (39.7 - 48.4) |
| 2012/13 ² | 3,597 | 2,705 | 26.2 | (25.2 - 27.1) | 627 | 526 | 59.5 | (54.4 - 64.6) |
| 2013/14 | 3,690 | 2,961 | 30.6 | (29.5 - 31.7) | 645 | 553 | 64.7 | (59.3 - 70.1) |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraphs 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)
3. Excludes 45 records supplied without identifiers (see paragraph 33)

Table 29: Army, new episodes of care at the MOD DCMH, by rank, 2007/08 - 2013/14, 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 ¹ | 192 | 159 | 9.9 | (8.3 - 11.4) | 3,156 | 2,245 | 22.0 | (21.1 - 22.9) |
| 2010/11 | 186 | 152 | 9.4 | (7.9 - 10.9) | 3,318 | 2,426 | 24.0 | (23.0 - 24.9) |
| 2011/12 | 209 | 179 | 11.2 | (9.5 - 12.8) | 3,205 | 2,391 | 24.0 | (23.0 - 25.0) |
| 2012/13 ² | 273 | 232 | 15.0 | (13.0 - 16.9) | 3,951 | 2,999 | 31.0 | (29.9 - 32.1) |
| 2013/14 | 282 | 238 | 16.1 | (14.0 - 18.1) | 4,053 | 3,276 | 36.2 | (35.0 - 37.5) |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraphs 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)
3. Excludes 45 records supplied without identifiers (see paragraph 33)

Table 30: Army, new episodes of care at the MOD DCMH, by age group, 2008/09 - 2013/14, 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 | n | rate | 95% CI | n | rate | 95% CI |
| 2007/08 | 231 | 18.6 | (16.2 - 21.0) | 677 | 23.9 | (22.1 - 25.7) | 470 | 19.0 | (17.3 - 20.7) | 265 | 15.4 | (13.6 - 17.3) | 285 | 15.8 | (13.9 - 17.6) | 106 | 13.9 | (11.3 - 16.6) | 32 | 8.7 | (5.7 - 11.7) | 19 | 7.3 | (4.4 - 11.4) |
| 2008/09 | 222 | 18.8 | (16.3 - 21.3) | 620 | 21.9 | (20.2 - 23.6) | 452 | 18.1 | (16.4 - 19.8) | 259 | 15.2 | (13.3 - 17.0) | 240 | 13.6 | (11.9 - 15.3) | 107 | 13.0 | (10.6 - 15.5) | 34 | 8.9 | (5.9 - 11.9) | 17 | 6.1 | (3.5 - 9.7) |
| 2009/10 ¹ | 228 | 19.3 | (16.8 - 21.9) | 733 | 24.7 | (23.0 - 26.5) | 529 | 20.8 | (19.1 - 22.6) | 346 | 19.2 | (17.2 - 21.3) | 319 | 18.7 | (16.6 - 20.7) | 161 | 17.4 | (14.7 - 20.1) | 51 | 12.4 | (9.0 - 15.9) | 37 | 12.2 | (8.3 - 16.2) |
| 2010/11 | 195 | 20.6 | (17.7 - 23.5) | 815 | 27.9 | (26.0 - 29.8) | 591 | 23.1 | (21.2 - 25.0) | 414 | 21.8 | (19.7 - 23.8) | 321 | 19.5 | (17.4 - 21.7) | 159 | 15.8 | (13.4 - 18.3) | 51 | 11.7 | (8.5 - 14.9) | 32 | 10.0 | (6.6 - 13.5) |
| 2011/12 | 123 | 14.7 | (12.1 - 17.3) | 791 | 28.0 | (26.0 - 29.9) | 592 | 23.0 | (21.1 - 24.8) | 432 | 21.8 | (19.8 - 23.9) | 307 | 19.9 | (17.7 - 22.1) | 213 | 20.6 | (17.9 - 23.4) | 67 | 14.9 | (11.3 - 18.4) | 45 | 13.8 | (9.8 - 17.9) |
| 2012/13 ² | 129 | 16.4 | (13.6 - 19.3) | 910 | 33.9 | (31.7 - 36.1) | 769 | 30.1 | (28.0 - 32.2) | 621 | 31.2 | (28.8 - 33.7) | 447 | 31.0 | (28.1 - 33.8) | 232 | 23.6 | (20.6 - 26.6) | 83 | 18.3 | (14.4 - 22.3) | 40 | 12.2 | (8.4 - 16.0) |
| 2013/14 | 142 | 19.9 | (16.8 - 23.0) | 890 | 36.3 | (33.9 - 38.7) | 816 | 33.4 | (31.2 - 35.6) | 722 | 38.3 | (35.7 - 40.9) | 499 | 37.0 | (33.9 - 40.0) | 284 | 31.8 | (28.5 - 35.1) | 89 | 19.7 | (15.8 - 23.7) | 72 | 22.0 | (18.2 - 25.8) |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraphs 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)
3. Excludes 45 records supplied without identifiers (see paragraph 33)

Table 31: Army, new episodes of care at the MOD DCMH, by operation, 2007/08 - 2013/14, 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 ¹ | 2,107 | | 1,575 | 20.7 | (19.7 - 21.7) | | 1,526 | | 1,123 | 19.9 | (18.7 - 21.1) | | 1,113 | | 863 | 20.8 | (19.5 - 22.2) | | 1,241 | | 829 | 19.7 | (18.3 - 21.0) | |
| 2010/11 | 2,339 | | 1,815 | 23.2 | (22.2 - 24.3) | | 1,422 | | 1,116 | 21.2 | (19.9 - 22.4) | | 1,646 | | 1,287 | 24.7 | (23.3 - 26.0) | | 1,165 | | 763 | 19.5 | (18.1 - 20.9) | |
| 2011/12 | 2,304 | | 1,807 | 23.1 | (22.1 - 24.2) | | 1,323 | | 1,062 | 21.9 | (20.6 - 23.3) | | 1,733 | | 1,353 | 22.9 | (21.7 - 24.1) | | 1,110 | | 763 | 20.3 | (18.9 - 21.7) | |
| 2012/13 ² | 2,810 | | 2,230 | 29.2 | (28.0 - 30.4) | | 1,461 | | 1,181 | 27.4 | (25.8 - 29.0) | | 2,324 | | 1,843 | 29.2 | (27.8 - 30.5) | | 1,414 | | 1001 | 28.0 | (26.2 - 29.7) | |
| 2013/14 | 2,996 | | 2,533 | 35.4 | (34.0 - 36.8) | | 1,446 | | 1,247 | 33.6 | (31.7 - 35.5) | | 2,603 | | 2,187 | 35.2 | (33.7 - 36.6) | | 1,339 | | 981 | 29.2 | (27.3 - 31.0) | |

Source : DS Database and DMICP

1. Deployment to the wider theatre of operation (see paragraph 53).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (see paragraphs 35-36).
4. Revised methodology to include electronic patient record data source (see paragraphs 37-41)

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

| Army | 2007/08 | | | 2008/09 | | | 2009/10 ¹ | | | 2010/11 | | | 2011/12 | | | 2012/13 ² | | | 2013/14 | | |
|--|--------------|-------------|-------------------------|--------------|-------------|-------------------------|----------------------|-------------|-------------------------|--------------|-------------|-------------------------|--------------|-------------|-------------------------|----------------------|-------------|-------------------------|--------------|-------------|-------------------------|
| | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval |
| All cases seen by DCMH | 2,934 | 25.6 | (24.7 - 26.5) | 2,783 | 24.3 | (23.4 - 25.2) | 3,348 | 28.3 | (27.4 - 29.3) | 3,504 | 29.9 | (28.9 - 30.9) | 3,414 | 29.5 | (28.5 - 30.5) | 4,224 | 37.6 | (36.5 - 38.8) | 4,335 | 41.2 | (40.0 - 42.4) |
| Cases of Mental Health disorder | 2,085 | 18.2 | (17.4 - 19.0) | 1,951 | 17.0 | (16.3 - 17.8) | 2,404 | 20.3 | (19.5 - 21.1) | 2,578 | 22.0 | (21.1 - 22.8) | 2,570 | 22.2 | (21.4 - 23.1) | 3,231 | 28.8 | (27.8 - 29.8) | 3,514 | 33.4 | (32.3 - 34.5) |
| Psychoactive substance use | 236 | 2.1 | (1.8 - 2.3) | 228 | 2.0 | (1.7 - 2.2) | 226 | 1.9 | (1.7 - 2.2) | 240 | 2.0 | (1.8 - 2.3) | 216 | 1.9 | (1.6 - 2.1) | 231 | 2.1 | (1.8 - 2.3) | 170 | 1.6 | (1.4 - 1.9) |
| <i>of which disorders due to alcohol</i> | 212 | 1.8 | (1.6 - 2.1) | 214 | 1.9 | (1.6 - 2.1) | 212 | 1.8 | (1.6 - 2.0) | 228 | 1.9 | (1.7 - 2.2) | 212 | 1.8 | (1.6 - 2.1) | 219 | 2.0 | (1.7 - 2.2) | 164 | 1.6 | (1.3 - 1.8) |
| Mood disorders | 477 | 4.2 | (3.8 - 4.5) | 408 | 3.6 | (3.2 - 3.9) | 528 | 4.5 | (4.1 - 4.8) | 558 | 4.8 | (4.4 - 5.2) | 572 | 4.9 | (4.5 - 5.4) | 843 | 7.5 | (7.0 - 8.0) | 976 | 9.3 | (8.7 - 9.9) |
| <i>of which depressive episode</i> | 377 | 3.3 | (3.0 - 3.6) | 342 | 3.0 | (2.7 - 3.3) | 470 | 4.0 | (3.6 - 4.3) | 517 | 4.4 | (4.0 - 4.8) | 502 | 4.3 | (4.0 - 4.7) | 680 | 6.1 | (5.6 - 6.5) | 789 | 7.5 | (7.0 - 8.0) |
| Neurotic disorders | 1,225 | 10.7 | (10.1 - 11.3) | 1,160 | 10.1 | (9.5 - 10.7) | 1,452 | 12.3 | (11.6 - 12.9) | 1,578 | 13.5 | (12.8 - 14.1) | 1,603 | 13.9 | (13.2 - 14.5) | 2,037 | 18.1 | (17.4 - 18.9) | 2,249 | 21.4 | (20.5 - 22.3) |
| <i>of which PTSD</i> | 117 | 1.0 | (0.8 - 1.2) | 81 | 0.7 | (0.6 - 0.9) | 127 | 1.1 | (0.9 - 1.3) | 196 | 1.7 | (1.4 - 1.9) | 224 | 1.9 | (1.7 - 2.2) | 258 | 2.3 | (2.0 - 2.6) | 324 | 3.1 | (2.7 - 3.4) |
| <i>of which adjustment disorders</i> | 769 | 6.7 | (6.2 - 7.2) | 697 | 6.1 | (5.6 - 6.5) | 898 | 7.6 | (7.1 - 8.1) | 1,003 | 8.6 | (8.0 - 9.1) | 1,001 | 8.7 | (8.1 - 9.2) | 1,122 | 10.0 | (9.4 - 10.6) | 1,261 | 12.0 | (11.3 - 12.6) |
| Other mental and behavioural disorders | 147 | 1.3 | (1.1 - 1.5) | 155 | 1.4 | (1.1 - 1.6) | 198 | 1.7 | (1.4 - 1.9) | 202 | 1.7 | (1.5 - 2.0) | 179 | 1.5 | (1.3 - 1.8) | 120 | 1.1 | (0.9 - 1.3) | 119 | 1.1 | (0.9 - 1.3) |
| No mental disorder | 726 | 6.3 | (5.9 - 6.8) | 832 | 7.3 | (6.8 - 7.8) | 944 | 8.0 | (7.5 - 8.5) | 926 | 7.9 | (7.4 - 8.4) | 844 | 7.3 | (6.8 - 7.8) | 993 | 8.8 | (8.3 - 9.4) | 821 | 7.8 | (7.3 - 8.3) |
| No Initial assessment provided | 123 | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraphs 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)
3. Excludes 45 records supplied without identifiers (see paragraph 33)

New Episodes of Care at MOD In-patient contractors 2007/08 - 2013/14

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

| | 2007/08 | | | 2008/09 | | | 2009/10 | | | 2010/11 | | | 2011/12 | | | 2012/13 | | | 2013/14 | | |
|---------------------------------|------------|------------|-------------------------|------------|------------|-------------------------|------------|------------|-------------------------|------------|------------|-------------------------|------------|------------|-------------------------|------------|------------|-------------------------|------------|------------|-------------------------|
| | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval |
| All | 161 | 1.4 | (1.2 - 1.6) | 208 | 1.8 | (1.6 - 2.1) | 193 | 1.6 | (1.4 - 1.9) | 247 | 2.1 | (1.8 - 2.4) | 249 | 2.2 | (1.9 - 2.4) | 227 | 2.0 | (2.0 - 2.6) | 246 | 2.3 | (2.0 - 2.6) |
| Gender | | | | | | | | | | | | | | | | | | | | | |
| Male | 137 | 1.3 | (1.1 - 1.5) | 187 | 1.8 | (1.5 - 2.0) | 174 | 1.6 | (1.4 - 1.8) | 228 | 2.1 | (1.8 - 2.4) | 222 | 2.1 | (1.8 - 2.4) | 205 | 2.0 | (1.7 - 2.3) | 224 | 2.3 | (2.0 - 2.6) |
| Female | 24 | 2.8 | (1.8 - 4.2) | 21 | 2.5 | (1.5 - 3.8) | 19 | 2.2 | (1.3 - 3.4) | 19 | 2.1 | (1.3 - 3.3) | 27 | 3.0 | (2.0 - 4.4) | 22 | 2.5 | (1.6 - 3.8) | 22 | 2.6 | (1.6 - 3.9) |
| Rank | | | | | | | | | | | | | | | | | | | | | |
| Officers | 8 | 0.5 | (0.2 - 1.0) | 11 | 0.7 | (0.3 - 1.2) | 13 | 0.8 | (0.4 - 1.4) | 8 | 0.5 | (0.2 - 1.0) | 12 | 0.7 | (0.4 - 1.3) | 10 | 0.6 | (0.3 - 1.2) | 16 | 1.1 | (0.6 - 1.8) |
| Ranks | 153 | 1.5 | (1.3 - 1.8) | 197 | 2.0 | (1.7 - 2.3) | 180 | 1.8 | (1.5 - 2.0) | 239 | 2.4 | (2.1 - 2.7) | 237 | 2.4 | (2.1 - 2.7) | 217 | 2.2 | (1.9 - 2.5) | 230 | 2.5 | (2.2 - 2.9) |
| Age | | | | | | | | | | | | | | | | | | | | | |
| Under 29 | 107 | 1.6 | (1.3 - 1.9) | 130 | 2.0 | (1.7 - 2.3) | 121 | 1.8 | (1.5 - 2.1) | 153 | 2.4 | (2.0 - 2.8) | 134 | 2.1 | (1.8 - 2.5) | 126 | 2.1 | (1.7 - 2.5) | 133 | 2.4 | (2.0 - 2.8) |
| Over 30 | 54 | 1.1 | (0.8 - 1.4) | 78 | 1.6 | (1.2 - 1.9) | 72 | 1.4 | (1.1 - 1.7) | 94 | 1.8 | (1.4 - 2.1) | 115 | 2.2 | (1.8 - 2.6) | 101 | 1.9 | (1.6 - 2.3) | 113 | 2.3 | (1.9 - 2.7) |
| 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) | 146 | 1.9 | (1.6 - 2.2) | 155 | 2.2 | (1.8 - 2.5) |
| 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) | 60 | 1.4 | (1.0 - 1.7) | 79 | 2.1 | (1.7 - 2.6) |
| 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) | 120 | 1.9 | (1.6 - 2.2) | 145 | 2.3 | (2.0 - 2.7) |
| 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) | 81 | 2.3 | (1.8 - 2.8) | 91 | 2.7 | (2.2 - 3.3) |

Source: SSSFT and BFG

1. Deployment to the wider theatre of operation (see paragraph 53).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (see paragraph 15).

Annex A4 RAF

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

Risk groups

- RAF females and Other Oanks had significantly higher rates of mental disorders compared to males and Officers (**Tables 35 and 36**) in line with the Armed Forces as a whole.
- The rate of mental disorder among RAF personnel was highest for those aged between 20 and 44 years of age. Rates of mental health then decrease as age increases after the age of 45 years. (**Table 37**)
- Previous deployment to Iraq or Afghanistan was not a predictor for being assessed with a mental health disorder among RAF personnel (**Table 38**).
- Females had a higher admittance rate to a MOD in-patient contractor than males with a rate of 3.0 per 1,000 strength in 2013/14 (**Table 40**).

Disorders

- Neurotic Disorders and Mood Disorders were the most common disorders among RAF personnel (**Table 39**) as per the Armed Forces as a whole.
- Rates of PTSD among RAF personnel remained low over the seven year period at 0.7 per 1,000 strength in the latest year.

Recent trends

- Rates of mental disorders among RAF personnel have increased by 74% over the last seven years, in line with the Armed Forces as a whole (**Table 44 and Figure 14**).
- Rates of RAF females have increased by 91% since 2007/08 compared to an increase of 79% among females in the Armed Forces as a whole. Rates among RAF males have increased by 66% compared to an increase of 78% among males in the Armed Forces (**Table 35**).
- Neurotic Disorders among RAF personnel increased by 100% since 2007/08, compared to a 85% increase in Neurotic Disorders among the overall Armed Forces (**Table 39**).
- Mental disorder rates among RAF Officers increased by 185% over the last seven years compared to a 146% increase in the overall Armed Forces rate among Officers. Rates among Other ranks in the RAF increased by 64% compared to 74% among the Armed Forces as a whole over the last seven years.

New Episodes of Care at MOD DCMH 2007/08 - 2013/14

Table 34: RAF new episodes of care at the MOD DCMH, 2007/08- 2013/14, 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 | 1,311 | 897 | 20.2 | (18.9 - 21.5) |
| 2010/11 | 1,311 | 944 | 21.5 | (20.1 - 22.9) |
| 2011/12 | 1,262 | 936 | 22.3 | (20.9 - 23.7) |
| 2012/13 ² | 1,474 | 1,117 | 28.6 | (26.9 - 30.2) |
| 2013/14 | 1,432 | 1,100 | 29.9 | (28.2 - 31.7) |

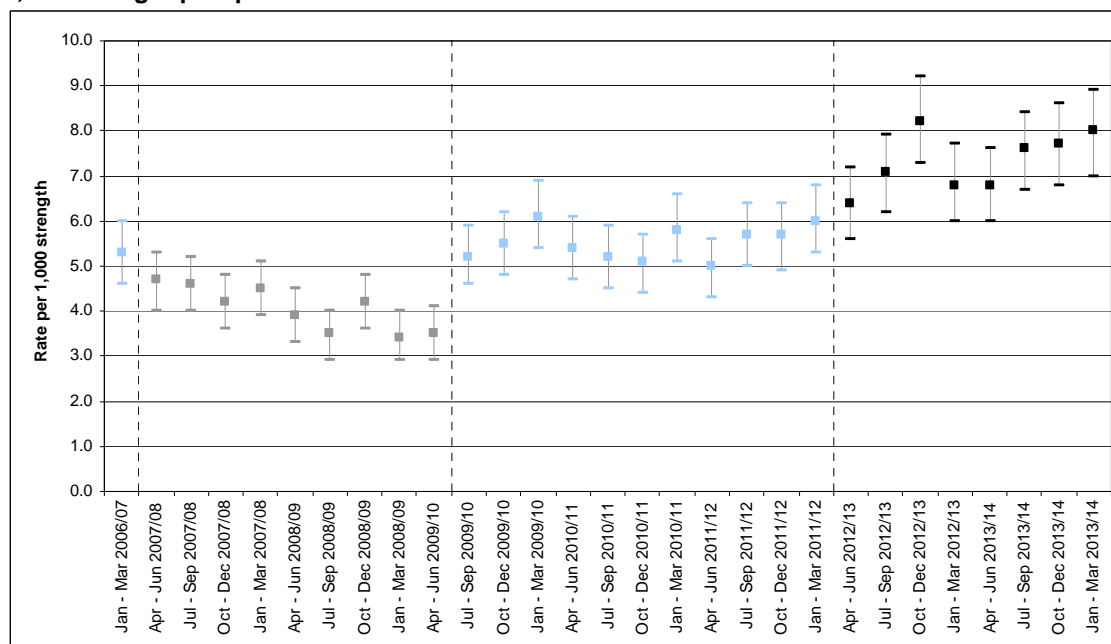
Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraphs 35-36)

2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)

3. Excludes 45 records supplied without identifiers (see paragraph 33)

Figure 14: RAF personnel assessed with a mental disorder, January 2007 to March 2014^{1,2,3}, rates per 1,000 strength per quarter and 95% confidence intervals



Source : DS Database and DMICP

1. January 2007 - June 2009 new attendances, July 2009 onwards new episodes of care (see paragraphs 35-36).
2. January 2007 represents a genuine baseline as at this point all cases were 'new episodes of care' as this was the start of data capture by Defence Statistics.
3. April 12 - June 2013 new methodology (see paragraphs 37-41).

Table 35: RAF new episodes of care at the MOD DCMH, by ICD gender, 2007/08 - 2013/14, numbers and rates per 1,000 strength.

| RAF | 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 | 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 | (14.6 - 17.2) | 411 | 287 | 47.5 | (42.0 - 53.0) |
| 2010/11 | 899 | 637 | 16.8 | (15.5 - 18.1) | 412 | 307 | 51.0 | (45.3 - 56.8) |
| 2011/12 | 885 | 634 | 17.5 | (16.2 - 18.9) | 377 | 302 | 52.2 | (46.3 - 58.1) |
| 2012/13 ² | 1,007 | 755 | 22.4 | (20.8 - 24.0) | 467 | 362 | 66.8 | (59.9 - 73.7) |
| 2013/14 | 987 | 735 | 23.2 | (21.5 - 24.9) | 445 | 365 | 72.0 | (64.6 - 79.4) |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraphs 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)
3. Excludes 45 records supplied without identifiers (see paragraph 33)

Table 36: RAF new episodes of care at the MOD DCMH, by rank, 2007/08 - 2013/14, 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 | (21.9 - 25.2) |
| 2011/12 | 194 | 160 | 16.7 | (14.1 - 19.3) | 1,068 | 776 | 24.0 | (22.3 - 25.7) |
| 2012/13 | 212 | 164 | 18.6 | (15.7 - 21.4) | 1,262 | 953 | 31.5 | (29.5 - 33.5) |
| 2013/14 | 218 | 179 | 21.6 | (18.4 - 24.8) | 1,214 | 921 | 32.4 | (30.3 - 34.5) |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraphs 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)
3. Excludes 45 records supplied without identifiers (see paragraph 33)

Table 37: RAF new episodes of care at the MOD DCMH, by age group, 2007/08 - 2013/14, 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 ¹ | 32 | 14.8 | (9.7 - 19.9) | 156 | 20.8 | (17.5 - 24.0) | 187 | 20.4 | (17.5 - 23.3) | 156 | 24.1 | (20.3 - 27.9) | 169 | 22.5 | (19.1 - 25.8) | 108 | 18.4 | (15.0 - 21.9) | 62 | 17.6 | (13.2 - 22.0) | 27 | 12.6 | (8.3 - 18.3) |
| 2010/11 | 33 | 20.4 | (13.4 - 27.3) | 145 | 19.5 | (16.3 - 22.6) | 202 | 22.0 | (19.0 - 25.0) | 162 | 23.1 | (19.5 - 26.6) | 189 | 27.9 | (23.9 - 31.8) | 126 | 21.1 | (17.4 - 24.8) | 61 | 17.0 | (12.7 - 21.3) | 26 | 11.5 | (7.5 - 16.8) |
| 2011/12 | 30 | 32.0 | (20.5 - 43.4) | 154 | 22.1 | (18.6 - 25.6) | 197 | 21.8 | (18.7 - 24.8) | 176 | 24.0 | (20.4 - 27.5) | 141 | 23.4 | (19.5 - 27.3) | 127 | 22.0 | (18.2 - 25.8) | 77 | 21.7 | (16.8 - 26.5) | 34 | 14.8 | (9.8 - 19.7) |
| 2012/13 ² | 35 | 63.4 | (42.4 - 84.4) | 182 | 28.7 | (24.5 - 32.8) | 275 | 32.2 | (28.4 - 36.0) | 216 | 29.2 | (25.3 - 33.1) | 168 | 31.8 | (27.0 - 36.6) | 140 | 26.4 | (22.1 - 30.8) | 67 | 19.7 | (15.0 - 24.4) | 34 | 14.9 | (9.9 - 19.9) |
| 2013/14 | 8 | 15.9 | (6.9 - 31.4) | 190 | 33.2 | (28.5 - 38.0) | 237 | 29.4 | (25.7 - 33.2) | 238 | 32.7 | (28.5 - 36.8) | 176 | 35.9 | (30.6 - 41.2) | 145 | 30.8 | (25.8 - 35.8) | 66 | 19.9 | (15.1 - 24.7) | 40 | 17.8 | (12.3 - 23.4) |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraphs 35-36)
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41)
3. Excludes 45 records supplied without identifiers (see paragraph 33)

Table 38: RAF new episodes of care at the MOD DCMH, by Operation, 2007/08 - 2013/14, 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 | | | episodes of care | of which mental disorders | | | 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 | 313 | 14.9 | (13.3 - 16.6) | 113 | 79 | 10.0 | (7.8 - 12.2) | 636 | 419 | 19.8 | (17.9 - 21.7) | | | | |
| 2008/09 | 459 | 358 | 14.4 | (12.9 - 15.9) | 396 | 311 | 14.4 | (12.8 - 16.0) | 184 | 145 | 14.1 | (11.8 - 16.5) | 400 | 291 | 15.5 | (13.7 - 17.2) | | | | |
| 2009/10 ³ | 661 | 510 | 19.6 | (17.9 - 21.3) | 555 | 434 | 19.9 | (18.0 - 21.8) | 311 | 236 | 18.4 | (16.1 - 20.8) | 650 | 387 | 21.1 | (19.0 - 23.2) | | | | |
| 2010/11 | 718 | 559 | 20.7 | (19.0 - 22.4) | 552 | 436 | 20.4 | (18.5 - 22.3) | 385 | 297 | 18.6 | (16.5 - 20.7) | 593 | 385 | 22.8 | (20.5 - 25.0) | | | | |
| 2011/12 | 715 | 354 | 13.0 | (11.6 - 14.3) | 523 | 389 | 19.4 | (17.5 - 21.4) | 478 | 364 | 19.1 | (17.2 - 21.1) | 547 | 402 | 27.5 | (24.8 - 30.2) | | | | |
| 2012/13 ² | 911 | 713 | 26.8 | (24.8 - 28.8) | 604 | 481 | 26.8 | (24.4 - 29.2) | 671 | 530 | 25.9 | (23.7 - 28.1) | 563 | 404 | 32.3 | (29.1 - 35.4) | | | | |
| 2013/14 | 953 | 727 | 28.2 | (26.2 - 30.3) | 583 | 450 | 28.1 | (25.5 - 30.7) | 765 | 574 | 27.0 | (24.8 - 29.2) | 479 | 373 | 34.0 | (30.5 - 37.4) | | | | |

Source : DS Database and DMICP

1. Deployment to the wider theatre of operation (see paragraph 53).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (see paragraphs 35-36).
4. Revised methodology to include electronic patient record data source (see paragraphs 37-41).

Table 39: RAF new episodes of care at the MOD DCMH, by ICD category, 2007/08 - 2013/14, numbers and rates per 1,000 strength.

| RAF | 2007/08 | | | 2008/09 | | | 2009/10 ¹ | | | 2010/11 | | | 2011/12 | | | 2012/13 ² | | | 2013/14 | | |
|--|--------------|-------------|-------------------------|------------|-------------|-------------------------|----------------------|-------------|-------------------------|--------------|-------------|-------------------------|--------------|-------------|-------------------------|----------------------|-------------|-------------------------|--------------|-------------|-------------------------|
| | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval |
| All cases seen by DCMH | 1,123 | 25.2 | (23.7 - 26.6) | 859 | 19.6 | (18.3 - 21) | 1,311 | 29.5 | (27.9 - 31.1) | 1,311 | 29.9 | (28.3 - 31.5) | 1,262 | 30.1 | (28.4 - 31.7) | 1,474 | 37.7 | (35.8 - 39.6) | 1,432 | 39.0 | (37.0 - 41.0) |
| Cases of Mental Health disorder | 761 | 17.1 | (15.8 - 18.3) | 649 | 14.8 | (13.7 - 16) | 897 | 20.2 | (18.9 - 21.5) | 944 | 21.5 | (20.1 - 22.9) | 936 | 22.3 | (20.9 - 23.7) | 1,117 | 28.6 | (26.9 - 30.2) | 1,100 | 29.9 | (28.2 - 31.7) |
| 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) | 22 | 0.6 | (0.4 - 0.9) | 31 | 0.8 | (0.5 - 1.1) |
| <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) | 22 | 0.6 | (0.4 - 0.9) | 31 | 0.8 | (0.5 - 1.1) |
| Mood disorders | 181 | 4.1 | (3.5 - 4.6) | 158 | 3.6 | (3.1 - 4.2) | 239 | 5.4 | (4.7 - 6.1) | 208 | 4.7 | (4.1 - 5.4) | 261 | 6.2 | (5.5 - 7.0) | 344 | 8.8 | (7.9 - 9.7) | 337 | 9.2 | (8.2 - 10.2) |
| <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) | 234 | 6.0 | (5.2 - 6.8) | 270 | 7.4 | (6.5 - 8.2) |
| Neurotic disorders | 508 | 11.4 | (10.4 - 12.4) | 426 | 9.7 | (8.8 - 10.7) | 571 | 12.9 | (11.8 - 13.9) | 622 | 14.2 | (13.1 - 15.3) | 570 | 13.6 | (12.5 - 14.7) | 713 | 18.2 | (16.9 - 19.6) | 706 | 19.2 | (17.8 - 20.6) |
| <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) | 21 | 0.5 | (0.3 - 0.8) | 27 | 0.7 | (0.5 - 1.1) |
| <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) | 448 | 11.5 | (10.4 - 12.5) | 389 | 10.6 | (9.5 - 11.6) |
| Other mental and behavioural disorders | 34 | 0.8 | (0.5 - 1.0) | 44 | 1.0 | (0.7 - 1.3) | 58 | 1.3 | (1.0 - 1.6) | 77 | 1.8 | (1.4 - 2.1) | 74 | 1.8 | (1.4 - 2.2) | 38 | 1.0 | (0.7 - 1.3) | 26 | 0.7 | (0.5 - 1.0) |
| No mental disorder | 291 | 6.5 | (5.8 - 7.3) | 210 | 4.8 | (4.2 - 5.5) | 414 | 9.3 | (8.4 - 10.2) | 367 | 8.4 | (7.5 - 9.2) | 326 | 7.8 | (6.9 - 8.6) | 357 | 9.1 | (8.2 - 10.1) | 332 | 9.0 | (8.1 - 10.0) |
| No initial assessment provided | 71 | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | |

Source : DS Database and DMICP

1. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (see paragraphs 35-36).
2. Revised methodology to include electronic patient record data source (see paragraphs 37-41).
3. Excludes 45 records supplied without identifiers (see paragraph 33).

New Episodes of Care at MOD In-patient contractors 2007/08 - 2013/14

Table 40: RAF, In-patient admissions at MOD In-Patient contractors by demographics and year, 2007/08 - 2013/14, numbers and rates per 1,000 strength.

| | 2007/08 | | | 2008/09 | | | 2009/10 | | | 2010/11 | | | 2011/12 | | | 2012/13 | | | 2013/14 | | |
|---------------------------------|-----------|------------|-------------------------|-----------|------------|-------------------------|-----------|------------|-------------------------|-----------|------------|-------------------------|-----------|------------|-------------------------|-----------|------------|-------------------------|-----------|------------|-------------------------|
| | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval | Number | Rate | 95% Confidence Interval |
| All | 42 | 0.9 | (0.7 - 1.2) | 43 | 1.0 | (0.7 - 1.3) | 47 | 1.1 | (0.8 - 1.4) | 29 | 0.1 | (0.4 - 0.9) | 29 | 0.7 | (0.5 - 1.0) | 32 | 0.8 | (0.5 - 1.1) | 39 | 1.1 | (0.7 - 1.4) |
| Gender | | | | | | | | | | | | | | | | | | | | | |
| Male | 29 | 0.7 | (0.5 - 1.1) | 30 | 0.8 | (0.5 - 1.1) | 30 | 0.8 | (0.5 - 1.1) | ~ | 0.7 | (0.5 - 1.0) | ~ | 0.7 | (0.4 - 1.0) | 27 | 0.8 | (0.5 - 1.2) | 24 | 0.8 | (0.5 - 1.1) |
| Female | 13 | 2.2 | (1.2 - 3.8) | 13 | 2.2 | (1.2 - 3.8) | 17 | 2.8 | (1.6 - 4.5) | ~ | 0.3 | (0.0 - 1.2) | ~ | 0.7 | (0.2 - 1.8) | 5 | 0.9 | (0.3 - 2.2) | 15 | 3.0 | (1.7 - 4.9) |
| Rank | | | | | | | | | | | | | | | | | | | | | |
| Officers | ~ | 0.4 | (0.1 - 1.0) | ~ | 0.3 | (0.1 - 0.9) | 9 | 0.9 | (0.4 - 1.7) | 5 | 0.5 | (0.2 - 1.2) | ~ | 0.3 | (0.1 - 0.9) | 5 | 0.6 | (0.2 - 1.3) | ~ | 0.5 | (0.1 - 1.2) |
| Ranks | ~ | 1.1 | (0.7 - 1.4) | ~ | 1.2 | (0.8 - 1.5) | 38 | 1.1 | (0.8 - 1.5) | 24 | 0.7 | (0.5 - 1.1) | ~ | 0.8 | (0.5 - 1.2) | 27 | 0.9 | (0.6 - 1.3) | ~ | 1.2 | (0.8 - 1.6) |
| Age | | | | | | | | | | | | | | | | | | | | | |
| Under 29 | 21 | 1.2 | (0.7 - 1.8) | 19 | 1.0 | (0.6 - 1.6) | 25 | 1.3 | (0.9 - 2.0) | 7 | 0.4 | (0.2 - 0.8) | 13 | 0.8 | (0.4 - 1.3) | ~ | 0.3 | (0.1 - 0.7) | 18 | 1.3 | (0.7 - 2.0) |
| Over 30 | 21 | 0.8 | (0.5 - 1.2) | 24 | 0.9 | (0.6 - 1.4) | 22 | 0.9 | (0.5 - 1.3) | 22 | 0.9 | (0.5 - 1.3) | 16 | 0.6 | (0.4 - 1.0) | ~ | 1.2 | (0.8 - 1.7) | 21 | 0.9 | (0.6 - 1.4) |
| Deployment - Theatres of | | | | | | | | | | | | | | | | | | | | | |
| Iraq and/or Afghanistan | 22 | 0.9 | (0.6 - 1.4) | 21 | 0.8 | (0.5 - 1.3) | 21 | 0.8 | (0.5 - 1.2) | 16 | 0.6 | (0.3 - 1.0) | 9 | 0.3 | (0.2 - 0.6) | 22 | 0.8 | (0.5 - 1.3) | 19 | 0.7 | (0.4 - 1.2) |
| 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 | 0.7 | (0.4 - 1.1) | 5 | 0.2 | (0.1 - 0.6) | 15 | 0.8 | (0.5 - 1.4) | 12 | 0.7 | (0.4 - 1.3) |
| Of which Afghanistan | 7 | 0.9 | (0.4 - 1.8) | 10 | 1.0 | (0.5 - 1.8) | 9 | 0.7 | (0.3 - 1.3) | 8 | 0.5 | (0.2 - 1.0) | 6 | 0.3 | (0.1 - 0.7) | 18 | 0.9 | (0.5 - 1.4) | 17 | 0.8 | (0.5 - 1.3) |
| Neither Iraq or Afghanistan | 20 | 0.9 | (0.6 - 1.5) | 22 | 1.2 | (0.7 - 1.8) | 26 | 1.4 | (0.9 - 2.1) | 13 | 0.8 | (0.4 - 1.3) | 20 | 1.4 | (0.8 - 2.1) | 10 | 0.8 | (0.4 - 1.5) | 20 | 1.8 | (1.1 - 2.8) |

Source: SSSFT and BFG

1. Deployment to the wider theatre of operation (see paragraph 53).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 56).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (see paragraph 15).

Annex B: Field Mental Health Team Data (Afghanistan)

134. 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.

135. 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.

136. **Table 41** provides details of the types of presenting complaints, by ICD-10 grouping and year, for Armed Forces personnel assessed by FMHT professionals whilst on operations in Afghanistan.

Table 41: Presenting complaints of UK Armed Forces personnel assessed by FMHT by ICD-10 grouping, 2007/08-2013/14, numbers^{1 2}.

| | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|--|---------|---------|---------|---------|---------|---------|---------|
| All | 127 | 85 | 137 | 202 | 122 | 234 | 118 |
| Psychoactive substance misuse | ~ | 0 | 0 | ~ | 0 | 0 | 0 |
| <i>of which due to alcohol</i> | ~ | 0 | 0 | ~ | 0 | 0 | 0 |
| Mood Disorders | 12 | 9 | 0 | 15 | 11 | 30 | 12 |
| <i>of which depressive episode</i> | 11 | 8 | 0 | 15 | 11 | 24 | 12 |
| Neurotic disorders | 44 | 30 | 95 | 120 | 50 | 145 | 65 |
| <i>of which PTSD</i> | 6 | ~ | 0 | 0 | ~ | 15 | 6 |
| <i>of which adjustment disorders</i> | 18 | 28 | 51 | 53 | 17 | 27 | 26 |
| Other mental and behavioural disorders | ~ | ~ | 7 | ~ | ~ | ~ | ~ |
| No Mental disorder | 0 | 0 | 15 | 60 | 0 | ~ | ~ |
| No assessment provided | 39 | 14 | 20 | 0 | ~ | 48 | 35 |

Source : FMHT returns

1. Data presented as "~" has been suppressed in accordance with Defence Statistic's rounding policy (see paragraph 58).

2. The figures presented in this table may represent an undercount of all personnel assessed by the FMHTs, as data may be incomplete due to operational constraints.

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

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

138. Personnel are aeromedically evacuated from theatre for a range of medical conditions. **Table 42** details the number of UK Armed Forces personnel aeromedically evacuated from the Iraq or Afghanistan theatres of operation for psychiatric reasons for the period 2007/08 to 2013/14.

139. 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. This may be due to injuries being listed as the reason for an aeromedical evacuation, and some personnel may have returned to the UK via other routes, such as routine flights.

Table 42: UK Armed Forces personnel aeromedically evacuated¹ for psychiatric reasons from the Afghanistan and Iraq theatres of operation, 2007/08 - 2012/13, numbers^{2,3,4}.

| | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Afghanistan Aeromedical Evacuations | | | | | | | |
| Total number of evacuations | 22 | 16 | 27 | 35 | 32 | 71 | 36 |
| 1A - Severe Psychiatric Patient | 0 | 0 | 0 | ~ | ~ | ~ | 0 |
| 1B - Psychiatric Patients of Intermediate Severity | 6 | ~ | 10 | ~ | ~ | ~ | 7 |
| 1C - Mildly Disturbed Psychiatric Patients | 16 | ~ | 17 | 24 | 22 | 54 | 29 |
| Unknown Severity | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Iraq Aeromedical Evacuations | | | | | | | |
| Total number of evacuations | 24 | 26 | 8 | ~ | - | - | - |
| 1A - Severe Psychiatric Patient | 0 | ~ | 0 | 0 | - | - | - |
| 1B - Psychiatric Patients of Intermediate Severity | ~ | ~ | ~ | ~ | - | - | - |
| 1C - Mildly Disturbed Psychiatric Patients | ~ | 19 | ~ | ~ | - | - | - |
| Unknown Severity | 0 | 0 | 0 | 0 | - | - | - |

Source: Aeromedical Evacuation Control Centre and Defence Patient Tracking System

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

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

3 Data presented as "~" has been suppressed in accordance with Defence Statistic's rounding policy (see paragraph 58).

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

140. The number of UK Service personnel aeromedically evacuated for psychiatric reasons from Afghanistan reduced by 49% from 71 in 2012/13 to 36 in 2013/14. This reduction is likely to be a result of the draw-down from operations in Afghanistan, with a lower number of personnel deployed to theatre as the draw-down continues and a lower operational tempo.

141. **Table 43** shows the first location of medical care following aeromedical evacuation from the Afghanistan and Iraq theatres of operation for the period 2007/08 to 2013/14.

Table 43: First location of medical care for UK Armed Forces personnel aeromedically evacuated for psychiatric reasons from the Afghanistan and Iraq theatres of operation, 2007/08 - 2012/13, numbers^{1 2 3 4}.

| | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Afghanistan Aeromedical Evacuations | | | | | | | |
| Total number of evacuations | 22 | 16 | 27 | 35 | 32 | 71 | 36 |
| DCMH or In-Patient contractor | 5 | 7 | ~ | 5 | ~ | 19 | 13 |
| Unit/Unit Primary Healthcare | 7 | 9 | 15 | 22 | 24 | 45 | 23 |
| Ministry of Defence Hospital Unit (MDHU) | 0 | 0 | ~ | ~ | 0 | ~ | 0 |
| NHS | 0 | 0 | ~ | ~ | ~ | ~ | 0 |
| RRU | 0 | 0 | 0 | 0 | ~ | 0 | 0 |
| Reserve Training and Mobilisation Centre (RTMC) | 0 | 0 | ~ | 0 | 0 | 0 | 0 |
| Unknown | 10 | 0 | 0 | ~ | 0 | ~ | 0 |
| Iraq Aeromedical Evacuations | | | | | | | |
| Total number of evacuations | 24 | 26 | 8 | ~ | - | - | - |
| DCMH or In-Patient contractor | 0 | 14 | ~ | 0 | - | - | - |
| Unit/Unit Primary Healthcare | 6 | 12 | ~ | ~ | - | - | - |
| Ministry of Defence Hospital Unit (MDHU) | 0 | 0 | 0 | 0 | - | - | - |
| NHS | 0 | 0 | 0 | 0 | - | - | - |
| RRU | 0 | 0 | 0 | 0 | - | - | - |
| Reserve Training and Mobilisation Centre (RTMC) | 0 | 0 | 0 | 0 | - | - | - |
| Unknown | 18 | 0 | ~ | 0 | - | - | - |

Source: Aeromedical Evacuation Control Centre and Defence Patient Tracking System

1. The DPTS is a live system and is constantly being updated retrospectively as such the data are provisional and subject to change.

2. These figures include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel and Reservists. These exclude Other Nations Service Personnel.

3. Data presented as "~" has been suppressed in accordance with Defence Statistic's rounding policy (see paragraph 58).

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

142. Of the 36 UK Service personnel aeromedically evacuated for psychiatric reasons from Afghanistan in 2013/14, 64% (N=23) had their first medical care at their unit/unit primary healthcare following evacuation. This proportion was similar to that seen in previous years.

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

143. 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.

144. 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.

145. Patients assessed with a mental health condition are then treated at DMRC Headley Court for the duration of their care.

Table 44 - 48 provides details of the key socio-demographic characteristics of Armed Forces personnel assessed for potential mental health issues at DMRC Headley Court between 2009/10 and 2013/14

Table 44 Initial mental health assessments at DMRC Headley, financial years, 2009/10-2013/14, numbers and rates per 1,000 strength¹.

| | All episodes of care | Of which mental disorders | | | No Mental Disorder |
|----------------------|----------------------|---------------------------|--------|-------------|--------------------|
| | | n | C rate | 95% CI | n |
| 2009/10 | 165 | 95 | 0.5 | (0.4 - 0.6) | 70 |
| 2010/11 | 234 | 139 | 0.7 | (0.6 - 0.8) | 95 |
| 2011/12 | 254 | 139 | 0.7 | (0.6 - 0.8) | 115 |
| 2012/13 | 143 | 124 | 0.7 | (0.5 - 0.8) | 19 |
| 2013/14 ² | 140 | 102 | 0.6 | (0.5 - 0.7) | 36 |

Source: DS Database and DMICP

1. Data collection began in July 2009

2. Two records supplied without ICD information, these are included in the All episodes of care but not the disorder breakdowns

Table 45: Initial mental health assessments at DMRC Headley Court by Gender, 2009/10-2013/14, 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 | ~ | 0.5 | (0.4 - 0.6) | 8 | ~ | 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 | 234 ^f | 122 ^f | 0.7 | (0.6 - 0.8) | 20 | 17 | 0.9 | (0.5 - 1.5) | 115 |
| 2012/13 | 128 | 111 | 0.7 | (0.5 - 0.8) | 15 | 13 | 0.7 | (0.4 - 1.3) | 19 |
| 2013/14 ³ | 129 | 93 | 0.6 | (0.5 - 0.7) | 11 | 9 | 0.5 | (0.2 - 1.0) | 36 |

Source: DS Database and DMICP

1. Data collection began in July 2009

2. *r* annotates changes to previously published data.

3. Two records supplied without ICD information, these are included in the All episodes of care but not the disorder breakdowns

Table 46: Initial mental health assessments at DMRC Headley Court by rank, 2009/10-2013/14, 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 | 26 ^f | 15 ^f | 0.5 ^f | (0.2 - 0.7) | 228 | 124 | 0.8 | (0.6 - 0.9) | 115 |
| 2012/13 | 18 | 16 | 0.5 | (0.3 - 0.8) | 125 | 108 | 0.7 | (0.6 - 0.8) | 19 |
| 2013/14 ³ | 17 | 13 | 0.4 | (0.2 - 0.7) | 123 | 89 | 0.6 | (0.5 - 0.7) | 36 |

Source: DS Database and DMICP

1. Data collection began in July 2009

2. *r* annotates changes to previously published data.

3. Two records supplied without ICD information, these are included in the All episodes of care but not the disorder breakdowns

Table 47: Initial mental health assessments at DMRC Headley Court by age group, 2009/10-2013/14, numbers and rates per 1,000 strength¹.

| | 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 | n | rate |
| 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) | | |
| 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) | | |
| 2011/12 | ~ | 0.3 | (0.1 - 0.8) | 36 | 0.8 | (0.6 - 1.1) | 43 | 1.0 | (0.7 - 1.3) | 27 | 0.8 | (0.5 - 1.2) | 23 | 0.9 | (0.5 - 1.3) | 5 | 0.2 | (0.1 - 0.6) | ~ | 0.2 | (0.0 - 0.7) | 0 | 0.0 | (0.0 - 0.6) | | |
| 2012/13 | ~ | 0.2 | (0.0 - 0.8) | 27 | 0.7 | (0.4 - 1.0) | 37 | 0.9 | (0.6 - 1.2) | 23 | 0.7 | (0.4 - 1.0) | 15 | 0.6 | (0.3 - 1.0) | 15 | 0.8 | (0.4 - 1.3) | ~ | 0.3 | (0.1 - 0.8) | ~ | 0.3 | (0.0 - 1.1) | | |
| 2013/14 ² | ~ | 0.2 | (0.0 - 0.9) | 21 | 0.6 | (0.3 - 0.9) | 32 | 0.8 | (0.5 - 1.1) | 24 | 0.7 | (0.5 - 1.1) | 11 | 0.5 | (0.2 - 0.9) | 10 | 0.6 | (0.3 - 1.0) | 0 | 0 | (0.0 - 0.4) | ~ | 0.3 | (0.0 - 1.1) | | |

Source: DS Database and DMICP

1. Data collection began in July 2009

2. Two records supplied without ICD information, these are included in the All episodes of care but not the disorder breakdowns

Table 48: Initial mental health assessments at DMRC Headley Court by deployment, 2009/10-2013/14, 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 | n | rate | 95% CI | n | |
| 2009/10 | 150 | 85 | 0.7 | (0.6 - 0.9) | 74 | 46 | 0.5 | (0.4 - 0.6) | 132 | 74 | 1.2 | (0.9 - 1.5) | 15 | 10 | 0.1 | (0.1 - 0.2) | 70 |
| 2010/11 | 203 | 117 | 1.0 | (0.8 - 1.1) | 93 | 62 | 0.7 | (0.5 - 0.9) | 182 | 101 | 1.3 | (1.1 - 1.6) | 31 | 22 | 0.3 | (0.2 - 0.4) | 95 |
| 2011/12 | 220 | 114 | 0.9 | (0.8 - 1.1) | 176 | 92 | 1.1 | (0.9 - 1.4) | 214 | 108 | 1.2 | (1.0 - 1.5) | 34 | 25 | 0.3 | (0.2 - 0.5) | 115 |
| 2012/13 | 114 | 98 | 0.8 | (0.7 - 1.0) | 47 | 45 | 0.6 | (0.4 - 0.8) | 96 | 81 | 0.9 | (0.7 - 1.1) | 29 | 26 | 0.4 | (0.3 - 0.6) | 19 |
| 2013/14 ² | 113 | 81 | 0.7 | (0.7 - 1.0) | 43 | 30 | 0.4 | (0.3 - 0.6) | 98 | 71 | 0.8 | (0.6 - 0.9) | 27 | 21 | 0.3 | (0.2 - 0.5) | 36 |

Source: DS Database and DMICP

1. Data collection began in July 2009

2. Two records supplied without ICD information, these are included in the All episodes of care but not the disorder breakdowns

146. Of the 140 patients seen in 2013/14, 102 (73%) were assessed with a mental disorder, representing an overall rate for Armed Forces personnel assessed at DMRC with a mental disorder of 0.6 per 1,000 strength.

147. Rates of mental disorders assessed at DMRC have remained static over time and there were no significant differences between the demographic groups for gender, rank and age.

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

Annex E: Reserves Mental Health Programme

149. 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.

150. 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.

151. 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.

152. **Table 49** provides a summary of the method of contact made to the RMHP in 2008/09 to 2013/14 despite publicised details that primary referral should be through a GP, this accounted for only 27% of calls in 2013/14.

Table 49: Calls received by the Reserves Mental Health Programme, 2008/09 to 2013/14, numbers.

| | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|--|---------|---------|---------|---------|---------|---------|---------|
| Total calls received | 40 | 50 | 29 | 42 | 40 | 66 | 45 |
| Self referral | 32 | 44 | 21 | 32 | 35 | 54 | 33 |
| GP referral | 8 | 6 | 8 | 10 | 5 | 12 | 12 |
| Cases assessed | 40 | 50 | 29 | 42 | 40 | 56 | 52 |
| No mental disorder (Cat 1) | 6 | 13 | 5 | 11 | 6 | 14 | ~ |
| Mental disorder not combat related (Cat 2) | ~ | ~ | ~ | ~ | ~ | 0 | ~ |
| Mental disorder combat related (Cat 3) | 27 | 27 | 19 | 23 | 27 | 36 | 42 |
| Cases waiting to be assessed at end date | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Appointments cancelled | ~ | ~ | ~ | ~ | ~ | ~ | 0 |
| Did not attend | 0 | 0 | ~ | 0 | 0 | ~ | 0 |

Source : RMHP

1. Data presented as "~" has been suppressed in accordance with Defence Statistic's rounding policy (see paragraph 58).

153. 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.

154. The figures in **Table 49** were provided in aggregated form by the RMHP practice manager and have not been validated by Defence Statistics, or linked to DCMH data. Please note that Reserve personnel can have a minimum of six weeks between making a call to the program and being assessed, thus the numbers provided for calls made and cases assessed may not equal the same.

Annex F: Medical Discharges

155. 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.

156. 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.

157. 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.

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

Table 50: Personnel medically discharged with the principal condition attributed to mental health by Service, 2007/08-2013/14, numbers¹.

| | All | 2007/08 | | | 2008/09 | | | 2009/10 | | | 2010/11 | | | 2011/12 | | | 2012/13 | | | 2013/14 | | |
|--|--------------|---------------|------------|-----------|---------------|------------|-----------|---------------|------------|-----------|---------------|------------|-----------|---------------|------------|-----------|---------------|------------|-----------|---------------|------------|-----------|
| | | Naval Service | Army | RAF | Naval Service | Army | RAF | Naval Service | Army | RAF | Naval Service | Army | RAF | Naval Service | Army | RAF | Naval Service | Army | RAF | Naval Service | Army | RAF |
| Discharges for mental and behavioural disorders | 1,571 | 36 | 139 | 45 | 29 | 140 | 40 | 21 | 102 | 23 | 42 | 128 | 30 | 39 | 124 | 26 | 45 | 188 | 30 | 36 | 279 | 29 |
| Psychoactive substance abuse | 46 | 0 | - | - | 0 | 8 | - | 0 | - | - | 0 | - | 0 | 0 | - | 0 | 0 | 5 | 0 | - | 13 | 0 |
| of which disorders due to alcohol | 40 | 0 | - | - | 0 | 8 | - | 0 | - | - | 0 | - | 0 | 0 | - | 0 | 0 | 5 | 0 | - | 9 | 0 |
| Mood Disorders | 479 | 15 | 51 | 15 | 11 | 37 | 23 | 9 | 25 | 11 | 17 | 33 | 14 | 16 | 40 | 9 | 18 | 39 | 16 | 15 | 52 | 13 |
| of which depressive episodes | 396 | 13 | 42 | 14 | 9 | 31 | 21 | 8 | 17 | 11 | 16 | 25 | 13 | 14 | 28 | 9 | 16 | 32 | 14 | 13 | 41 | 9 |
| Neurotic Disorders | 842 | 16 | 63 | 20 | 13 | 71 | 11 | 7 | 60 | 8 | 19 | 71 | 10 | 17 | 69 | 14 | 24 | 124 | 13 | 13 | 185 | 14 |
| of which PTSD | 415 | 7 | 21 | - | - | 32 | - | - | 26 | - | 7 | 33 | - | 6 | 44 | - | 14 | 73 | - | 5 | 123 | - |
| of which Adjustment disorders | 141 | - | 12 | 11 | 5 | 10 | 8 | - | 12 | - | - | 9 | - | - | 8 | 5 | - | 10 | 7 | - | 22 | - |
| Other Mental and Behavioural Disorders | 204 | - | 22 | 6 | 5 | 24 | - | 5 | 14 | - | - | 20 | 6 | - | 13 | - | - | 20 | - | 7 | 29 | - |

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

1. Data presented as "-" has been suppressed in accordance with Defence Statistic's rounding policy (see paragraph 58).

159. 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.

160. Whilst the number of medical discharges with the principal condition attributed to mental health have risen over time, this is in line with an increase in the overall number of medical discharges. Medical discharge for mental and behavioural disorder was the second most common reason for medical discharge for each Service over the last seven years with Neurotic and Mood disorders accounting for 54% and 30% of all mental and behavioural discharges respectively.

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

Annex G: Armed Forces Compensation Scheme Awards

162. 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.

163. 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.

164. The tariff is separated into nine tariff of injury tables; injuries/illnesses are grouped together by common factors, and each tariff of injury table is 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.infolaw.co.uk/mod/docs/AFCS-2013-04-08.pdf>

Table 51: Claims awarded under the AFCS that contain a condition under the tariff of injury table of 'Mental Disorders' by claim type¹, 2009/10-2013/14, numbers^{2,3}

| Claim type | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|-------------------|---------|---------|---------|---------|---------|
| All | 120 | 195 | 200 | 260 | 475 |
| In Service | 65 | 125 | 125 | 155 | 310 |
| Medical discharge | 20 | 20 | 25 | 35 | 35 |
| Post Service | 35 | 45 | 50 | 70 | 130 |

Source : *Compensation and Pension System*

1. Includes claims and further additional claims.

2. In accordance with Defence Statistics' rounding policy, all figures are rounded to the nearest 5

165. **Table 51** shows that the number of injury claims cleared in the latest year has increased considerably from previous years. This is due to a reorganisation and simplification of processes by DBS to clear a backlog of claims for both the AFCS and the War Pension Scheme (WPS).

166. 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.

167. The figures presented are as provided to Defence Statistics in extracts from DBS' Compensation and Pension System (CAPS). Figures reported in this release are based on the latest data extract from CAPS (as at 31 March 2014).

168. These statistics are subject to routine revisions as CAPS is a live data system and historic data is amended between data extracts. These figures are identified by a revision marker ('r').

169. 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.

170. For further information regarding Armed Forces Compensation Scheme statistics, please see the AFCS National Statistic that can be found on the Gov.UK website at <https://www.gov.uk/government/collections/armed-forces-compensation-scheme-statistics-index>