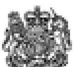
Ministry of Defence

UNITED KINGDOM DEFENCE STATISTICS 2012

CHAPTER 3

Health

DASA (WDS) | tel: (020)78078792 | fax: (020)72180969 | mil: 9621 78792
MOD Main Building, Floor 3 Zone K, Whitehall, London, SW1A 2HB
email: DASA-enquiries-mailbox@mod.uk   web: http://www.dasa.mod.uk



© Crown copyright 2011. For further information visit the Office of Public Sector Information website at www.opsi.gov.uk

CHAPTER 3 - HEALTH

INTRODUCTION

This chapter provides summaries and analyses of health-related information for UK Armed Forces personnel and health & safety information for both UK Armed Forces personnel and MOD civilians. The main findings of DASA Health Information's four National Statistics publications are summarised in this chapter, along with a range of other key outputs.

There are ten sections in this chapter covering:

Deaths in the UK Armed Forces (Tables 3.1 to 3.4) – Numbers and rates of deaths in the UK Armed Forces are reported for a 10 year time series broken down by Service, year of death and cause. A comparison with deaths in the UK population is also presented.

Suicides in the UK Armed Forces (Tables 3.5 and 3.6) - Numbers, and rates are reported for a 28 year time series, broken down by Service, gender and age. A comparison with suicides in the UK population is presented.

UK Gulf Veterans Mortality (Table 3.7) - Number of deaths of UK Gulf 1 veterans and of a UK Military comparison group who did not deploy to the Gulf. Figures and mortality rate ratios for the period 1991 to 2011 are presented by cause of death and are compared to mortality rates in the UK general population.

Operational Fatalities and Casualties (Tables 3.8 to 3.11) - Numbers of UK Armed Forces and civilian fatalities on operations in Afghanistan, Iraq and the Balkans. Numbers of very seriously injured and seriously injured UK Armed Forces and civilian casualties on operations in Afghanistan, Iraq and the Balkans. Numbers of Armed Forces personnel returned to the UK from Iraq and Afghanistan as a result of an injury or illness who have been treated at the Royal Centre for Defence Medicine (RCDM) and the Defence Medical Rehabilitation Centre (DMRC) Headley Court.

Amputations (Table 3.12) – Numbers of UK Service personnel who have sustained a partial or complete limb amputation as a result of injuries sustained in Afghanistan and Iraq.

Mental Health (Tables 3.13 to 3.16) – Numbers and rates of attendances at the Ministry of Defence's Departments of Community Mental Health in 2010/11 and 2011/12 broken down by demographics, deployment and mental disorder groupings. Rate ratios are presented comparing those who have deployed to the Iraq and/or Afghanistan theatres of operation with those who have not deployed there. New admissions to the MOD's UK in-patient contractor are presented.

Medical Discharges (Tables 3.17 to 3.19) – Numbers of medical discharges of Army, RAF and Naval Service personnel for financial years 2007/08 to 2011/12 broken down by discharge cause.

Health and Safety (Tables 3.20 to 3.23) - Numbers of work related deaths and on-duty workplace incidents resulting in injury-related deaths to UK Armed Forces and civilians for the last 10 calendar years, broken down by year and cause. Numbers and rates of major and serious injuries for UK military and civilian personnel for the last five financial years broken down by Service.

Civilian Personnel Sickness Absence (Table 3.24) – Numbers of working days lost per year due to sickness, broken down by cause.

War Pensions and Armed Forces Compensation Scheme (Tables 3.25 to 3.29) – Number of War Pensions in payment under the War Pensions Scheme by type. Number and outcomes of claims registered, and tariff of injury table information for lump sum awards under the Armed Forces Compensation Scheme.

KEY POINTS AND TRENDS

• In 2011, a total of 132 deaths occurred among the UK Regular Armed Forces **(see Table 3.1)**. During the 10-year period 2002-2011, the overall Armed Forces age and gender standardised rates fluctuated between a low of 70 per 100,000 in 2011 to a high of 107 per 100,000 in 2007 **(see Table 3.1)**. For the UK Regular Armed Forces as a whole, the annual standardised mortality rates (SMRs) were statistically significantly lower than the UK population, except in 2006, 2007, 2009 and 2010 when it was not significantly different from the UK population.

• For the 28-year period 1984-2011, 755 suicide and open verdict deaths occurred among UK Regular Armed Forces personnel: 734 among males and 21 among females **(see Table 3.5)**. Overall, male suicide rates in the UK Armed Forces were statistically significantly lower than the UK general population, with the exception of the under 20 age group. For the Army, these young males were at a 46% increased risk of suicide. Young males in the Naval Service and RAF were at a decreased risk of suicide compared with the under 20 UK male population, although this reduction was not statistical significant. **(see Table 3.6)**.

CHAPTER 3 - HEALTH

INTRODUCTION

• Between 1 April 1991 and 31 December 2011 there were 1,283 deaths of Gulf 1 veterans and 1,364 deaths among the Era comparison group **(see Table 3.7)**. There were no statistically significant differences in the total number of deaths for any of the main cause of death groups.

• Between the financial years 2002/03 and 2011/12, there have been 407 UK fatalities on operations in Afghanistan **(see Table 3.8)**.

• Between the financial years 2002/03 and 2011/12, there have been 558 very seriously injured or seriously injured casualties on operations in Afghanistan **(see Table 3.9)**.

• From the introduction of reporting in Q3 2001/02 until the end of 2011/12, quarter three of 2009/10 recorded the highest number of UK Service personnel who sustained a partial or complete limb amputation as a result of injuries sustained in Afghanistan, with 24 amputees. 2010/11 recorded the highest annual number of amputees in Afghanistan (75 UK Service personnel), an increase of 6% from the previous year **(see Table 3.12)**.

• From the introduction of reporting in Q4 2002/03 until the end of 2011/12, 2006/07 recorded the highest annual number of recorded UK Service personnel who sustained a partial or complete limb amputation as a result of injuries sustained in Iraq, with 10 amputees **(see Table 3.12)**.

• During 2011/12, 3,970 new episodes of care of mental disorder were identified within UK Armed Forces personnel, representing a rate of 20.4 per 1,000 strength. Rates for Army and RAF personnel were higher than for Navy personnel with rates for Royal Marine personnel the lowest; rates for females were higher than for males; rates for other ranks were higher than for Officers. With regard to Operational deployment, the rate for those identified as having previously deployed to Afghanistan and/or Iraq was not significantly different compared to those identified as not having previously deployed to either operation **(see Table 3.13)**.

• During the 5 financial years 2007/08 to 2011/12 there were 1,481 medical discharges from the Naval Service **(see Table 3.17)**, 4,439 from the Army **(see Table 3.18)** and 913 from the RAF **(see Table 3.19)**. Musculoskeletal disorders and injuries were the most common cause of discharge for each Service.

• For the 10-year period 1st April 2002 to 31st March 2012 there were 703 work related deaths, of which 502 were hostile action deaths, 68 were on-duty road traffic accidents and 133 were work place incidents **(see Table 3.20)**.

• The number of major injuries and illnesses reported increased from 765 in 2007/08 to 925 in 2011/12; an increase of 29%. The rate of major injury and illnesses increased over the 5 year period from 282 per 100,000 MOD personnel in 2007/08 to 365 per 100,000 in 2011/12 **(see Table 3.22)**. Improvements in reporting mechanisms are thought to be partly responsible for this increase.

• For MOD civilian personnel, the number of working days lost has decreased for both non-industrial and industrial staff between 2010 and 2011, however the rate of sick absence has increased **(see Table 3.24)**.

• The number of injury claims cleared under the AFCS since the scheme began has increased year on year between 2005/06 (n=135) and 2011/12 (n=6,845) **(see Table 3.27)**. This is due to an increasing awareness of the scheme, as well as increasing numbers who are eligible to claim, i.e. Service related injury/illness with an incident/onset date on or after 6 April 2005. The number of cleared claims dropped during 2011/12 to 6,475. Please note that this figure is provisional and may increase in future updates of these statistics, as cases with a pending outcome (as at 31 March 2012) are cleared.

ETHICAL AND CONFIDENTIALITY ISSUES

The information presented in this publication does not present any ethical issues:

- Information relating to deaths is publicly available.
- No medical information is presented detailing the injuries sustained.
- As only aggregated data are presented, individuals cannot be identified.

CHAPTER 3 - HEALTH

INTRODUCTION

USE OF STATISTICS

The tables published in Chapter 3 have a range of users, both internally within the MOD and externally outside the department. Within the MOD these statistics are used both for policy making and policy monitoring. For example, these statistics are used for MOD medical planning and the monitoring of suicide (and mental health) within the Armed Forces. Outside of the department, these statistics are used by both charities (such as the Royal British Legion and BLESMA) and also by academia (such as Kings College London and Manchester University). Additionally, these statistics are used by the British public to help hold the MOD to account. This is evidenced through the high volume of Parliamentary Questions (PQs) regarding health information and external Freedom of Information (FOI) requests answered.

OTHER

Tables 3.01 to 3.07 and 3.25 are National Statistics, whilst the remaining tables in Chapter 3 are not. DASA's operational statistics **(tables 3.8 to 3.12)** were not considered in DASA's 2011 UKSA assessment due to the finite nature of their publication. These publications were all introduced as a result of the MOD's presence in Iraq / Afghanistan and are likely to either cease or be substantially refined when the MOD withdraws from operations in Afghanistan. The remaining tables **(tables 3.13 to 3.23 and 3.26 to 3.29)** relate to publications that have evolved considerably and at this stage are not yet stable enough to be comprehensively judged against the professional standards set out in the Code of Practice for National Statistics.

CHANGES TO FINANCIAL YEAR

Tables 3.12 to 3.16 and **3.20 to 3.23** have changed from reporting in calendar year to reporting by financial year. This decision has been made to make the tables consistent with the National or Official Statistic from which the information is sourced as well as to align with the Defence Planning and Business Cycle for provision of healthcare to the Armed Forces.

LINKS TO WEBSITES

Further information on coding to ICD10, including a full breakdown of codes, can be found on the World Health Organisation website:
http://www.who.int/classifications/apps/icd/icd10online/

All links to the most recent publication of DASA Healths National and Official Statistics can be found in the relevant section introductions or they can be located by visiting the DASA web site: http://www.dasa.mod.uk

CHAPTER 3 - HEALTH

DEATHS IN THE UK REGULAR ARMED FORCES

This section provides summary statistics on deaths among the UK Regular Armed Forces between 2002 and 2011. The information was compiled from data held by DASA (Health Information) on 13 February 2012 and has previously been published in the National Statistic *Deaths in the UK Regular Armed Forces 2011*.

The information on deaths presented here are for the UK Regular Armed Forces, including all trained and untrained personnel. DASA have included non-regulars who died whilst deployed on operations since they are classified as ‘regular’ personnel for the duration of their operational deployment. The Naval Service includes both Royal Navy and Royal Marines personnel. The data here exclude the Home Service of the Royal Irish Regiment, full time reservists, Territorial Army and Naval Activated Reservists since DASA do not receive routine notifications of all deaths among reservists and non-regulars, and because reliable denominator data (i.e. the population size) required to produce interpretable statistics are not available.

In order to compare time trends and to take into account the different age and gender structures of the three Services, rates have been age and gender standardised. In order to facilitate comparisons with previously published reports, data has been standardised to the 2011 Armed Forces population. Previously published rates were standardised to the 2010 Armed Forces population.

Annual strength data for UK Regular Armed Forces personnel were obtained for the period 2001-2005 from the Armed Forces Personnel Administration Agency (AFPAA). Strength data for 2006 were obtained from both AFPAA and the Joint Personnel Administration (JPA) system. Strength data for 2007 onwards were obtained from JPA. In previous editions of UKDS, JPA strength data from May 2009 onwards was considered provisional but all JPA figures are now considered final and no longer provisional.

To enable comparisons with deaths in the UK population, Standardised Mortality Ratios (SMR), adjusted for age, gender and year, were calculated. An SMR is defined as the ratio of the number of deaths observed in the study population to the number of deaths expected if the study population had the same age and gender-specific rates as the standard population in each specific year multiplied by 100 by convention. An SMR over (or under) 100 indicates a higher (or lower) number of observed deaths in the UK Regular Armed Forces than expected (based on UK population rates). An SMR of 100 implies that there is no difference in rates when comparing the UK Regular Armed Forces population with the UK population.

Data on the size of the UK general population and the numbers of deaths by age, gender and year were obtained from the Office for National Statistics (ONS), General Register Office for Scotland (GROS) and the Northern Ireland Statistics and Research Agency (NISRA). Data for 2011 were not available at the time of publication; therefore figures from 2010 were used as an estimate for 2011 as the year on year variation in the UK population figures is unlikely to affect the findings.

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 National Statistic *Deaths in the UK Regular Armed Forces 2011* which is published on the DASA website (www.dasa.mod.uk) is an annual publication and the latest figures can be found here http://www.dasa.mod.uk/index.php?pub=MORTALITY.

CHAPTER 3 - HEALTH

DEATHS IN THE UK REGULAR ARMED FORCES

Table 3.1 Deaths in the UK Regular Armed Forces: by year of occurrence and Service, numbers, age and gender standardised rates and standardised mortality ratios[1,2,3], 2002-2011

In 2003 and 2004 there were increases in the number of deaths in the Naval Service due to 3 helicopter incidents involving multiple deaths during operations in the Middle East. Operational fatalities amongst Royal Marines account for the increase in the Naval Service mortality rate in 2008 with the rate falling in subsequent years due to a fall in the deaths as a result of hostile action.

The increase in the number of deaths among Army personnel in 2006, 2007, 2009 and 2010 can be accounted for by an increase in the number of deaths due to Hostile Action (38 deaths in 2006, 63 deaths in 2007, 99 deaths in 2009 and 79 deaths in 2010). There was also an increase in the number of deaths due to accidents in 2007. In 2008 and 2011, Army deaths decreased largely due to a reduction in both operational fatalities and land transport accidents.

In 2006 there was an increase in RAF deaths due to the loss of 12 RAF personnel in a Nimrod crash in Afghanistan in September 2006.

The data in this table are within the scope of National Statistics.

Numbers of deaths

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total	**147**	**177**	**170**	**160**	**191**	**204**	**137**	**205**	**187**	**132**
Naval Service	26	37	37	27	33	27	40	23	30	19
Army	94	101	96	93	111	145	79	158	136	98
RAF	27	39	37	40	47	32	18	24	21	15

Source: DASA(Health Information)

During the 10-year period 2002-2011, the overall Armed Forces age and gender standardised mortality rates fluctuated between 70 per 100,000 in 2011 and a high of 107 per 100,000 in 2007 and 2009. Rates have been updated and are age and gender standardised to the 2011 Armed Forces population and are expressed per 100,000 strength. Previously published rates were standardised to the 2010 Armed Forces population.

Age and gender standardised rates per 100,000 strength[1,2]

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total	***75***	***84***	***82***	***82***	***98***	***107***	***74***	***107***	***97***	***70***
Naval Service	*75*	*90*	*93*	*70*	*86*	*73*	*110*	*57*	*78*	*52*
Army	*87*	*85*	*75*	*89*	*94*	*130*	*73*	*134*	*116*	*90*
RAF	*52*	*71*	*66*	*72*	*90*	*73*	*37*	*54*	*49*	*31*

Source: DASA(Health Information)

Continued on the next page

Table 3.1 Deaths in the UK Regular Armed Forces: by year of occurrence and Service, numbers, age and gender standardised rates and standardised mortality ratios[1,2,3], 2002-2011 continued

For the UK Regular Armed Forces as a whole, the annual Standardised Mortality Ratio (SMR) was statistically significantly lower than the UK population, except in 2006, 2007, 2009 and 2010 when it was not significantly different from the UK population.

For the years 2003, 2004, 2006, 2008 and 2010 the Naval Service SMR were not significantly different to the UK general population. For all other years the Naval Service were statistically significantly lower than the UK population. Operational incidents in 2003, 2004, 2006 and 2008 account for the higher SMR for the Naval Service in these years. In 2011 there was a 54% statistically significant decreased risk of dying in the Naval Service compared to the UK general population.

For the years 2002 and 2008, the Army SMR was statistically significantly lower than the UK general population. Between 2003 and 2006 the Army was not significantly different from the UK population. In 2007, 2009 and 2010, the Army was at a significantly increased risk of dying compared to the UK population. In 2011, the Army was at the same risk of dying compared to the UK population.

For the periods 2002 - 2005 and 2007 - 2011, the RAF annual SMR was statistically significantly lower than the UK general population. In 2006 the RAF was not statistically different from the UK population. This is due to the loss of 12 RAF personnel in a Nimrod crash. In 2011 there was a 71% statistically significant decreased risk of dying in the RAF compared to the UK general population.

The data in this table are within the scope of National Statistics.

Standardised mortality ratios[1,3]

	2002	2003	2004	2005	2006	2007	2008	2009	2010 [4]	2011
Total	***62***	***76***	***76***	***75***	***87***	***97***	***65***	***99***	***94***	***67***
Naval Service	*53*	*79*	*82*	*62*	*73*	*61*	*89*	*53*	*71*	*46*
Army	*79*	*87*	*86*	*88*	*100*	*133*	*72*	*146*	*131*	*94*
RAF	*38*	*56*	*55*	*62*	*75*	*55*	*32*	*43*	*39*	*29*

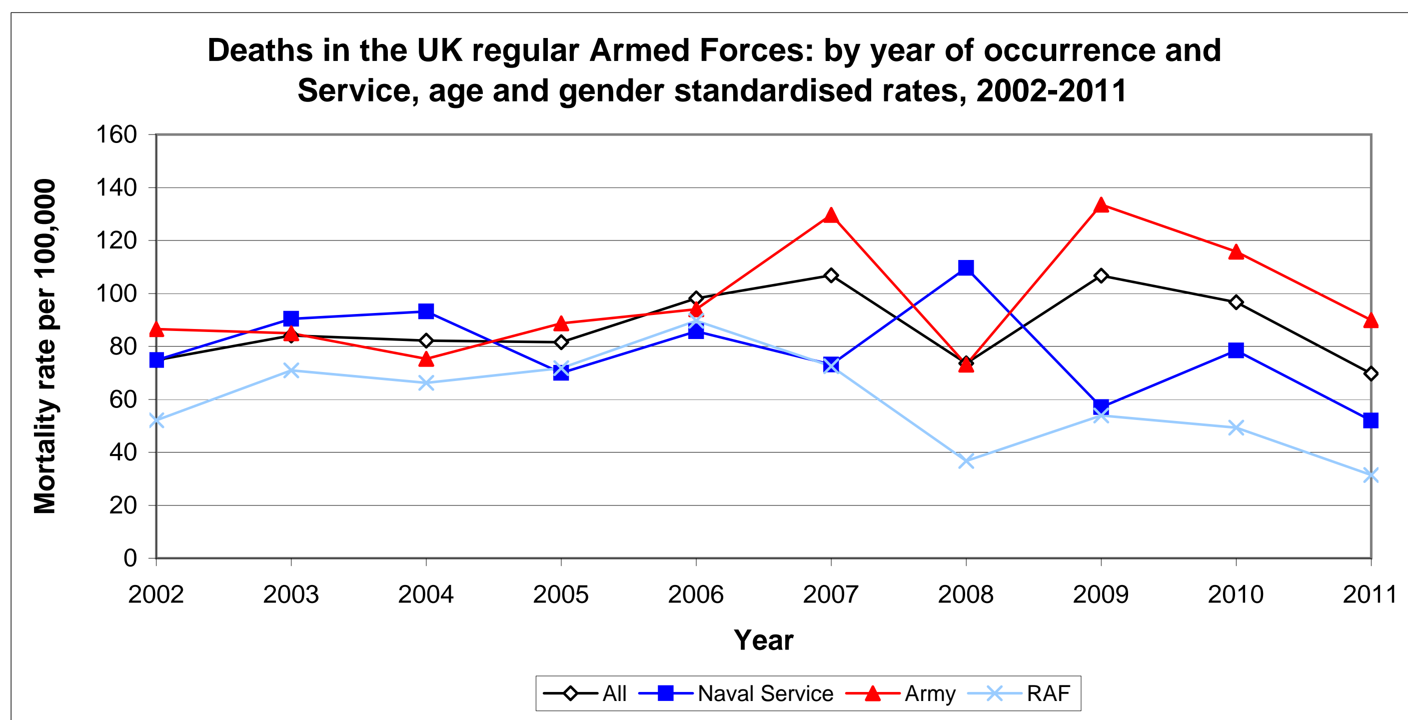
Source: DASA(Health Information)

1. Changes to data previously published in UKDS - i) rates have been updated and are age and gender standardised to the 2011 Armed Forces population where previously published rates were standardised to the 2010 Armed Forces population, ii) JPA strength data from May 2009 onwards was previously provisional but has now been revised with strength figures considered final and no longer provisional.
2. Rates have been age and gender standardised to the 2011 Armed Forces population and are expressed per 100,000 strength.
3. Standardised mortality ratios have been standardised for age, gender and calendar year.
4. In the previous edition of UKDS the UK general population data for 2010 were not available to calculate standard mortality ratios (SMRs) and so the 2009 data was used as an estimate for the 2010 figure (as there is little year on year variation for the UK figures). The general population data for 2010 is now available and has been used for the 2010 SMR.

CHAPTER 3 - HEALTH

DEATHS IN THE UK REGULAR ARMED FORCES

Chart to Table 3.1 **Deaths in the UK Regular Armed Forces: by year of occurrence and Service, age and gender standardised rates[1], 2002-2011**



Source: DASA(Health Information)

1. Rates have been age and gender standardised to the 2011 Armed Forces population and are expressed per 100,000 strength.

Table 3.2 Deaths in the UK Regular Armed Forces: by year of occurrence and cause[1], numbers, 2002-2011

The data in this table are within the scope of National Statistics.

Numbers	2002	2003	2004	2005	2006 [2]	2007	2008 [2]	2009 [2]	2010 [2]	2011
Total	**147**	**177**	**170**	**160**	**191**	**204**	**137**	**205**	**187**	**132**
Disease-related conditions	**41**	**40**	**43**	**44**	**40** r	**38**	**38** r	**36**	**26**	**31**
Cancers	19	18	21	23	25	27	23 r	19	16	19
Diseases of the circulatory system	19	14	18	16	14 r	7	10 r	9	7	9
Other	3	8	4	5	1	4	5 r	8	3	3
External causes of injury and poisoning	**106**	**137**	**126**	**115**	**150** r	**164**	**98** r	**165**	**156** r	**100**
Deaths due to accidents	**88**	**71**	**89**	**71**	**88**	**77**	**37** r	**37** r	**52** r	**48**
Land Transport Accidents	64	50	61	53	61	51	26	28	36	25
Other	24	21	28	18	27	26	11 r	9 r	16 r	23
Deaths due to violence	**3**	**41**	**17**	**22**	**50**	**77**	**52**	**114**	**98**	**47**
Hostile action[3]	-	40	11	21	48	73	52	107	95	43
Other	3	1	6	1	2	4	-	7	3	4
Suicide and Open verdicts	**15**	**25**	**20**	**22**	**12** r	**10**	**9**	**14** r	**6** r	**5**
Cause not currently available	**-**	**-**	**1**	**1**	**1**	**2**	**1**	**4**	**5**	**1**

Source: DASA(Health Information)

Continued on the next page

1. DASA code all cause of death information to the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), 1992.

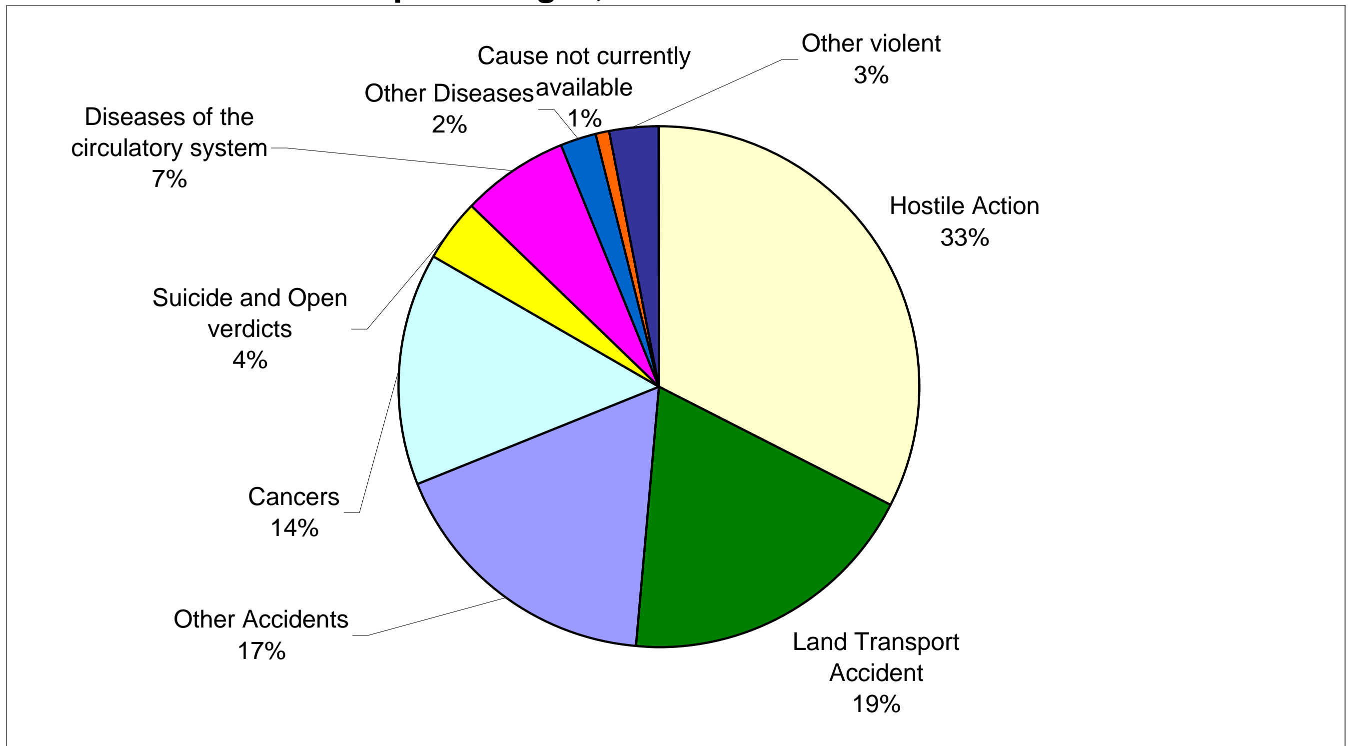
2. There have been 13 amendments to the classifications given to the cause of death from the previous publication of UKDS :
 - 2006: One record has been amended from 'Other Accident to 'Suicide and Open Verdict' and one record from 'Diseases of the circulatory system' to 'Other Accident'
 - 2008: One record has been amended from 'Cancers' to 'Other diseases', one record from 'Other Accident' to 'Cause not currently available' and one record from 'Cause not currently available' to 'Diseases of the circulatory system'
 - 2009: Four records have been amended from 'Other Accident' to 'Suicide and Open Verdict'
 - 2010: One record has been amended from 'Other Accident' to 'Suicide and Open Verdict', one record from 'Cause not currently available' to 'Diseases of the circulatory system', one record from 'Cause not currently available' to 'Other Accident' and one from 'Diseases of the circulatory system' to 'Other Accident'

3. DASA have included the Joint Casualty and Compassionate Cell (JCCC) categories of 'killed in action' and 'died of wounds' together provide information on the number of Service personnel who have died as a result of hostile action. The term 'killed in action' is used when a battle casualty has died outright or as a result of injuries before reaching a medical facility, whilst 'died of wounds' refers to battle casualties who died of wounds or other injuries after reaching a medical facility.

CHAPTER 3 - HEALTH

DEATHS IN THE UK REGULAR ARMED FORCES

Chart to Table 3.2 Deaths in the UK Regular Armed Forces: by cause, percentages, 2011[1]



1. Percentages may not add up to 100% due to rounding.

Table 3.3 Deaths in the UK Regular Armed Forces: by year of occurrence and cause[1], age and gender standardised rates[2,3], 2002-2011

The only cause of death that has shown an increasing trend during this period was hostile action (killed in action and died of wounds) which rose to a high of 55 per 100,000 in 2010 and then fell to 23 per 100,00 in 2011. This is as a result of operations in Iraq and Afghanistan.

The data in this table are within the scope of National Statistics.

Age and gender standardised rates per 100,000 strength[2]	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
All	***75***	***84***	***82***	***82***	***98***	***107***	***74***	***107***	***97***	***70***
Disease-related conditions	***27***	***19***	***24***	***24***	***21***	***21***	***21***	***20***	***14***	***16***
Cancers	*12*	*8*	*13*	*13*	*14*	*15*	*13*	*10*	*9*	*10*
Diseases of the circulatory system	*12*	*7*	*9*	*8*	*7*	*4*	*6*	*5*	*4*	*5*
Other	*2*	*5*	*2*	*3*	*<1*	*2*	*3*	*4*	*2*	*2*
External causes of injury and poisoning	***48***	***65***	***58***	***57***	***76***	***85***	***52***	***85***	***80***	***53***
Deaths due to accidents	***40***	***34***	***41***	***35***	***45***	***39***	***19***	***19***	***27***	***25***
Land Transport Accidents	*28*	*24*	*28*	*26*	*30*	*26*	*13*	*14*	*18*	*13*
Other	*12*	*10*	*13*	*10*	*14*	*13*	*6*	*5*	*8*	*12*
Deaths due to violence	***1***	***19***	***8***	***11***	***26***	***40***	***28***	***58***	***50***	***25***
Hostile action[4]	-	*19*	*5*	*10*	*25*	*38*	*28*	*55*	*49*	*23*
Other	*1*	*<1*	*3*	*<1*	*1*	*2*	-	*4*	*1*	*2*
Suicide and Open verdicts	***7***	***12***	***9***	***11***	***6***	***5***	***5***	***7***	***3***	***3***
Cause not currently available	-	-	***<1***	***1***	***1***	***1***	***1***	***2***	***3***	***1***

Source: DASA(Health Information)

Continued on the next page

1. DASA code all cause of death information to the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), 1992.
2. Changes to data previously published in UKDS - i) rates have been updated and are age and gender standardised to the 2011 Armed Forces population where previously published rates were standardised to the 2010 Armed Forces population, ii) JPA strength data from May 2009 onwards was previously provisional but has now been revised with strength figures considered final and no longer provisional.
3. Rates which are greater than 0 but would not be rounded to 1 are represented as <1.
4. DASA have included the Joint Casualty and Compassionate Cell (JCCC) categories of killed in action and died of wounds which, together, provide information on the number of Service personnel who have died as a result of hostile action. The term 'killed in action' is used when a battle casualty has died outright or as a result of injuries before reaching a medical facility, whilst 'died of wounds' refers to battle casualties who died of wounds or other injuries after reaching a medical facility.

CHAPTER 3 - HEALTH

DEATHS IN THE UK REGULAR ARMED FORCES

Chart to Table 3.3 **Deaths in the UK Regular Armed Forces: by year of occurrence and cause, age and gender standardised rates, 2002-2011[1,2]**

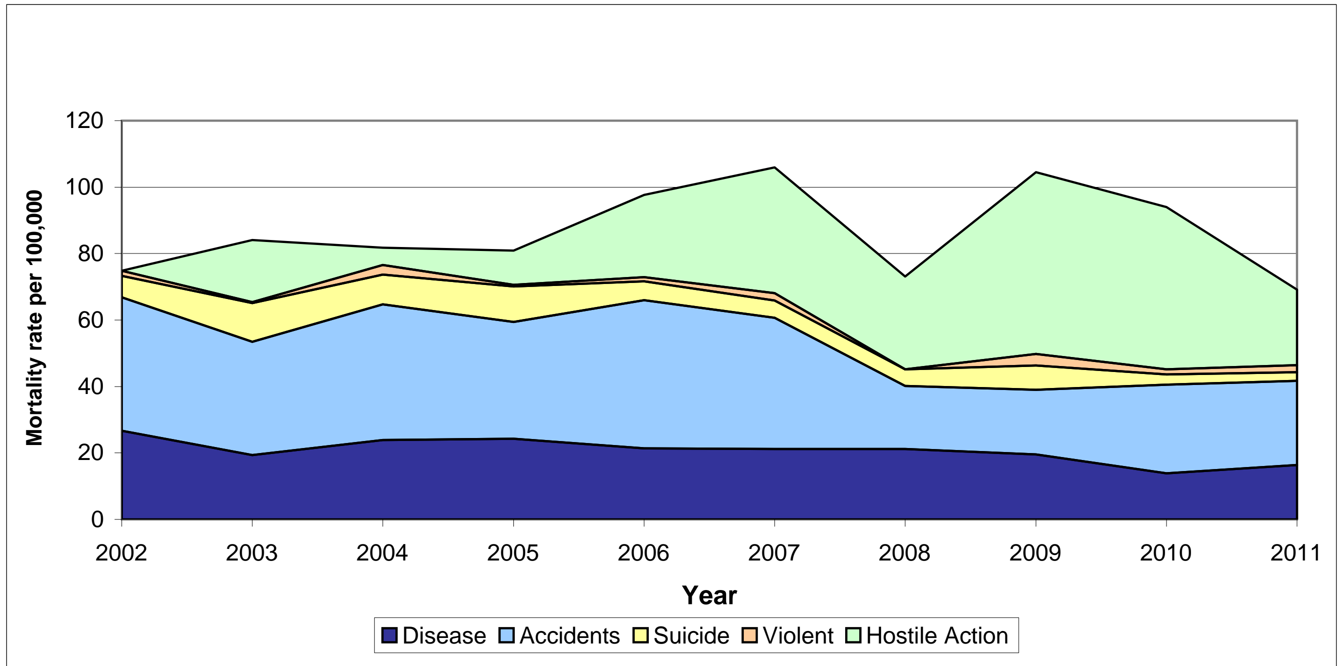


Table 3.4 Deaths in the UK Regular Armed Forces: by year of occurrence and cause[1], standardised mortality ratio[2], 2002-2011

Throughout the last ten years, the UK Regular Armed Forces have been at a significantly decreased risk of dying as a result of a disease related condition compared to the UK general population.

For the period 2002, 2007 and 2010, the UK Regular Armed Forces were at a significantly increased risk of dying as a result of an accident compared to the UK general population. For the years 2008, 2009 and 2011 there was no significant difference in deaths due to accidents between members of the UK Armed Forces and the UK general population.

With the exception of 2008, the UK Regular Armed Forces have been at a significantly increased risk of dying as a result of land transport accidents compared to the UK general population. In 2011, Land Transport Accident deaths were the second largest cause of death in the UK Regular Armed Forces and the UK AF were at a 85% significantly increased risk of dying as a result of Land Transport accidents compared to the UK general population.

No standardised mortality rate (SMR) is provided for 'hostile action' because this is a military specific category and only Service personnel are at risk of this cause of death. These deaths are included in the overall SMR.

Between 2002 and 2011, the UK Regular Armed Forces have been at a significantly decreased risk of dying as a result of a suicide compared to the UK general population. Please note that this comparison includes deaths among males and females whereas the data provided in **Table 3.6** provide comparisons to the UK general population for males only.

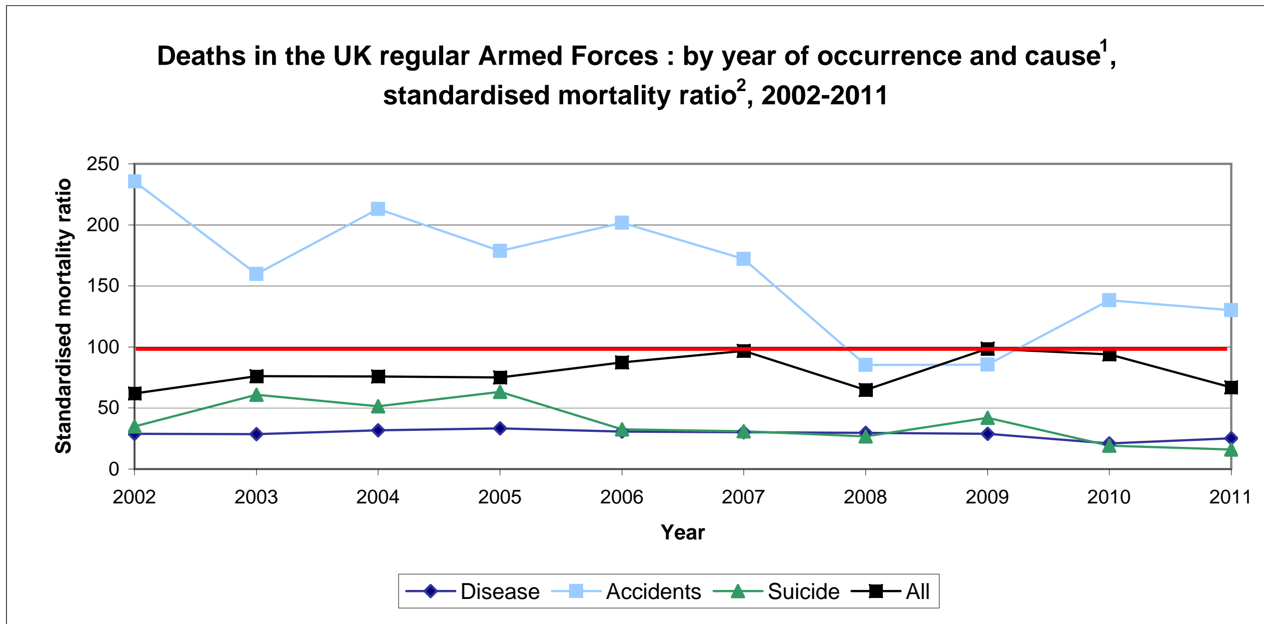
The data in this table are within the scope of National Statistics.

Standardised Mortality Ratio[2,3]	2002	2003	2004	2005	2006	2007	2008	2009	2010[4]	2011
All	***62***	***76***	***76***	***75***	***87***	***97***	***65***	***99***	***94***	***67***
Disease-related conditions	***29***	***29***	***32***	***33***	***31***	***30***	***30***	***29***	***21***	***25***
Cancers	*51*	*50*	*58*	*67*	*72*	*82*	*70*	*58*	*48*	*57*
Diseases of the circulatory system	*51*	*38*	*50*	*45*	*41*	*22*	*30*	*28*	*22*	*28*
Other	*4*	*12*	*6*	*8*	*2*	*7*	*8*	*13*	*5*	*5*
External causes of injury and poisoning	***116***	***154***	***148***	***148***	***178***	***204***	***122***	***208***	***217***	***142***
Deaths due to accidents	***197***	***160***	***213***	***179***	***202***	***172***	***85***	***86***	***138***	***130***
Land Transport Accidents	*236*	*179*	*242*	*225*	*239*	*228*	*135*	*162*	*258*	*185*
Other	*137*	*127*	*170*	*112*	*150*	*116*	*46*	*35*	*68*	*98*
Deaths due to violence[6]	*	*	*	*	*	*	*	*	*	*
Hostile action[7]	*	*	*	*	*	*	*	*	*	*
Other	*76*	*28*	*139*	*30*	*52*	*119*	-	*274*	*108*	*146*
Suicide and Open verdicts	***35***	***61***	***52***	***63***	***33***	***31***	***27***	***42***	***19***	***16***
Cause not currently available	**-**	**-**	***26***	***28***	***24***	***48***	***27***	***105***	***125***	***25***

Source: DASA(Health Information)

1. DASA codes all cause of death information to the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), 1992.
2. Standardised mortality ratios (SMRs) have been standardised for age, gender and calendar year.
3. Changes to data previously published in UKDS - i) rates have been updated and are age and gender standardised to the 2011 Armed Forces population where previously published rates were standardised to the 2010 Armed Forces population, ii) JPA strength data from May 2009 onwards was previously provisional but has now been revised with strength figures considered final and no longer provisional.
4. In the previous edition of UKDS the UK general population data for 2010 were not available to calculate SMRs and so the 2009 data was used as an estimate for the 2010 figure (as there is little year on year variation for the UK figures). The general population data for 2010 is now available and has been used for the 2010 SMR.
5. An overall SMR for deaths due to violence has not been calculated due to a lack of comparable UK population data.
6. No comparison between members of the UK Armed Forces and members of the UK general population for deaths due to hostile action were made as there is no equivalent cause of death in the UK population. DASA have included the Joint Casualty and Compassionate Cell (JCCC) categories of killed in action and died of wounds together provide information on the number of Service personnel who have died as a result of hostile action. The term 'killed in action' is used when a battle casualty has died outright or as a result of injuries before reaching a medical facility, whilst 'died of wounds' refers to battle casualties who died of wounds or other injuries after reaching a medical facility.

Chart to Table 3.4 Deaths in the UK Regular Armed Forces: by year of occurrence and cause[1], standardised mortality ratio[2], 2002-2011



1 The red line indicates a standardised mortality ratio (SMR) of 100. An SMR over (or under) 100 indicates a higher (or lower) number of observed deaths in the UK Regular Armed Forces than expected (based on UK population rates).

CHAPTER 3 - HEALTH

SUICIDE AND OPEN VERDICT DEATHS IN THE UK REGULAR ARMED

This section provides summary statistics on suicide and open verdict deaths among the UK Regular Armed Forces between 1984 and 2011. The information was compiled from data held by DASA (Health Information) on 13 February 2012 and has previously been published in the National Statistic *Suicide and Open Verdict Deaths in the UK Regular Armed Forces 1984-2011.*

The data presented includes both coroner-confirmed suicides and open verdict deaths. In accordance with the Office for National Statistics (ONS) practice, the term 'suicide' should be understood to include all suicide and open verdict deaths. There are 29 deaths in the 'awaiting verdict' category involving a wide range of external accidental or violent causes. These have been referred to a coroner (or, for Scotland, the Procurator Fiscal) and some may be returned as suicides or open verdicts.

Due to the low numbers of cases among female Service personnel (21 deaths in 28 years), most of the analyses have been restricted to males only (aged 16-59 years).

The analyses made here are based on relatively small numbers. This presents a particular challenge for complex and detailed statistical analysis. As this section presents several sub-group analyses in which some categories may only involve a handful of cases, there is a risk of misinterpreting a chance association for a real finding. Caution is recommended against reading too much into past trends and assuming that they still apply today or will continue to do so in the future. In particular, they cannot take into account a large number of policy initiatives that have been introduced in the past few years.

Deaths presented here are for the UK regular Armed Forces. The dataset includes all trained and untrained regular Service personnel. Non-regular Service personnel that were deployed on operations at the time of their death are also included. The data here exclude the Home Service of the Royal Irish Regiment, full time reservists, Territorial Army and Naval Activated Reservists who were not deployed on operations at the time of their death, as DASA do not receive routine notifications of all deaths among reservists and non-regulars, and because reliable denominator data to produce interpretable statistics are not available.

The Naval Service includes both Royal Navy and Royal Marines personnel.

In order to compare time trends and to take into account the different age and gender structures of the three Services, rates have been age and gender standardised. In order to facilitate comparisons with previously published reports, data have been standardised to the 2011 Armed Forces population. Note that comparisons in previous editions of UKDS were standardised to the 2010 Armed Forces population.

To enable comparisons with suicides in the UK population, Standardised Mortality Ratios (SMR), adjusted for age, gender and year, were calculated. An SMR is defined as the ratio of the number of deaths observed in the study population to the number of deaths expected if the study population had the same age- and gender-specific rates as the standard population in each specific year multiplied by 100 by convention. Here, an SMR over (or under) 100 indicates a higher (or lower) number of observed suicides in the UK Regular Armed Forces than expected (based on UK population rates). An SMR of 100 implies that there is no difference in rates when comparing the UK Regular Armed Forces population with the UK population.

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.

Note that the rates presented here relate to the whole population, rather than a sample. However, even in a population there is still random variation in the observed number of cases in a particular time period (particularly for rare events such as suicide). Confidence intervals are useful in making inferences about whether observed differences (e.g. between two time periods or two subgroups of the population) are significant or are likely to be due to chance alone.

Annual strength data for UK Regular Armed Forces personnel were obtained for the period 2001-2005 from the Armed Forces Personnel Administration Agency (AFPAA). Strength data for 2006 were obtained from both AFPAA and the Joint Personnel Administration (JPA) system. Strength data for 2007 onwards were obtained from JPA. In previous editions of UKDS, JPA strength data from May 2009 onwards was considered provisional but all JPA figures are now considered final and no longer provisional.

Data on the size of the UK general population and the numbers of deaths by age, gender and year were obtained from the Office for National Statistics (ONS), General Register Office for Scotland (GROS) and the Northern Ireland Statistics and Research Agency (NISRA). Data for 2011 were not available at the time of publication; therefore figures from 2010 were used as an estimate for 2011 as the year on year variation in the UK population figures is unlikely to affect the findings.

The National Statistic *Suicide and Open Verdict Deaths in the UK Regular Armed Forces 1984-2011* which is published on the DASA website (www.dasa.mod.uk) is an annual publication and the latest figures can be found here http://www.dasa.mod.uk/index.php?pub=SUICIDES.

Table 3.5 Suicide, open verdict and awaiting verdict deaths in the UK Regular Armed Forces: by Service and gender, numbers, 1984-2011

The data in this table are within the scope of National Statistics.

	Verdict	**Total**	Male	Female
All Services	Suicide	**582**	566	16
	Open	**173**	168	5
	Awaiting	**29**	27	2
Naval Service	Suicide	**89**	86	3
	Open	**39**	38	1
	Awaiting	**3**	3	-
Army	Suicide	**362**	355	7
	Open	**99**	95	4
	Awaiting	**25**	23	2
RAF	Suicide	**131**	125	6
	Open	**35**	35	-
	Awaiting	**1**	1	-

Source: DASA(Health Information)

CHAPTER 3 - HEALTH

SUICIDE AND OPEN VERDICT DEATHS IN THE UK REGULAR ARMED FORCES

Chart to Table 3.5 Suicide and open verdict deaths in the UK Regular Armed Forces, by Service, age standardised rates[1,2,3] 1984-2011, males only

There has been a declining trend for all three Services, particularly in the suicide rates among young Army males in the use of hanging, strangulation and suffocation, poisoning by gases in domestic use/other gases and vapours and the use of firearms and explosives.

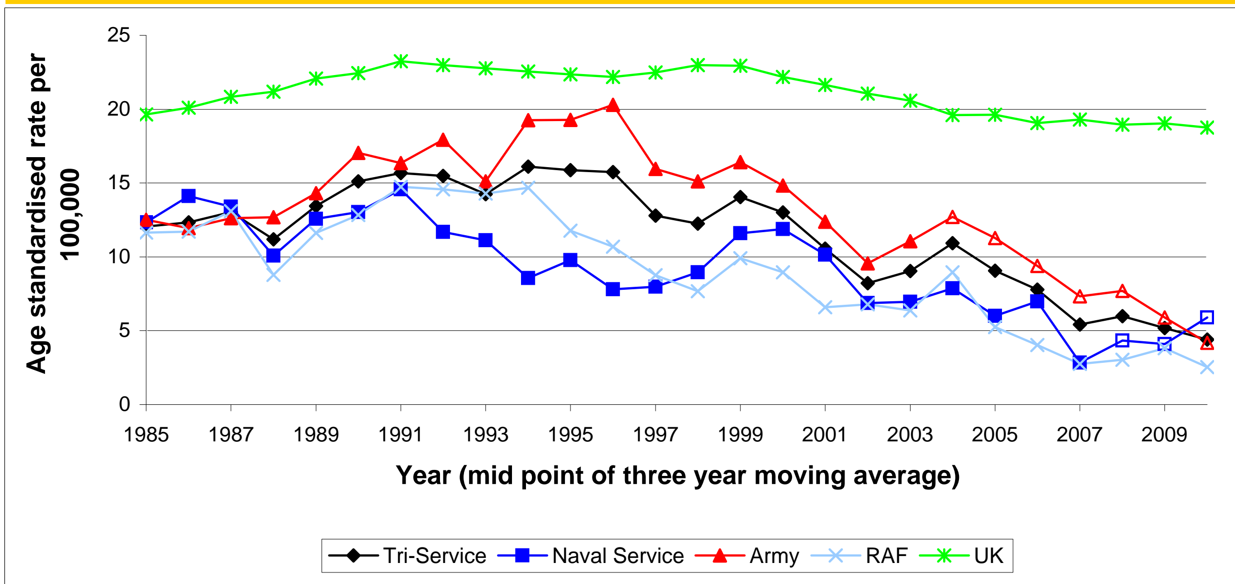
The Naval Service age-standardised suicide rate for males peaked in 1990-1992 at 15 per 100,000. It fell to a low of 3 per 100,000 in 2006-2008 and has risen to 6 per 100,000 in 2009-2011.

The Army age-standardised suicide rate for males rose from 13 per 100,000 in 1984-1986 to 20 per 100,000 in 1995-1997; it fell to a low of 4 per 100,000 in 2009-2011.

The RAF age-standardised suicide rate for males also rose from 12 per 100,000 in 1984-1986 to 15 per 100,000 in 1990-1992. It fell to a low of 3 per 100,000 in 2009-2011.

Across the whole time period, the age-standardised suicide rate for males in all three Services was below the UK rate.

The data in this table are within the scope of National Statistics.



Source: DASA(Health Information)

1. Due to the small numbers involved when breaking down annual numbers of suicides, the data for this graph have been aggregated to give 3 year moving averages. This eliminates some of the random variation that can occur from year to year and provides a clearer picture of possible trends. Each year shown is the mid point of a 3 year period, e.g. 1985 refers to 1984-1986.

2. Data points shown unfilled may change when information on waiting verdicts is received.

3. Standardised to the 2011 Armed Forces population.

CHAPTER 3 - HEALTH

SUICIDE AND OPEN VERDICT DEATHS IN THE UK REGULAR ARMED FORCES

Table 3.6 Suicide and open verdict deaths in the UK Regular Armed Forces: numbers and standardised mortality ratios[1], 1984 - 2011, males only

For each Service, and for the UK Regular Armed Forces as a whole, the overall standardised mortality ratio (SMR) was statistically significantly lower than the UK general population. The Naval Service was at a 56% decreased risk of suicide compared to the UK general population (SMR=44, 95% CI: 37-53); the Army was at a 35% decreased risk of suicide compared to the UK general population (SMR=65, 95% CI: 59-71); and the RAF was at a 57% decreased risk of suicide compared to the UK general population (SMR=43, 95% CI: 37-50).

For each Service, and for the UK Regular Armed Forces as a whole, the age-specific mortality ratios for each age group were statistically significantly lower than the UK general population, with the exception of Army males aged under 20. These young Army males were at a 46% increased risk of suicide over the period 1984-2011 when compared to their UK general population counterparts. For the Naval Service and RAF, there was no statistical significant difference in the risk of young males over the period 1984-2011 compared with the under 20 UK male population.

The data in this table are within the scope of National Statistics.

Age in years

	Total	<20	20-24	25-29	30-34	35-39	40+
Total (number)	**734**	**84**	**222**	**153**	**111**	**92**	**72**
Standardised mortality ratio	***55***	***121***	***67***	***48***	***46***	***45***	***40***
95% confidence interval	***(51-59)***	***(98-150)***	***(59-76)***	***(41-57)***	***(38-55)***	***(36-55)***	***(32-51)***
Naval Service	**124**	7	30	24	22	24	17
Standardised mortality ratio	***44***	*60*	*46*	*37*	*42*	*50*	*43*
95% confidence interval	***(37-53)***	*(24-123)*	*(32-66)*	*(24-56)*	*(26-63)*	*(32-74)*	*(25-69)*
Army	**450**	71	158	88	57	47	29
Standardised mortality ratio	***65***	*146*	*81*	*53*	*48*	*49*	*45*
95% confidence interval	***(59-71)***	*(116-184)*	*(69-94)*	*(43-65)*	*(37-62)*	*(37-65)*	*(30-65)*
RAF	**160**	6	34	41	32	21	26
Standardised mortality ratio	***43***	*66*	*47*	*48*	*46*	*34*	*35*
95% confidence interval	***(37-50)***	*(24-143)*	*(34-66)*	*(35-65)*	*(32-65)*	*(21-52)*	*(23-51)*

Source: DASA(Health Information)

1. Standardised mortality ratios (SMRs) have been standardised for age, gender and calendar year.

CHAPTER 3 - HEALTH

UK GULF VETERANS MORTALITY

This section provides summary statistics on the causes of death that occurred among the UK veterans of the 1990/91 Gulf Conflict between 1 April 1991 and 31 December 2011. Gulf veterans consist of Service personnel deployed to any Gulf state between 1 September 1990 and 30 June 1991 and for the Navy afloat, all personnel aboard a ship east of the Suez canal during that period. The data do not include civilian personnel employed by the MOD (including the Royal Fleet Auxiliary, the NAAFI, MOD civil servants), by other Government Departments, or civilians working for Defence Contractors, the media or charitable and humanitarian organisations. The mortality rates were analysed alongside those of a comparison group. The "Era" comparison group were randomly sampled from all UK Armed Forces personnel in Service on 1 January 1991 who did not deploy to the Gulf. This group is stratified to reflect the socio-demographic and military composition of the Gulf cohort in terms of age, gender, Service (Naval Service, Army, Royal Air Force), officer/other rank status, regular/reservist status, and a proxy measure for fitness.

The single year age distribution among those aged 40 and over has been found to show differences, with those in this age-group deployed to the Gulf generally younger than those in the Era group. Therefore, age adjusted estimates for the Era comparison group have been created by calculating the mortality rate for each single year of age at 1 January 1991 in each calendar year since 1991. This rate was applied to the equivalent numbers in each single year of age at 1 January 1991 and year of death in the Gulf population, from which deaths and emigrations from the UK were subtracted, to calculate the estimated total for each calendar year. These estimated numbers by calendar year were divided by the Gulf population, from which deaths and emigrations from the UK were subtracted, to produce adjusted rates.

Mortality rate ratios are presented to compare deaths in the Gulf and Era cohorts (calculated as the death rate in the Gulf cohort divided by the death rate in the Era cohort). The rate ratio denominators were calculated using the total person years at risk (the length of time each person has been in the study), taking into account deaths and emigrations from the UK. People who had left the Services and subsequently emigrated were deemed to be lost to follow up because we had no means of knowing if and when they may have died. The mortality rate ratios given here differ marginally from the crude deaths ratio owing to some small differences in the number of person years at risk between the Gulf and Era comparison groups.

The main sources of deaths information are the NHS Information Centre's Central Register and the General Register Office for Scotland.

These statistics have previously been published in the National Statistic *1990/1991 Gulf Conflict - UK Gulf Veterans Mortality Data: Causes of Death* which is published on the DASA website (www.dasa.mod.uk). This is an annual publication and the latest figures can be found here http://www.dasa.mod.uk/index.php?pub=GULFVETERANS.

CHAPTER 3 - HEALTH

UK GULF VETERANS MORTALITY

Table 3.7 Deaths among UK Gulf 1 Veterans by cause, numbers and rate ratios, 1 April 1991 - 31 December 2011

There were no statistically significant differences in the total number of deaths between the Gulf veterans and the Era comparison group, or for any of the main groups of cause of death. The 1,283 deaths among Gulf veterans compare with approximately 1,323 deaths which would have been expected in a similar sized cohort taken from the general population of the UK with the same age and gender profile.

The main cause of disease-related deaths amongst both Gulf veterans and the age-adjusted Era comparison group were neoplasms: 325 deaths in Gulf veterans and an estimate of 356 amongst the age-adjusted Era comparison group. There were 239 deaths due to diseases of the circulatory system (including ischaemic heart disease and cerebrovascular disease) among Gulf veterans compared with an estimate of 275 in the age-adjusted Era comparison group. There were more deaths due to external causes among Gulf veterans than the age-adjusted Era comparison group, but this was not statistically significant: 503 deaths compared with an estimate of 467 The largest group of deaths due to external causes were transport accidents: 208 deaths among Gulf veterans compared with an estimate of 179 among the age-adjusted Era comparison group. Of these, land transport accidents accounted for 174 Gulf Veterans' deaths compared to an estimate of 151 among the age-adjusted Era comparison group. There were 189 deaths due to intentional self-harm and events of undetermined intent (suicides and open verdict deaths) among Gulf veterans compared with an estimate of 169 among the age-adjusted Era comparison group, but this was not statistica

The data in this table are within the scope of National Statistics.

ICD Chapter[1]	Cause of death	Number Gulf	Number Era	Number Adjusted[2] Era	Crude Mortality Rate Ratio	Adjusted[2] Mortality Rate Ratio	Adjusted[2] 95% Confidence Interval
	All deaths	**1,283**	**1,364**	**1,327**	**0.93**	**0.97**	**0.89 - 1.04**
	All cause coded deaths	**1,241**	**1,326**	**1,292**	**0.93**	**0.96**	**0.89 - 1.04**
I - XVIII	**Disease-related causes**	**738**	**857**	**825**	**0.85**	**0.90**	**0.81 0.99**
I	Certain infectious and parasitic diseases	11	9	7	1.21	1.40	(0.55 - 3.56)
II	Neoplasms	325	370	356	0.87	0.92	(0.79 - 1.07)
V	Mental and behavioural disorders	18	26	24	0.69	0.76	(0.41 - 1.41)
VI	Diseases of the nervous system	25	38	36	0.65	0.70	(0.42 - 1.16)
IX	Diseases of the circulatory system	239	280	275	0.85	0.87	(0.73 - 1.04)
X	Diseases of the respiratory system	26	26	22	0.99	1.10	(0.62 - 1.96)
XI	Diseases of the digestive system	69	73	73	0.94	0.96	(0.69 - 1.33)
III, IV, XII - XVIII	All other disease related causes[3]	25	35	31	0.71	0.77	(0.45 - 1.32)
XX	**External causes of mortality**	**503**	**469**	**467**	**1.06**	**1.07**	**0.94 - 1.22**
	Transport accidents:	208	178	179	1.16	1.15	(0.94 - 1.41)
	Land transport accident:	174	150	151	1.15	1.14	(0.92 - 1.43)
	Pedestrian	16[r]	7	8	2.26	2.16	(0.89 - 5.25)
	Motorcycle rider	55	49	48	1.11	1.13	(0.76 - 1.67)
	Car occupant	50	44	45	1.13	1.11	(0.74 - 1.67)
	Other[4]	53	50	50	1.05	1.04	(0.70 - 1.55)
	Water transport	5	3	4	1.65	1.50	(0.37 - 5.99)
	Air and space transport	29	25	25	1.15	1.17	(0.68 - 2.00)
	Other external causes of accidental injury:	84	89	86	0.93	0.95	(0.70 - 1.29)
	Falls	10	16	15	0.62	0.68	(0.31 - 1.50)
	Exposure to inanimate mechanical forces	18	17	18	1.05	0.97	(0.50 - 1.91)
	Accidental drowning and submersion and other accidental threats to breathing	12	13	13	0.91	0.87	(0.39 - 1.97)
	Accidental poisoning by and exposure to noxious substances	17	23	21	0.73	0.76	(0.39 - 1.48)
	Accidental exposure to other and unspecified factors	20	13	13	1.52	1.60	(0.78 - 3.28)
	Other	7	7	6	0.99	1.06	(0.36 - 3.13)
	Intentional self-harm and events of undetermined intent[5]	189	170	169	1.10	1.11	(0.90 - 1.37)
	Assault	7	10	10	0.69	0.65	(0.24 - 1.74)
	Legal intervention and operations of war	7	10	11	0.69	0.73	(0.28 - 1.92)
	Sequelae of external causes of morbidity and mortality	-	2	1	-	-	- -
	Deaths where the inquest has been adjourned	8	10	*	*	*	* - *
	Other deaths for which cause data are not yet available	**22**	**29**	*	*	*	* - *
	Overseas deaths for which cause data are not available	**20**	**9**	*	*	*	* - *

Source: DASA(Health Information)

1. Causes have been coded to the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), 1992.
2. Adjusted for the single years of age structure of the Gulf cohort at 1 January 1991. The numbers may not add up to the totals shown due to rounding.
3. Includes cases with insufficient information on the death certificate to provide a known cause of death.
4. Under ICD-10 coding, if the death certificate does not specifically mention the type of vehicle that was involved in the accident, the death is coded to "motor- or nonmotor vehicle accident, type of vehicle unspecified". There were 38 of these deaths among Gulf veterans compared to 35 in the Era group.
5. Includes both coroner-confirmed suicides and open verdict deaths in line with the definition used by the Office for National Statistics (ONS).

CHAPTER 3 - HEALTH

UK GULF VETERANS MORTALITY

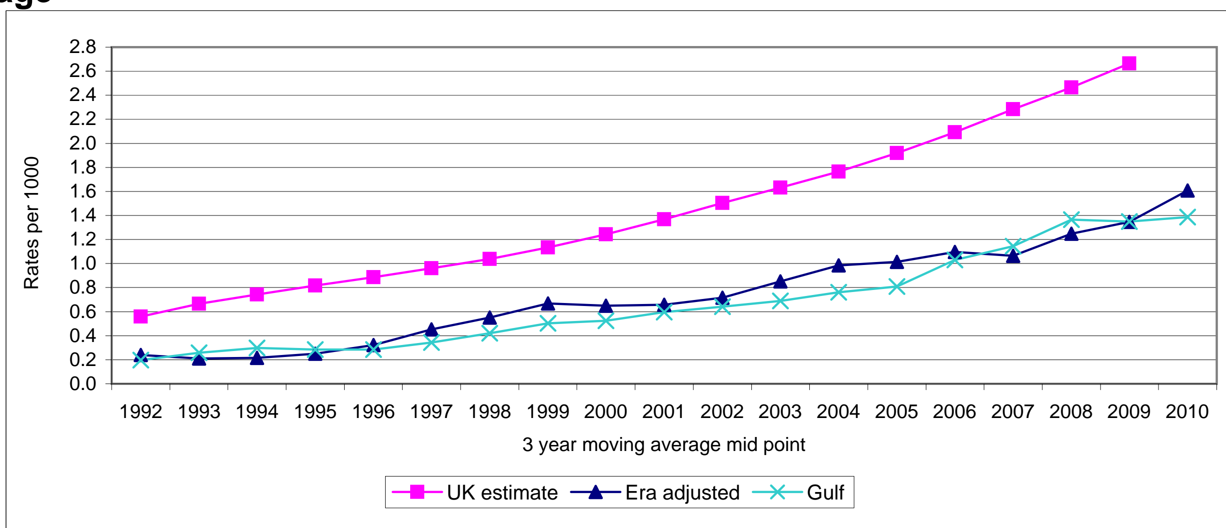
Charts to Table 3.7 Deaths among UK Gulf 1 Veterans by cause, numbers and rate ratios, 1 April 1991 - 31 December 2011

UK general population mortality rates were applied to the age and gender profile of the Gulf and Era cohorts to estimate comparable mortality rates.

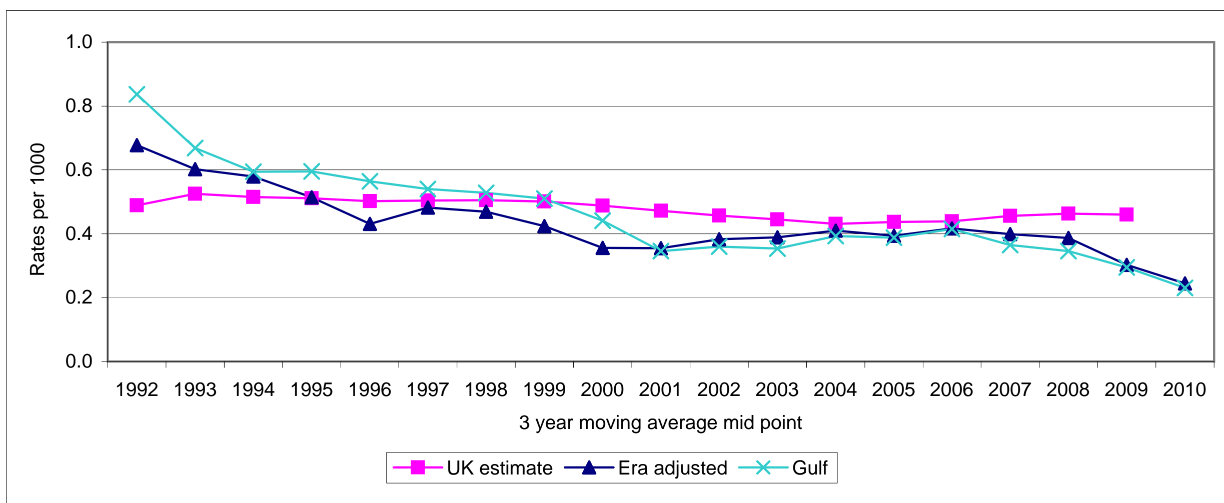
Mortality rates for disease-related causes for both Gulf veterans and the age-adjusted Era comparison group have gradually increased between 1991 and 2011. These follow the trends in rates for disease-related causes among the UK general population. This suggests that the increase in disease-related deaths among Gulf veterans over time reflects the natural ageing of the cohort. However, the mortality rates due to disease-related causes for both Gulf veterans and the age-adjusted Era group are significantly lower than for the UK general population.

Mortality rates for external causes of injury for both the Gulf veterans and the age-adjusted Era comparison group have decreased between 1991 and 2011. However, comparable mortality rates for the UK general population have stayed constant during this period.

Gulf and Era adjusted mortality rates for disease-related causes: 3-year moving average[1,2,3]



Gulf and Era adjusted mortality rates for external causes of mortality: 3-year moving average[1,2,3]



1. Data for 1 April 1991 – 31 December 1991 have been adjusted to a full year.

2. 2011 cause data for the UK general population are not currently available.

3. Mortality rates for the Era cohort have been adjusted for the single years of age structure of the Gulf cohort at 1 January 1991.

CHAPTER 3 - HEALTH

OPERATIONAL FATALITIES AND CASUALTIES

Tables 3.8 and 3.9 present the numbers of fatalities and casualties involving personnel deployed on operations. In agreement with the Minister for Defence Personnel, Welfare and Veterans, DASA are responsible for reporting on all medium scale operations since 2001. Data on operations smaller than medium-scale are not centrally compiled. The operations reported on below reflect those operations for which data have been published on the MOD website. The tables present the numbers of fatalities and casualties since reporting began in 2001 up until end of 2011/12. The data include Naval Service, Army (including Gurkhas), RAF, MOD Civilians and Royal Fleet Auxiliary (RFA) personnel.

The operations reported on in these tables reflect those operations for which data have been published on the MOD website, where further information on field hospital admissions and aero-medical evacuations is also available for operations in Afghanistan and Iraq:

http://www.mod.uk/DefenceInternet/FactSheets/OperationsFactsheets/OperationsInIraqBritishCasualties.htm
http://www.mod.uk/DefenceInternet/FactSheets/OperationsFactsheets/OperationsInAfghanistanBritishCasualties.

Tables 3.10 and 3.11 present the number of Armed Forces personnel returned to the UK from Iraq and Afghanistan as a result of an injury or illness who have been treated at the Royal Centre for Defence Medicine (RCDM) and the Defence Medical Rehabilitation Centre (DMRC) Headley Court each year from 8 October 2007 until 31 March 2012.

Data are compiled by Defence Analytical Services and Advice from the Defence Patient Tracking System (DPTS) which commenced on 8 October 2007. The DPTS was set up to enable the capture of tracking data for aeromedically evacuated patients at the place where healthcare is being delivered along the care pathway. Patients receiving treatment that were aeromed prior to this date may not be included. Since October 2008, the figures presented include Armed Forces personnel that have returned on routine flights and subsequently been referred to DMRC for an operational-related injury or illness.

The DPTS is not a medical or welfare record system; medical records are held on the Defence Medical Information Capability Programme; welfare records are held in single Service welfare databases. The DPTS is not an authoritative record of personnel and demographic details, these details are held on the Joint Personnel Administration system.

In many cases totals presented within **Tables 3.10 and 3.11** will be less than the sum of their parts. This is for a number of reasons:

- Patients may be treated as an in-patient and as an out-patient (or also as a residential patient at DMRC) within the same location during the same time period. However, these patients will only be counted once in 'All RCDM' and 'All DMRC' totals within each time period.
- Patients may be treated at both RCDM and DMRC within the same time period. However, these patients will only be counted once in the ‘Number of patients seen at RCDM & DMRC’ totals within each time period.
- Patients may attend both RCDM and DMRC for their injury or illness. New patients were counted within the time period that they attended their first appointment at either of these locations. For example, during 2009/10 there were two patients from Op TELIC treated for the first time at RCDM for Battle Injuries. These patients however, were first treated at DMRC in 2008/09. Therefore they are accounted for in the ‘New patients at RCDM’ figure for Battle Injuries in 2009/10.

These statistics do not represent patient burden at RCDM or DMRC since they only include patients returned from deployment in Iraq and Afghanistan. These statistics do not represent numbers treated at any point in time, they only provide the numbers treated during a given month or year. These statistics currently include RCDM and DMRC patients as these are the main facilities for treatment for patients aeromedically evacuated from theatre.

These statistics have previously been published in one of the following Official Statistics; *British Casualties - Afghanistan*, *Monthly Iraq and Afghanistan UK Patient Treatment Statistics* or *Quarterly Afghanistan and Iraq Amputation Statistics and can be found on the DASA website (*www.dasa.mod.uk*)*. The *British Casualties - Afghanistan* and *Monthly Iraq and Afghanistan UK Patient Treatment Statistics* are both monthly reports and the *Quarterly Afghanistan and Iraq Amputation Statistics* is released quarterly. To find the latest publication; http://www.dasa.mod.uk/index.php?pub=CASUALTIES-AFGHANISTAN,
http://www.dasa.mod.uk/index.php?pub=PATIENT or http://www.dasa.mod.uk/index.php?pub=AMPUTATION.

CHAPTER 3 - HEALTH

OPERATIONAL FATALITIES AND CASUALTIES

Table 3.8 Number of UK Armed Forces and civilian operational fatalities

DASA use the Joint Casualty and Compassionate Cell (JCCC) categories of killed in action and died of wounds which together provide information on the number of Service personnel who have died as a result of hostile action. The term killed in action is used when a battle casualty has died outright or as a result of injuries before reaching a medical facility, whilst died of wounds refers to battle casualties who died of wounds or other injuries after reaching a medical facility. The data include Naval Service, Army (including Gurkhas), RAF, MOD Civilians and Royal Fleet Auxiliary (RFA) personnel.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Afghanistan	**3**	**1**	**-**	**3**	**45**	**39**	**61**	**126**	**85**	**44**
Killed in Action	-	1	-	1	26	33	56	105	61	36
Died of Wounds	-	-	-	-	2	2	4	20	13	7
Other[1]	3	-	-	2	17	4	1	1	11	1
Iraq	**25**	**34**	**27**	**17**	**31**	**42**	**3**	**-**	**-**	**-**
Killed in Action	21	18	20	13	21	25	-	-	-	-
Died of Wounds	1	-	-	1	8	7	-	-	-	-
Other[1]	3	16	7	3	2	10	3	-	-	-
Balkans[2]	**-**	**-**	**1**	**-**	**1**	**-**	**-**	**-**	**-**	**-**
Killed in Action	-	-	-	-	-	-	-	-	-	-
Died of Wounds	-	-	-	-	-	-	-	-	-	-
Other[1]	-	-	1	-	1	-	-	-	-	-

Source: DASA(Health Information)

1. These data include all deaths occurring as a result of accidental or violent causes while deployed as well as deaths due to disease related causes during deployment.

2. The Balkans covers operational casualties in Slovenia, Croatia, Bosnia-Herzegovina, Serbia, Kosovo, Montenegro and Macedonia.

CHAPTER 3 - HEALTH

OPERATIONAL FATALITIES AND CASUALTIES

Table 3.9 Number of UK Armed Forces and civilian operational casualties[1,2,3]

Notification of Casualty (or NOTICAS) is the name for the formalised system of reporting casualties within the UK Armed Forces. The NOTICAS reports raised for casualties contain information on how seriously medical staff in theatre judge their condition to be. They are not strictly medical categories but are designed to give an indication of the severity of the injury to help inform what the individual's next of kin are told. Very seriously injured and seriously injured are the two most serious categories into which personnel can be classified:

Very Seriously Injured/Wounded (VSI) – The injury is of such severity that life is imminently endangered.

Seriously Injured/Wounded (SI) – The patient's condition is of such severity that there is cause for immediate concern, but there is no imminent danger to life.

The VSI and SI categories are defined by Joint Casualty & Compassionate Policy & Procedures. The figures provided below are based on those casualties listed as VSI or SI on the initial NOTICAS signal. The NOTICAS system is initiated very early in a patient's admission to the field hospital and the classification of a casualty may change as time progresses. The initial signal listing of VSI or SI may in some cases be followed by an updated less serious listing if the case appeared worse on admission than transpires. The figures provided below exclude those individuals categorised as VSI or SI whose condition was identified to be caused by illness. Validated NOTICAS data for casualties in Afghanistan, Iraq and the Balkans are held from January 2001 onwards. In agreement with the Minister for Defence Personnel, Welfare and Veterans, operational casualty data prior to 2001 have not been examined. The data include Naval Service, Army (including Gurkhas), RAF, MOD Civilians and Royal Fleet Auxiliary (RFA) personnel.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Afghanistan	**1**	**6**	**2**	**1**	**34**	**80**	**63**	**170**	**147**	**54**
Very Seriously Injured or Wounded (VSI)[2,3]	1	3	1	1	19	29	29	94	69	32
Seriously Injured or Wounded (SI)[2,3]	-	3	1	-	15	51	34	76	78	22
Iraq[4]	**12**	**47**	**34**	**23**	**51**	**54**	**-**	**1**	**-**	**-**
Very Seriously Injured or Wounded (VSI)[2,3]	4	12	13	5	19	20	-	-	-	-
Seriously Injured or Wounded (SI)[2,3]	8	35	21	18	32	34	-	1	-	-
Balkans[5]	**3**	**4**	**-**	**-**	**2**	**1**	**-**	**-**	**-**	**-**
Very Seriously Injured or Wounded (VSI)[2,3]	2	-	-	-	-	-	-	-	-	-
Seriously Injured or Wounded (SI)[2,3]	1	4	-	-	2	1	-	-	-	-

Source: DASA(Health Information)

1. Civilians are not included in the figures prior to 01 January 2006.
2. The VSI and SI injury data includes records classified as 'Other Causes'. This classification is used when there is insufficient information to attribute a casualty to either injury or natural cause.
3. The VSI and SI data includes personnel with an initial NOTICAS listing of VSI or SI who are alive at the time of discharge from their first hospital episode in the UK. The figures provided exclude those individuals categorised as VSI or SI whose condition was identified to be caused by illness or natural causes.
4. Iraq figures are as published up until 18 May 2011, the official drawn down of Operations.
5. The Balkans covers operational casualties in Slovenia, Croatia, Bosnia-Herzegovina, Serbia, Kosovo, Montenegro and Macedonia.

Table 3.10 Iraq (Op TELIC) patients[1,2] receiving treatment at Royal Centre for Defence Medicine (RCDM) and Defence Medical Rehabilitation Centre (DMRC)

In 2008/09 there were 284 patients from Op TELIC (Iraq) treated at either RCDM or DMRC, 199 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness. In 2009/10 there were 148 patients from Op TELIC treated at either RCDM or DMRC, 49 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness. In 2010/11 there were 70 patients from Op TELIC treated at either RCDM or DMRC, 12 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness. In 2011/12 there were 42 patients from Op TELIC treated at either RCDM or DMRC, 6 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness.

Note that in many cases the totals presented in the table below will be less than the sum of their parts. Please see the **Operational Fatalities and Casualties Introduction** for further information.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

	2008/09				2009/10				2010/11				2011/12			
	Injury class[3]															
	All	Battle Injury	Non Battle Injury	Natural Cause	All	Battle Injury	Non Battle Injury	Natural Cause	All	Battle Injury	Non Battle Injury	Natural Cause	All	Battle Injury	Non Battle Injury	Natural Cause
No. of patients seen at RCDM & DMRC	**284**	60	132	92	**148**	37	73	38	**70**	27	27	16	**42**	20	13	9
All RCDM Birmingham[4]	**233**	24	123	86	**90**	7	51	32	**25**	6	10	9	**7**	2	-	5
In-Patient	**118**	13	52	53	**38**	3	16	19	**8**	3	3	2	**3**	1	-	2
Out-Patient	**179**	19	107	53	**76**	5	47	24	**20**	5	8	7	**6**	2	-	4
All DMRC Headley Court[4]	**70**	47	15	8	**64**	34	24	6	**49**	24	18	7	**35**	18	13	4
In-Patient	**25**	18	5	2	**6**	5	-	1	**2**	2	0	0	**4**	3	1	-
Out-Patient	**60**	42	12	6	**60**	32	22	6	**48**	24	18	6	**34**	18	13	3
Residential Patients	**34**	22	10	2	**35**	15	16	4	**17**	6	8	3	**12**	4	5	3
New Patients RCDM or DMRC	**199**	8	107	84	**49**	1	32	16	**12**	-	9	3	**6**	-	4	2
New Patients RCDM only	**193**	11	104	78	**37**	-	23	14	**6**	-	4	2	**2**	-	-	2
New Patients DMRC only	**22**	6	9	7	**13**	1	10	2	**9**	-	7	2	**5**	-	4	1

Source: DASA(Health Information)

1. Patients include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel, Reservists and UK Civilians. These exclude Special Forces and Other Nations Service
2. Numbers include patients treated at RCDM and/or DMRC for injuries/illnesses sustained on Operations PRIOR to the end of Op TELIC (21 May 2011).
3. A battle injury includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct and indirect fire. A non-battle injury is any injury that is not caused by a hostile act and includes any accidental injuries such as sports injuries, road traffic accidents etc. Natural causes include illness, disease and pregnancy. The distinctions between Battle Injury, Non Battle Injury and Natural Causes have been validated against Notification of Casualty (NOTICAS) data where possible.
4. An in-patient is a patient that has been admitted and allocated a ward bed, a residential patient is a patient that is on a three week rehab course, they are not allocated a ward bed, but reside in dormitory style accommodation. An outpatient is a non-resident patient attending RCDM or DMRC for treatment.

Table 3.11 Afghanistan (Op HERRICK) patients[1] receiving treatment at Royal Centre for Defence Medicine (RCDM) and Defence Medical Rehabilitation Centre (DMRC)

In 2008/09 there were 643 patients from Op HERRICK (Afghanistan) treated at either RCDM or DMRC, 493 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness. In 2009/10 there were 1,023 patients from Op HERRICK treated at either RCDM or DMRC, 773 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness. In 2010/11 there were 1,146 patients from Op HERRICK treated at either RCDM or DMRC, 721 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness. In 2011/12 there were 989 patients from Op HERRICK treated at either RCDM or DMRC, 497 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness.

Note that in many cases the totals presented in the table below will be less than the sum of their parts. Please see the **Operational Fatalities and Casualties Introduction** for further information.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

	2008/09				2009/10				2010/11				2011/12			
	Injury class[2]															
	All	Battle Injury	Non Battle Injury	Natural Cause	All	Battle Injury	Non Battle Injury	Natural Cause	All	Battle Injury	Non Battle Injury	Natural Cause	All	Battle Injury	Non Battle Injury	Natural Cause
No. of patients seen at RCDM & DMRC	**643**	284	199	160	**1,023**	564	268	191	**1,146**	700	256	190	**989**	631	173	185
All RCDM Birmingham[3]	**540**	217	168	155	**866**	453	234	179	**834**	466	193	175	**627**	346	117	164
In-Patient	**385**	184	79	122	**644**	389	121	134	**608**	391	94	123	**475**	271	72	132
Out-Patient	**299**	110	130	59	**411**	157	166	88	**400**	198	124	78	**307**	183	71	53
All DMRC Headley Court[3]	**211**	163	42	6	**438**	368	58	12	**655**	551	82	22	**614**	524	68	22
In-Patient	**107**	99	8	0	**207**	197	9	1	**262**	253	6	3	**248**	245	2	1
Out-Patient	**135**	97	32	6	**396**	331	54	11	**613**	513	78	22	**590**	504	66	20
Residential Patients	**74**	55	16	3	**118**	93	21	4	**170**	140	26	4	**160**	127	24	9
New Patients RCDM or DMRC	**493**	180	159	154	**773**	394	210	169	**721**	361	190	170	**497**	221	113	163
New Patients RCDM only	**477**	177	149	151	**751**	391	195	165	**675**	341	169	165	**451**	198	97	156
New Patients DMRC only	**116**	91	21	4	**295**	249	40	6	**363**	307	44	12	**231**	189	33	9

Source: DASA(Health Information)

1. Patients include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel, Reservists and UK Civilians. These exclude Special Forces and Other Nations Service Personnel.
2. A battle injury includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct and indirect fire. A non-battle injury is any injury that is not caused by a hostile act and includes any accidental injuries such as sports injuries, road traffic accidents etc. Natural causes include illness, disease and pregnancy. The distinctions between Battle Injury, Non Battle Injury and Natural Causes have been validated against Notification of Casualty (NOTICAS) data where possible.
3. An in-patient is a patient that has been admitted and allocated a ward bed, a residential patient is a patient that is on a three week rehab course, they are not allocated a ward bed, but reside in dormitory style accommodation. An outpatient is a non-resident patient attending RCDM or DMRC for treatment.

CHAPTER 3 - HEALTH

Afghanistan and Iraq Amputations

This section provides statistical information on the number of Armed Forces personnel who as a result of an injury sustained whilst deployed in Afghanistan (on Operation VERTIAS or Op HERRICK) or in Iraq (on Operation TELIC) have suffered a traumatic or surgical amputation. An amputee is defined as live UK Armed Forces Service personnel who have an injury coded in the Joint Theatre Trauma Register (JTTR) as amputation (traumatic), partial or complete, for either upper or lower limbs using the Abbreviated Injury Scale (AIS) Dictionary 2005 (Military Edition), and live UK Armed Forces Service personnel who had a surgical amputation performed either at the field hospital or at a UK hospital (the majority of these will be at the Royal Centre for Defence Medicine). A traumatic or surgical amputation can range from the loss of part of a finger or toe up to the loss of entire limbs. Live personnel are defined as those being discharged from hospital after receiving treatment for the injuries that resulted in an amputation(s).

Further information can be found in the *Quarterly Afghanistan and Iraq Amputation Statistics* reports which are published on the DASA website.

Table 3.12a Number of UK Armed Forces with amputations[1,2] as a result of injuries sustained in Afghanistan

The table below presents the number of UK Service personnel who have sustained a partial or complete limb amputation as a result of injuries in Afghanistan from when centrally held data were first collected on 7 October 2001 up until the end of the financial year 2011/12. The data include Naval Service personnel, Army personnel including those from the Gibraltar Regiment, RAF personnel and Reservist personnel. Civilians and other nations Service personnel have been excluded. To ensure that statistics presented in these tables do not disclose individuals' identities, cumulative totals are not presented.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

	Financial Year										
	Op VERITAS					Op HERRICK					
Date Of Initial Amputation	01/02[3]	02/03	03/04	04/05	05/06	06/07[4]	07/08	08/09	09/10	10/11	11/12
All - Financial Year	~	-	-	-	-	**9**	**17**	**28**	**71**	**75**	**46**
1 April - 30 June (Q1)	*	-	-	-	-	~	5	~	5	19 r	14
1 July - 30 September (Q2)	*	-	-	-	-	~	~	5	22	20	15
1 October - 31 December (Q3)	~	-	-	-	-	~	~	15	24	19 r	10
1 January - 31 March (Q4)	-	-	-	-	-	~	6	~	20	17	7

Source: DASA(Health Information)

1. Includes Naval Service personnel. Army personnel including those from the Gibraltar Regiment, RAF personnel and Reservist personnel. Civilians and other Nations Service personnel have been excluded.
2. Data presented as "~" has been suppressed in accordance with DASA's rounding policy.
3. 7 October 2001 is the date Op VERITAS commenced.
4. 1 April 2006 is the date Op HERRICK commenced.

CHAPTER 3 - HEALTH

Afghanistan and Iraq Amputations

Table 3.12b Number of UK Armed Forces with amputations[1,2] as a result of injuries sustained in Iraq

The table below presents the number of UK Service personnel who have sustained a partial or complete limb amputation as a result of injuries in Iraq from when centrally held data were first collected on 7 October 2001 up until the end of the financial year 2011/12. The data include Naval Service personnel, Army personnel including those from the Gibraltar Regiment, RAF personnel and Reservist personnel. Civilians and other nations Service personnel have been excluded. To ensure that statistics presented in these tables do not disclose individuals' identities, cumulative totals are not presented.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

Date Of Initial Amputation	Financial Year									
	Op TELIC									
	02/03[3]	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
All - Financial Year	~	~	~	~	**10**	**6**	~	~	~	-
1 April - 30 June (Q1)	*	-	-	-	~	~	-	~	~	-
1 July - 30 September (Q2)	*	-	-	~	~	~	~	-	-	-
1 October - 31 December (Q3)	*	-	~	~	~	~	-	-	-	-
1 January - 31 March (Q4)	~	~	-	-	~	-	-	-	-	-

Source: DASA(Health Information)

1. Includes Naval Service personnel. Army personnel including those from the Gibraltar Regiment, RAF personnel and Reservist personnel. Civilians and other Nations Service personnel have been excluded.
2. Data presented as "~" has been suppressed in accordance with DASA's rounding policy.

CHAPTER 3 - HEALTH

MENTAL HEALTH

This section provides statistical information on mental health among the UK Armed Forces. Tables 3.13 to 3.15 summarise all new episodes of care of Armed Forces personnel to the MOD's Departments of Community Mental Health (DCMHs) for outpatient care. DCMHs are specialised psychiatric services based on community mental health teams, closely located with primary care services at sites in the UK and abroad. Table 3.16 presents admissions to the MOD's in-patient contractors.

DCMH staff record the initial psychiatric 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. Individuals may be seen at a DCMH, e.g. for counselling, who do not have a mental disorder. The psychiatric assessment data were categorised into three standard groupings of common mental disorders used by the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), 1992.

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

Strength data used to calculate rates has been obtained from the Joint Personnel Administration (JPA) system. Strength data from April 2010 to April 2012 is considered final. In previous editions of UKDS, JPA denominator strength data prior to October 2011 was provisional but these figures are now considered final. Deployment data, used for deployment breakdowns and to calculate denominators, cover several operational deployments between November 2001 and March 2012, although person level deployment data for Afghanistan between 1 January 2003 and 14 October 2005 were not available. Deployment markers were assigned using the criterion 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. To be accurate, these tables compare those who had been deployed before their first appointment with those who have not been identified as having deployed before their first appointment.

The data are presented as numbers, rates and confidence intervals for those rates. The rates presented in this section relate to the whole population, rather than a sample. However, even in a population there is still random variation in the observed number of cases in a particular time period (particularly for rare events). Confidence intervals are useful in making inferences about whether observed differences (e.g. between two time periods or two subgroups of the population) are significant or are likely to be due to chance alone.

In order to calculate rates, an estimate of person time at risk is required for the denominator value. The estimate was calculated using a 13-month average of strengths figures which include regulars, Gurkhas, 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. Note that the rate presented is the number of new episodes of care divided by the estimate of person time at risk. Some people may have attended for more than one episode of care within this period.

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.

CHAPTER 3 - HEALTH

MENTAL HEALTH

Interpretation of these figures requires caution. The data covers the activity of the formal professional mental health services in the Armed Forces and as such, does not represent the totality of mental health problems in the UK Armed Forces for those seen prior to DASA collecting these data. These figures report only new episodes of care during the period, not all those who were receiving treatment. It is also important to note that personnel can be seen at a DCMH and can then be admitted to an in-patient facility therefore individuals can appear in both datasets and the numbers provided in the following tables. Therefore as a result it is not possible to add together the DCMH episodes of care and in-patient admissions. Information on patients only seen in the primary care system is not currently available. Mental health problems are present in both civilian and military populations and result from multi-factorial issues. The Surgeon General's Department (SGD) and Joint Medical Command (JMC) are striving to minimise any stigma associated with mental illness and foster the appropriate understanding, recognition and presentation for management of these issues in

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

These statistics have previously been published in the *UK Armed Forces Mental Health reports* which are published on the DASA website (www.dasa.mod.uk). The annual report can be found at http://www.dasa.mod.uk/index.php?pub=MENTALHEALTH-ANNUAL and the quarterly report http://www.dasa.mod.uk/index.php?pub=MENTALHEALTH-QTRLY.

Table 3.13 New mental health episodes of care at the MOD's Departments of Community Mental Health: numbers and rates by demographic characteristics, 2010/11 and 2011/12[1,2,3]

During 2011/12, 3,970 new cases of mental disorder were identified within UK Armed Forces personnel, representing a rate of 20.4 per 1,000 strength. Among the personnel with a mental disorder, there were some statistically significant findings:
- in 2010/11 and 2011/12 rates for Royal Marine personnel were lower than for Royal Navy, Army and RAF personnel;
- in 2010/11 and 2011/12 rates for Royal Navy personnel were lower than for Army and RAF personnel;
- in 2010/11 and 2011/12 rates for females were higher than for males;
- in 2010/11 and 2011/12 rates for other ranks were higher than for Officers;
- in 2011/12 The rate of mental disorder for those identified as having previously deployed to Afghanistan and/or Iraq was not significantly different compared to those identified as not having previously deployed to either operation. However in 2010/11 the rate was significantly higher in those who had deployed compared to those who had not been identified as having deployed.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

Characteristics	2010/11			2011/12		
	Number	Rate[4]	95% CI	Number	Rate[4]	95% CI
All	**3,983**	***19.9***	***(19.3 - 20.5)***	**3,970**	***20.4***	***(19.7 - 21.0)***
Service						
Royal Navy	396	*12.8*	*(11.6 - 14.1)*	388	*13.3*	*(12.0 - 14.6)*
Royal Marines	65	*7.8 r*	*(5.9 - 9.8)*	76	*9.4*	*(7.3 - 11.5)*
Army	2,578	*22.0*	*(21.1 - 22.8)*	2,570	*22.2*	*(21.4 - 23.1)*
RAF	944	*21.5*	*(20.1 - 22.9)*	936	*22.3*	*(20.9 - 23.7)*
Gender						
Males	3,209	*17.7*	*(17.1 - 18.3)*	3,184	18.0	*(17.4 - 18.6)*
Females	774	*41.6*	*(38.6 - 44.5)*	786	43.3	*(40.3 - 46.4)*
Rank						
Officers	353	*10.5*	*(9.4 - 11.5)*	400	*12.1*	*(10.9 - 13.3)*
Other ranks	3,630	*21.8*	*(21.1 - 22.5)*	3,570	*22.1*	*(21.3 - 22.8)*
Deployment - Theatres of operation[1]						
Iraq and/or Afghanistan[2]	2,564	*20.9*	*(20.1 - 21.7)*	2,552	*20.7*	*(19.9 - 21.5)*
of which, Iraq	1,691	*19.4*	*(18.4 - 20.3)*	1,591	*19.6*	*(18.6 - 20.6)*
of which, Afghanistan[2]	1,970	*25.8*	*(24.6 - 26.9)*	1,836	*20.9*	*(20.0 - 21.9)*
Neither Iraq nor Afghanistan[2]	1,419	*18.3*	*(17.3 - 19.2)*	1,418	*19.8*	*(18.8 - 20.9)*

Source: DASA(Health Information)

1 Deployment to the wider theatre of operation

2 Person level deployment data for Afghanistan between 1 January 2003 and 14 October 2005 were not available (see Mental Health Introduction for more information).

3 Numbers deployed to Iraq and numbers deployed to Afghanistan will not sum to number deployed to Iraq and/or Afghanistan, as some individuals will have deployed to both theatres of operation.

4 Per 1,000 strength.

5 Revisions to previously published data based on provisional strengths have been annotated with an 'r'.

CHAPTER 3 - HEALTH

MENTAL HEALTH

Table 3.14 Mental disorder initial assessments for all new episodes of care seen at a Department of Community Mental Health: numbers and rates[1], by year and ICD-10 classification, 2010/11 and 2011/12

In 2010/11and 2011/12, the most common group of mental disorders were neurotic disorders, of which adjustment disorder was the most prevalent condition. Rates of Post-traumatic Stress Disorder (PTSD) were the lowest of all mental disorders groups (rate of 1.3 per 1,000 strength in 2010/11 and 1.4 per 1,000 strength in 2011/12).

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

	2010/11			2011/12		
ICD-10 Grouping	Number	Rate[1]	95% CI	Number	Rate[1]	95% CI
All	**5 582**	***27.9***	***(27.2 - 28.6)***	**5 404**	***27.7***	***(27.0 - 28.5)***
Cases of Mental Health Disorder	**3,983**	19.9	***(19.3 - 20.5)***	**3,970**	***20.4***	***(19.7 - 21.0)***
Psychoactive substance use	327	1.6	*(1.5 - 1.8)*	287	*1.5*	*(1.3 - 1.6)*
of which due to alcohol	312	1.6	*(1.4 - 1.7)*	278	*1.4*	*(1.3 - 1.6)*
Mood disorders	896	4.5	*(4.2 - 4.8)*	962	*4.9*	*(4.6 - 5.2)*
of which depressive episode	836	4.2	*(3.9 - 4.5)*	870	*4.5*	*(4.2 - 4.8)*
Neurotic disorders	2,456	12.3	*(11.8 - 12.7)*	2,442	*12.5*	*(12.0 - 13.0)*
of which PTSD	253	1.3	*(1.1 - 1.4)*	273	*1.4*	*(1.2 - 1.6)*
of which adjustment disorder	1,599	8.0	*(7.6 - 8.4)*	1,561	*8.0*	*(7.6 - 8.4)*
Other mental disorders	304	1.5	*(1.3 - 1.7)*	279	*1.4*	*(1.3 - 1.6)*
No Mental Disorder	**1,599**	***8.0***	***(7.6 - 8.4)***	**1,434**	***7.4***	***(6.9 - 7.7)***

Source: DASA(Health Information)

1 Per 1,000 strength.

CHAPTER 3 - HEALTH

MENTAL HEALTH

Table 3.15 Initial mental disorder assessments for all episodes of care seen at a Department of Community Mental Health: numbers and rate ratios, by deployment and ICD-10 classification, 2011/12

The rate ratios presented provide a comparison of cases seen between personnel identified as having deployed to a theatre of operation 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 3.15 shows the overall rate of patients assessed with a mental disorder at the MOD DCMH's were not significantly different to those not identified as having deployed (RR: 1.0, 95% CI: 1.0-1.1). When looking at the rates of specific mental disorders, there were some statistically significant differences between those deployed to the Iraq and/or Afghanistan theatres of operation and those not identified as having deployed.

Rates of mood disorder were lower in those that had deployed to the Iraq and/or Afghanistan theatres of operation than in those who had not deployed there. Rates of neurotic disorders, including adjustment disorders and PTSD, were higher among those deployed to the Iraq and/or Afghanistan theatres of operation compared with those not deployed there.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

		Deployment - Theatres of operation			
		Iraq and/or Afghanistan[1,2]			Not deployed
ICD-10 Grouping	All patients seen	Number	Rate ratio	95% CI	Number
All	**5,404**	**3,325**			**2,079**
Cases of Mental Health Disorder	**3,970**	**2,552**	1.0	***(1.0 - 1.1)***	**1,418**
Psychoactive substance use	287	176	*0.9*	*(0.7 - 1.2)*	111
of which due to alcohol	278	172	*0.9*	*(0.7 - 1.2)*	106
Mood disorders	962	547	*0.8*	*(0.7 - 0.9)*	415
of which depressive episode	870	494	*0.8*	*(0.7 - 0.9)*	376
Neurotic disorders	2,442	1,662	*1.2*	*(1.1 - 1.3)*	780
of which PTSD	273	246	*5.3*	*(3.6 - 7.9)*	27
of which adjustment disorder	1,561	1,046	*1.2*	*(1.1 - 1.3)*	515
Other mental disorders	279	167	*0.9*	*(0.7 - 1.1)*	112
No Mental Disorder	**1,434**	773			**661**

Source: DASA(Health Information)

1 Deployment to the wider theatre of operation

2 Person level deployment data for Afghanistan between 1 January 2003 and 14 October 2005 were not available (see Mental Health Introduction for more information).

Chart to Table 3.15 Rate ratios of initial mental disorder assessments for all new cases seen at a Department of Community Mental Health: by ICD-10 classification, 2011/12

This graph presents the rate ratios comparing personnel identified as having deployed to the Iraq and/or Afghanistan theatres of operation and those who have not been identified as having deployed to either theatre. The rate ratio is represented as a square block on the graph with the upper and lower 95% confidence limits above and below. The bold red line on the graph is at 1. A confidence interval which lies entirely below this line indicates statistically significantly lower rates in those deployed than those not deployed, whereas a confidence interval that lies entirely above the red line indicates statistically significantly higher rates in those deployed than those not deployed.

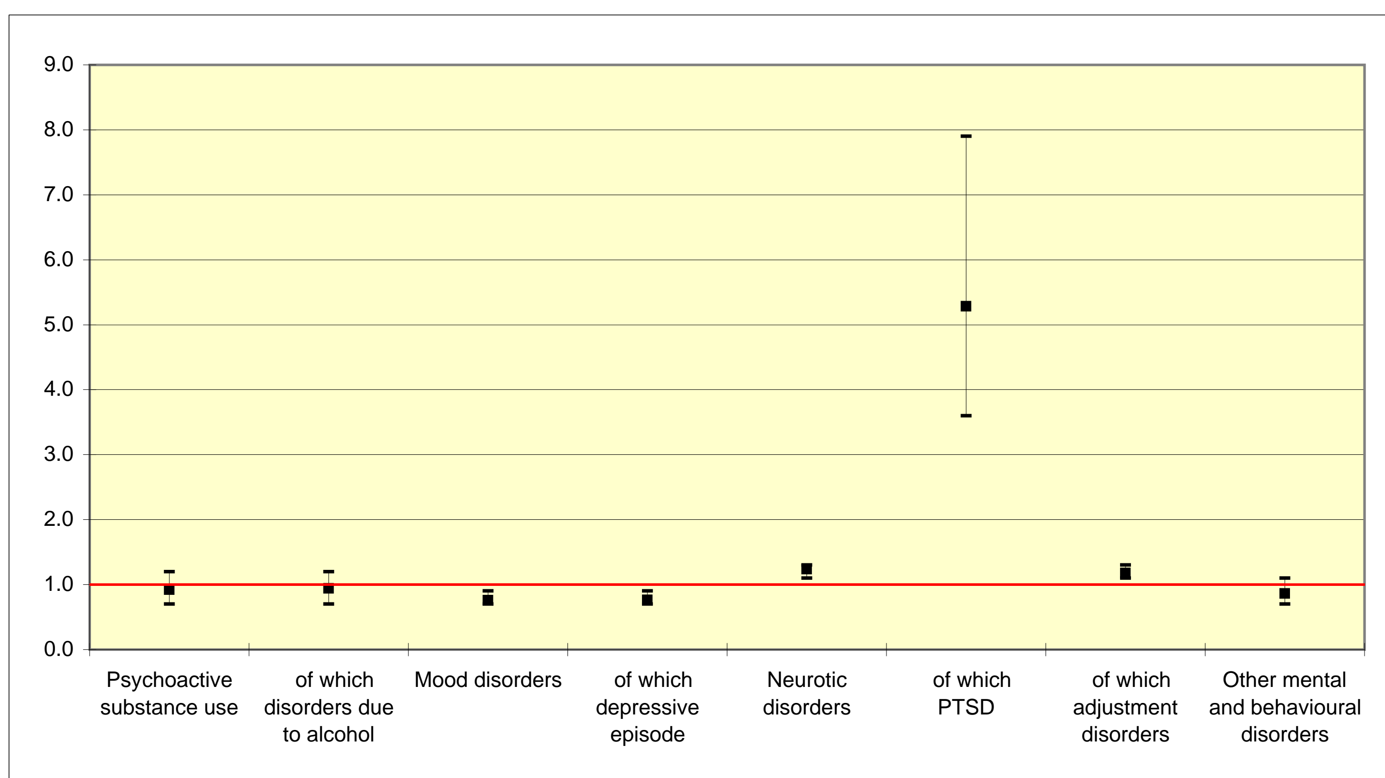


Table 3.16 Admissions to the MOD's in-patient contractors[1]: numbers and rates by demographic characteristics, 2010/11 and 2011/12[2,3,4]

There was no significant difference between the admission rates in 2010/11 and 2011/12 to the MOD's UK and Overseas in-patient contractors, representing a rate of 1.5 and 1.6 per 1,000 strength respectively.

In 2010/11 and 2011/12, there was no significant difference in admission rates between males and females and between those previously deployed compared to those identified as not having previously deployed. However admission rates for Officers was significantly lower than for Ranks.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

Characteristics	2010/11			2011/12		
	Number	Rate[5]	95% CI	Number	Rate[5]	95% CI
All	**304**	***1.5***	***(1.3 - 1.7)***	**304**	***1.6***	***(1.4 - 1.7)***
Service						
Naval Service	28	*0.7*	*(0.5 - 1.0)*	26	*0.7*	*(0.5 - 1.0)*
Army	247	*2.1*	*(1.8 - 2.4)*	249	*2.2*	*(1.9 - 2.4)*
RAF	29	*0.7*	*(0.4 - 0.9)*	29	*0.7*	*(0.5 - 1.0)*
Gender						
Males	277	*1.5*	*(1.3 - 1.7)*	271	*1.5*	*(1.4 - 1.7)*
Females	27	*1.5*	*(1.0 - 2.1)*	33	*1.8*	*(1.2 - 2.4)*
Rank						
Officers	16	0.5	*(0.3 - 0.8)*	20	*0.6*	*(0.4 - 0.9)*
Other ranks	288	1.7	*(1.5 - 1.9)*	284	*1.8*	*(1.6 - 2.0)*
Deployment - Theatres of operation[2]						
Iraq and/or Afghanistan[3]	170	*1.4*	(1.2 - 1.6)	183	*1.5*	*(1.3 - 1.7)*
of which, Iraq	132	*1.5*	(1.3 - 1.8)	110	*1.4*	*(1.1 - 1.6)*
of which, Afghanistan[3]	88	*1.2*	(0.9 - 1.4)	133	*1.5*	*(1.3 - 1.8)*
Neither Iraq nor Afghanistan[3]	134	*1.7*	(1.4 - 2.0)	121	*1.7*	*(1.4 - 2.0)*

Source: DASA(Health Information)

1. Includes admissions to South Staffordshire & Shropshire NHS Healthcare for UK and overseas patients (excluding those based in Germany) and admissions to St Guys and St Thomas Hospital London for personnel based in Germany.
2. Deployment to the wider theatre of operation.
3. Person level deployment data for Afghanistan between 1 January 2003 and 14 October 2005 were not available (see **Mental Health Introduction for more information**).
4. Numbers deployed to Iraq and numbers deployed to Afghanistan will not sum to number deployed to Iraq and/or Afghanistan, as some individuals will have deployed to both theatres of operation.
5. Per 1,000 strength.

CHAPTER 3 - HEALTH

MEDICAL DISCHARGES

The tables in this section present the medical discharges for UK Regular Armed Forces personnel by Service, financial year and the principal cause leading to discharge.

Medical discharges are the result of a number of specialists (medical, occupational, psychological, personnel, etc) coming to the conclusion, via a medical board, that an individual is suffering from a medical condition that pre-empts their continued service in the Armed Forces. Statistics based on these discharges do not represent measures of true morbidity or pathology. At best they indicate a minimum burden of ill-health in the Armed Forces. Furthermore, the number and diversity of processes involved with administering a medical discharge introduce a series of time lags, as well as impact on the quality of data recorded.

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

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

The World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), 1992 was used to classify medical discharges with a principal cause leading to discharge. Some cause code groups have been further broken down following public interest in specific principal conditions that have led to medical discharge.

Theses statistics have previously been published in the *Medical Discharges in the UK Regular Armed Forces* which is published on the DASA website (www.dasa.mod.uk). This is annual publication and the latest figures can be found here http://www.dasa.mod.uk/index.php?pub=MED_DIS

Table 3.17 Number of medical discharges for Regular UK Naval Service[1] personnel by principal ICD 10 cause code group[2]

During the 5-year period 2007/08 - 2011/12, musculoskeletal disorders and injuries was the most common principal cause of medical discharge from the Naval Service (869 cases, or 59% of all cause coded Naval Service medical discharges). Mental and behavioural disorders was the second most common principal cause of medical discharge (167 cases, or 11% of all cause coded Naval Service medical discharges).

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

	All	2007/08	2008/09	2009/10	2010/11	2011/12
All medical discharges	**1,481**	**299**	**216**	**206**	**290**	**470**
All Cause Coded medical discharges	**1,468**	**292**	**212**	**205**	**290**	**469**
Infectious and parasitic diseases (A00 - B99)	**9**	-	~	~	~	5
Neoplasms (C00 - D48)	**15**	~	~	~	~	7
Blood disorders (D50 - D89)	**~**	-	-	~	~	~
Endocrine, nutritional and metabolic diseases (E00 - E90)	**32**	6	~	9	~	8
- Of Which diabetes (E10-E14)	**27**	6	~	7	~	7
- Of which insulin-dependent (E10)	**17**	5	~	~	~	~
- Of which non-Insulin-dependent (E11)	**9**	-	~	~	~	~
Mental and behavioural disorders (F00 - F99)	**167**	36	29	21	42	39
- Of which Mood disorders (F30 - F39)	**68**	15	11	9	17	16
- Of Which depression (F32 & F33)	**60**	13	9	8	16	14
- Of which Neurotic, stress related and somatoform disorders (F40 - F48)	**72**	16	13	7	19	17
- Of which post-traumatic stress disorder (PTSD) (F431)	**28**	7	~	~	7	6
- Of which adjustment disorder (F432)	**16**	~	5	~	~	~
Nervous system disorders (G00 - G99)	**64**	15	9	12	11	17
- Of which epilepsy (G40)	**25**	9	~	~	~	5
Eye and adnexa diseases (H00 - H59)	**16**	~	-	~	~	7
- Of which blindness, low vision and visual disturbance (H53 & H54)	**5**	~	-	-	~	~
Ear and mastoid process diseases (H60 - H95)	**54**	~	7	7	~	32
- Of which hearing loss (H833 & H90 - H91)	**50**	~	6	7	~	30
- Of which noise-induced hearing loss (H833)	**23**	-	~	~	~	16
- Of which tinnitus (H931)	**~**	-	~	-	-	-
Circulatory system disorders (I00 - I99)	**42**	8	~	~	10	13
Respiratory system disorders (J00 - J99)	**33**	~	~	7	~	12
- Of which asthma (J45 & J46)	**29**	~	~	~	~	11
Digestive system disorders (K00 - K93)	**31**	~	~	~	8	14
Skin and subcutaneous tissue diseases (L00 - L99)	**39**	9	~	~	7	14
Musculoskeletal disorders (M00 - M99) and Injuries (S00 - T98)	**869**	187	138	116	166	262
- Of which Injuries and disorders of the knee[3]	**255**	58	39	26	42	90
- Of which knee pain (M2556)	**85**	16	12	13	13	31
- Of which back pain (M549)	**113**	28	13	20	26	26
- Of which low back pain (M544-5)	**92**	23	12	15	20	22
- Of which heat injury (T67)	**-**	-	-	-	-	-
- Of which cold injury (T68 & T69)	**13**	~	5	~	~	~
Genitourinary system diseases (N00 - N99)	**13**	~	-	-	~	8
Pregnancy, childbirth and puerperium (O00 - O99)	**~**	~	-	-	-	-
Congenital malformations (Q00 - Q99)	**12**	~	~	~	~	~
Clinical and laboratory findings (R00 - R99)	**49**	8	6	7	9	19
Factors influencing health status (Z00 - Z99)	**14**	~	-	~	6	6
No details held on principal condition for medical boarding[4]	**13**	**7**	**~**	**~**	**-**	~
Withheld consent	**-**	**-**	-	-	-	-

Source: DASA(Health Information)

1. Includes Royal Navy and Royal Marines.
2. Numbers smaller than five have been suppressed in line with DASA Health Information's rounding policy. Suppressed numbers are represented as ~ and where there is only one number smaller than five in any column the next smallest number has also been suppressed. This may include numbers larger than five.
3. ICD 10 Groups: M17, M22, M23, M2406, M2416, M2436, M2446, M2536, M2566, M2586, M2596, M7046, M7126, M7636, M7656, M925, S83, S89.
4. DASA have been unable to locate the medical document (FMED 23s) to enable the medical discharge record to be cause coded

CHAPTER 3 - HEALTH

MEDICAL DISCHARGES

Table 3.18 Number of medical discharges for Regular UK Army personnel by principal ICD 10 cause code group[1]

During the 5-year period 2007/08 - 2011/12, musculoskeletal disorders and injuries was the most common principal cause of medical discharge from the Army during the reporting period (2,615 cases, or 60% of all cause coded Army medical discharges). Mental and behavioural disorders (633 cases, or 15% of all cause coded Army medical discharges) was the second most common principal cause of medical discharge.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

	All	2007/08	2008/09	2009/10	2010/11	2011/12
All medical discharges	**4,439**	**1,118**	**839** r	**685** r	**834**	**963**
All Cause Coded medical discharges	**4,338**	**1,057**	**809** r	**677** r	**832**	**963**
Infectious and parasitic diseases (A00 - B99)	**27**	6	~	~	~	8
Neoplasms (C00 - D48)	**33**	7	7	~	~	11
Blood disorders (D50 - D89)	**9**	-	~	~	~	~
Endocrine, nutritional and metabolic diseases (E00 - E90)	**36**	9	~	~	7	13
- Of Which diabetes (E10-E14)	**20**	~	~	~	~	7
- Of which insulin-dependent (E10)	**16**	~	~	~	~	6
- Of which non-Insulin-dependent (E11)	**~**	-	-	~	~	~
Mental and behavioural disorders (F00 - F99)	**633**	139	140	102 r	128	124
- Of which Mood disorders (F30 - F39)	**186**	51	37	25	33	40
- Of Which depression (F32 & F33)	**143**	42	31	17	25	28
- Of which Neurotic, stress related and somatoform disorders (F40 - F48)	**334**	63	71	60	71	69
- Of which post-traumatic stress disorder (PTSD) (F431)	**156**	21	32	26	33	44
- Of which adjustment disorder (F432)	**51**	12	10	12	9	8
Nervous system disorders (G00 - G99)	**174**	61	20	31	23	39
- Of which epilepsy (G40)	**63**	22	6	11	11	13
Eye and adnexa diseases (H00 - H59)	**51**	14	7	7	10	13
- Of which blindness, low vision and visual disturbance (H53 & H54)	**24**	7	~	~	5	6
Ear and mastoid process diseases (H60 - H95)	**164**	23	21	17	37	66
- Of which hearing loss (H833 & H90 - H91)	**153**	21	18	17	34	63
- Of which noise-induced hearing loss (H833)	**62**	7	~	~	14	33
- Of which tinnitus (H931)	**~**	-	-	-	-	~
Circulatory system disorders (I00 - I99)	**94**	21	17	8	26	22
Respiratory system disorders (J00 - J99)	**78**	22	10	16	14	16
- Of which asthma (J45 & J46)	**69**	19	10	11	13	16
Digestive system disorders (K00 - K93)	**63**	14	13	8	11	17
Skin and subcutaneous tissue diseases (L00 - L99)	**67**	9	15	11	13	19
Musculoskeletal disorders (M00 - M99) and Injuries (S00 - T98)	**2,615**	664	498 r	405	496	552
- Of which Injuries and disorders of the knee[2]	**582**	143	100 r	89	134	116
- Of which knee pain (M2556)	**275**	78	53	42	62	40
- Of which back pain (M549)	**336**	95	61	46	62	72
- Of which low back pain (M544-5)	**214**	49	36	33	40	56
- Of which heat injury (T67)	10	-	~	~	~	~
- Of which cold injury (T68 & T69)	**203**	62	61	28	16	36
Genitourinary system diseases (N00 - N99)	**24**	8	~	~	6	7
Pregnancy, childbirth and puerperium (O00 - O99)	**-**	-	-	-	-	-
Congenital malformations (Q00 - Q99)	**18**	-	~	6	~	5
Clinical and laboratory findings (R00 - R99)	**200**	55	37	37	36	35
Factors influencing health status (Z00 - Z99)	**52**	5	6	18	9	14
No details held on principal condition for medical boarding[3]	**93**	**60**	**29**	**~**	**~**	-
Withheld consent	**8**	**~**	~	5	~	-

Source: DASA(Health Information)

1. Numbers smaller than five have been suppressed in line with DASA Health Information's rounding policy. Suppressed numbers are represented as ~ and where there is only one number smaller than five in any column the next smallest number has also been suppressed. This may include numbers larger than five.
2. ICD 10 Groups: M17, M22, M23, M2406, M2416, M2436, M2446, M2536, M2566, M2586, M2596, M7046, M7126, M7636, M7656, M925, S83, S89.
3. DASA have been unable to locate the medical document (FMED 23s) to enable the medical discharge record to be cause coded
4. Early in 2012 DASA carried out a review to identify any potential duplicate medical discharge records, i.e. where JPA recorded a person as having left the UK Regular Army more than once within an certain time period e.g. less than 6 months. Less than five personnel were found to have duplicate records, this is likely to be due to their date of exit being delayed. In these instances the latest record was retained in DASA's dataset with all earlier records removed. The relevant numbers have been revised accordingly and are de-noted as 'r'.

Table 3.19 Number of medical discharges for Regular UK RAF personnel by principal ICD 10 cause code group[1]

During the 5-year period 2007/08 - 2011/12, musculoskeletal disorders and injuries was the most common reason for medical discharges from the RAF during the reporting period (450 cases, or 55% of all cause coded RAF medical discharges). Mental and behavioural disorders (164 cases, or 20% of all cause coded RAF medical discharges), was the second most common cause for medical discharge.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

	All	2007/08	2008/09	2009/10	2010/11	2011/12
All medical discharges	**913**	**212**	**195** r	**179**	**145**	**182**
All Cause Coded medical discharges	**820**	**200**	**173** r	**145**	**129**	**173**
Infectious and parasitic diseases (A00 - B99)	**5**	~	~	~	-	~
Neoplasms (C00 - D48)	**20**	~	6	5	~	6
Blood disorders (D50 - D89)	**-**	-	-	-	-	-
Endocrine, nutritional and metabolic diseases (E00 - E90)	**11**	5	~	~	~	~
- Of Which diabetes (E10-E14)	**8**	~	~	~	~	~
- Of which insulin-dependent (E10)	**7**	~	~	~	~	~
- Of which non-Insulin-dependent (E11)	**~**	-	-	-	~	-
Mental and behavioural disorders (F00 - F99)	**164**	45	40 r	23	30	26
- Of which Mood disorders (F30 - F39)	**72**	15	23 r	11	14	9
- Of Which depression (F32 & F33)	**68**	14	21 r	11	13	9
- Of which Neurotic, stress related and somatoform disorders (F40 - F48)	**63**	20	11	8	10	14
- Of which post-traumatic stress disorder (PTSD) (F431)	**11**	~	~	~	~	~
- Of which adjustment disorder (F432)	**28**	11	8	~	~	5
Nervous system disorders (G00 - G99)	**56**	15	10	11	7	13
- Of which epilepsy (G40)	**~**	~	~	-	-	~
Eye and adnexa diseases (H00 - H59)	**12**	5	~	~	-	~
- Of which blindness, low vision and visual disturbance (H53 & H54)	**6**	~	-	~	-	~
Ear and mastoid process diseases (H60 - H95)	**12**	~	~	~	~	6
- Of which hearing loss (H833 & H90 - H91)	**10**	~	~	~	~	6
- Of which noise-induced hearing loss (H833)	**-**	-	-	-	-	-
- Of which tinnitus (H931)	**-**	-	-	-	-	-
Circulatory system disorders (I00 - I99)	**25**	7	~	5 r	~	9
Respiratory system disorders (J00 - J99)	**7**	~	~	~	-	~
- Of which asthma (J45 & J46)	**~**	-	~	~	-	~
Digestive system disorders (K00 - K93)	**14**	~	6	~	~	~
Skin and subcutaneous tissue diseases (L00 - L99)	**11**	~	~	~	~	~
Musculoskeletal disorders (M00 - M99) and Injuries (S00 - T98)	**450**	109	90	84 r	73	94
- Of which Injuries and disorders of the knee[2]	**83**	18	17	11	17	20
- Of which knee pain (M2556)	**31**	~	7	~	11	7
- Of which back pain (M549)	**112**	32	19	19	16	26
- Of which low back pain (M544-5)	**93**	27	16	17	12	21
- Of which heat injury (T67)	**-**	-	-	-	-	-
- Of which cold injury (T68 & T69)	**~**	-	~	~	-	~
Genitourinary system diseases (N00 - N99)	**7**	~	~	-	~	~
Pregnancy, childbirth and puerperium (O00 - O99)	**-**	-	-	-	-	-
Congenital malformations (Q00 - Q99)	**~**	-	~	~	-	-
Clinical and laboratory findings (R00 - R99)	**19**	~	~	~	6	6
Factors influencing health status (Z00 - Z99)	**~**	-	~	-	~	-
No details held on principal condition for medical boarding[3]	**56**	**12**	**21**	**23**	**-**	-
Withheld consent	**37**	-	~	11	16	~

Source: DASA(Health Information)

1. Numbers smaller than five have been suppressed in line with DASA Health Information's rounding policy. Suppressed numbers are represented as ~ and where there is only one number smaller than five in any column the next smallest number has also been suppressed. This may include numbers larger than five.
2. ICD 10 Groups: M17, M22, M23, M2406, M2416, M2436, M2446, M2536, M2566, M2586, M2596, M7046, M7126, M7636, M7656, M925, S83, S89.
3. DASA have been unable to locate the medical document (FMED 23s) to enable the medical discharge record to be cause coded
4. Early in 2012 DASA carried out a review to identify any potential duplicate medical discharge records, i.e. where JPA recorded a person as having left the UK Regular RAF more than once within an certain time period e.g. less than 6 months. Less than five personnel were found to have duplicate records, this is likely to be due to their date of ex being delayed. In these instances the latest record was retained in DASA's dataset with all earlier records removed. The relevant numbers have been revised accordingly an are de-noted as 'r'.

CHAPTER 3 - HEALTH

HEALTH AND SAFETY

Deaths

Tables 3.20 and 3.21 present the number of work related deaths and the number of on-duty workplace incidents resulting in injury-related deaths to UK Armed Forces and civilians between 2002/03 and 2011/12. The information on deaths presented here is for the UK regular Armed Forces, non-regulars who died whilst deployed on operations, MOD civilian staff and any other civilians killed on MOD property or in or by MOD vehicles. Deaths to UK regular Armed Forces personnel and non-regulars who died whilst deployed on operations are sourced from DASA (Health Information). Deaths to all other personnel are as notified by Defence Safety and Environment Authority (DSEA).

Major and Serious Injuries and Illnesses

Tables 3.22 and 3.23 present summary statistics on the number and rate of major and serious injuries to UK Armed Forces personnel and MOD civilians between 2007/08 and 2011/12. The information on major and serious injuries presented here is for the UK Regular Armed Forces and MOD Non-Industrial and Industrial personnel. Only UK Regular personnel and MOD civilians with identifiable staff and service numbers have been included in the figures. Please note that in previous years these tables have included injuries and illnesses to non-Regular personnel and non-MOD civilians. To enable valid rates to be calculated and to ensure consistency with the *MOD Health and Safety Statistics Annual Report 2011/12*, these categories of personnel have now been excluded. Furthermore, the tables are now presented by financial year to ensure consistency with other published health and safety statistics.

Under the Health and Safety Executive (HSE) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) civilians are required to notify the HSE when they are involved in an incident. For Service personnel, there is no current legal requirement, set out under RIDDOR, for their injuries to be notified to the HSE. However, all these incidents should be recorded on the MOD's Health and Safety systems. Service personnel and civilians report incidents to Incident Notification Cells or via their on-site Safety, Health, Environment and Fire (SHEF)

In order to calculate rates, an estimate of the person time at risk is required for the denominator value. The estimate was calculated using a 13-month average of the UK Armed Forces and MOD civilian strength figures (e.g. the strength at the first of every month between April 2011 and April 2012 divided by 13 for 2011/12 financial year strengths). UK Armed Forces strength figures include regulars and Gurkhas. MOD civilian strength figures include MOD Non-Industrial and Industrial FTE personnel.

These statistics have previously been published in the *Health and Safety incidents among MOD Personnel* reports and the *MOD Health and Safety Statistics Annual Report 2011/12*, which are published on the DASA website (www.dasa.mod.uk). This is an annual publication and the latest figures can be found here http://www.dasa.mod.uk/index.php?pub=INCIDENTS-MODPERS

Table 3.20 Number of UK Armed Forces and civilian[1] work-related deaths: by year of occurrence and type of incident, 2002/03-2011/12

"Work-related deaths" have been defined as injury related deaths occurring on-duty or on MOD property, excluding suicides. Hostile action includes deaths categorised as Killed in Action (KIA) and Died of Wounds (DOW) where KIA is a battle casualty who is killed outright or who dies as a result of wounds or other injuries before reaching a medical treatment facility and DOW is a battle casualty who dies of wounds or other injuries received in action, after having reached a medical treatment facility. Between 2000 and 2009 the UK Regular Armed Forces have been deployed to Northern Ireland, Sierra Leone, the Balkans, Afghanistan and Iraq.

A 'work place incident' is a fatality for which the MOD is responsible, that is it is deemed to be 'within the wire', thus work place incidents will include any vehicle incidents that occur on MOD property. A further breakdown of work place incidents is provided in **Table 3.21**.

Over the 10 year period 2002/03 to 2011/12, the number of UK Armed Forces and civilian work-related deaths was lowest in 2005/06 (34 deaths) and highest in 2009/10 (133 deaths). Hostile action is the incident group consistently responsible for the largest number of deaths each year.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

Type of Incident	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Total	**45**	**43**	**45**	**34**	**90**	**93**	**73**	**133**	**95**	**52**
Hostile action	22	19	20	15	57	67	60	125	74	43
Road traffic accident - on duty[2]	8	9	7	9	8	9	5	-	8	5
Work place incident	15	15	18	10	25	17	8	8	13	4

Source: DASA(Health Information) and DSEA

1. Include regular Armed Forces and MOD Industrial and Non-Industrial civilians. Non-regulars who died on deployment are also included, as is any other person killed on MOD property or by MOD vehicles.
2. 'Road traffic accidents - on duty' are those which occur on public highways whilst the Service personnel are on duty.

CHAPTER 3 - HEALTH

HEALTH AND SAFETY

Table 3.21 Number of on-duty[1] work place incidents[2] of UK Armed Forces personnel and civilians[3] resulting in injury-related deaths: by year of occurrence and cause, 2002/03-2011/12

Over the 10 year period 2002/03 to 2011/12, the number of on-duty work place incidents resulting in injury-related deaths was lowest in 2011/12 (4 deaths) and highest in 2006/07 (25 deaths). Over the 10 year period, transport accidents was the incident group that accounted for the largest number of injury related deaths

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

Work Place Incidents	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Total	**15**	**15**	**18**	**10**	**25**	**17**	**8**	**8**	**13**	**4**
Avalanche or landslide	-	1	-	1	-	-	-	1	-	-
Drowning	2	1	1	-	-	1	-	-	-	-
Exposure to smoke, fire or flames	-	-	-	-	-	1	-	-	2	-
Falls	-	-	-	2	1	1	-	1	1	-
Gunshot wounds and other explosives	3	4	1	3	-	1	1	-	1	2
Heat injury	-	2	-	1	1	-	-	-	-	-
Parachuting accidents	2	-	-	2	-	1	-	-	-	-
Transport accidents	6	7	15	-	20	11	6	5	4	2
Fixed wing aircraft	1	1	2	-	14	-	1	2	-	2
Rotary blade aircraft	2	2	11	-	1	7	2	1	-	-
Non powered aircraft	1	-	-	-	-	-	1	-	-	-
Land transport[4]	2	4	2	-	3	4	2	1	2	-
Water transport[5]	-	-	-	-	2	-	-	1	2	-
Struck/Striking against object or person	1	-	1	1	-	-	-	-	3	-
Other	1	-	-	-	1	1	1	-	-	-

Source: DASA(Health Information) and DSEA

1. Duty status is as specified on initial notification of death or any subsequent information received.
2. For definition of work place incident, see Table 3.20.
3. Include regular Armed Forces and MOD Industrial and Non-Industrial civilians. Non-regulars who died on deployment are also included since they are classified as 'regular' personnel for the duration of their overseas deployment. Cadets and members of the public who are killed on MOD property or by MOD vehicles are also included.
4. Includes land transport accidents and road traffic accidents that took place on MOD property.
5 Includes incidents such as diving and drowning.

CHAPTER 3 - HEALTH

HEALTH AND SAFETY

Table 3.22 Number and rates per 100,000 of major injuries and illnesses of UK Regular Armed Forces personnel and MOD civilians: by year of occurrence and Service, 2007/08-2011/12 [1,2,3,4,5]

Major injuries and illnesses are defined by the Health and Safety Executive (HSE) as work-related cases which:
- could result in death or hospitalisation (or being confined to bed, if at sea) for more than 24 hours
- could result in a person who was not in MOD employment and not at work to be taken from a MOD site to a hospital for treatment as a result of MOD work activity or site infrastructure.

The number of major injuries and illnesses reported increased from 765 in 2007/08 to 925 in 2011/12, an increase of 29%. The rate of major injury and illnesses increased by 29% over the five years from 282 per 100,000 MOD personnel in 2007/08 to 365 per 100,000 in 2011/12. Improvements in reporting mechanisms are thought to be partly responsible for this increase.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

Numbers	2007/08	2008/09	2009/10	2010/11	2011/12
Total	**765**	**1 085** r	**1 265**	**1 190** r	**925**
Naval Service	85	130	90	85 r	95
Army	605	830	945	895 r	735
Royal Air Force	15	40	125	125 r	40
MOD Civilian	60	85	105	80	55

Rate (per 100,000 strength)	2007/08	2008/09	2009/10	2010/11	2011/12
Total	***282*** r	***410*** r	***473***	***450*** r	**365**
Naval Service	*220*	*337*	*239*	*226* r	264
Army	*556*	*765*	*847*	*807* r	672
Royal Air Force	*32*	*95*	*281*	*291* r	94
MOD Civilian	*77* r	*112* r	*142*	*114* r	82

Source: DASA(Health Information)

1. Regular personnel with identifiable service numbers only have been included in the UK Armed Forces figures. The MOD civilian figures include Non-Industrial and Industrial personnel only.
2. Figures exclude Health and Safety related deaths.
3. Rates are calculated using UK Regular Armed Forces and Full-time equivalent civilian strengths as the denominator.
4. The numbers of injuries have been rounded to the nearest 5, and therefore may not always add up to the totals provided.
5. Figures exclude battlefield injuries and off duty road traffic accidents.
6. Data for 2010/11 has been updated to include any additional injuries input onto MOD health and safety systems since 1st Aug 2011. Revisions prior to 2010/11 are due to the removal of duplicate injury records identified in previously published data.

Table 3.23 Number and rates per 100,000 of serious injuries and illnesses of UK Regular Armed Forces personnel and MOD civilians: by year of occurrence and Service, 2007/08-2011/12 [1,2,3,4,5]

Serious injuries and illnesses are those that are not defined as "major" according to the Health and Safety Executive (HSE) criteria, but which could result in a person being unable to perform their normal duties for more than three days.

The rate of serious injury and illnesses reported has increased by 42% over the five years from 376 per 100,000 MOD personnel in 2007/08 to 535 per 100,000 in 2011/12.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

Numbers	2007/08	2008/09	2009/10	2010/11	2011/12
Total	**1 020**	**1 205** r	**1 250**	**1 660** r	**1 355**
Naval Service	140	90	85	85 r	105
Army	590	755	790	1 240 r	980
Royal Air Force	60	80	100	95 r	85
MOD Civilian	225	285	280	245 r	185

Rate (per 100,000 strength)	2007/08	2008/09	2009/10	2010/11	2011/12
Total	***376***	***455*** r	***467***	***628*** r	***535***
Naval Service	*368*	*230*	*218*	*221* r	*280*
Army	*541*	*694*	*705* r	*1 118* r	*897*
Royal Air Force	*140* r	*185*	*224*	*219* r	*205*
MOD Civilian	*285* r	*380* r	*380*	*338* r	*281*

Source: DASA(Health Information)

1. Regular personnel with identifiable service numbers only have been included in the UK Armed Forces figures. The MOD civilian figures include Non-Industrial and Industrial personnel only.
2. Figures exclude Health and Safety related deaths.
3. Rates are calculated using UK Regular Armed Forces and Full-time equivalent civilian strengths as the denominator.
4. The numbers of injuries have been rounded to the nearest 5, and therefore may not always add up to the totals provided.
5. Figures exclude battlefield injuries and off duty road traffic accidents.
6. Data for 2010/11 has been updated to include any additional injuries input onto MOD health and safety systems since 1st Aug 2011. Revisions prior to 2010/11 are due to the removal of duplicate injury records identified in previously published data.

Chart to Table 3.22

Major injuries and illnesses of UK Armed Forces personnel and MOD civilians:by year of occurrence and Service, rates [1,2,3,4] per 100,000, 2007/08-2011/12

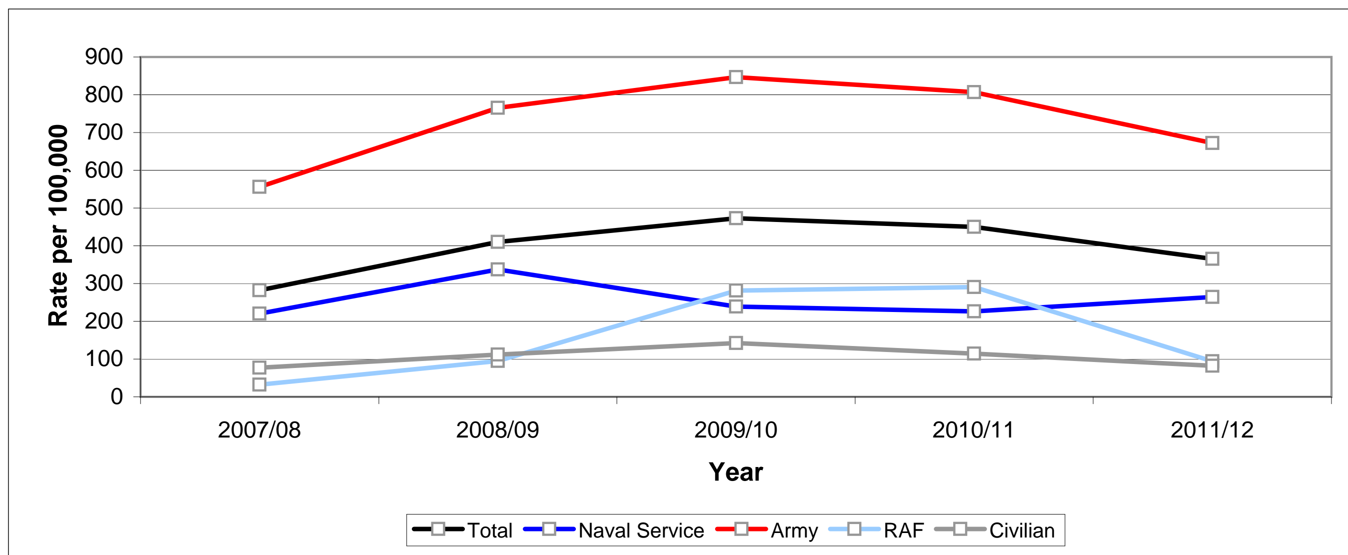
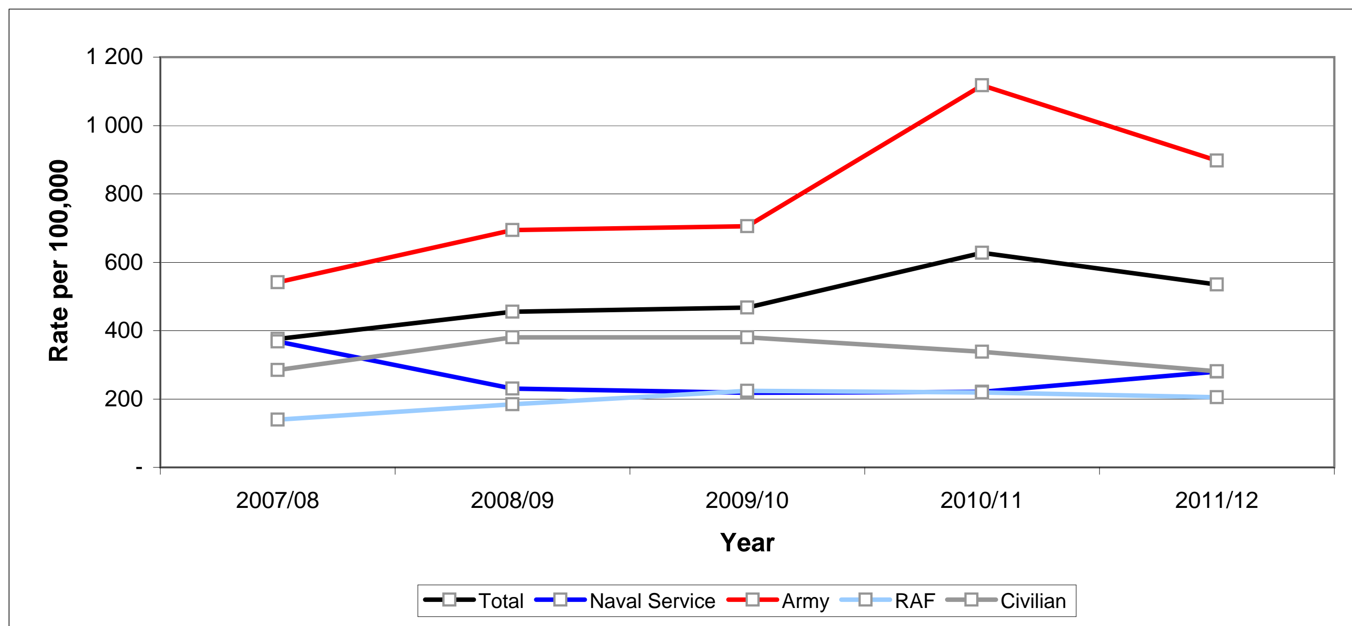


Chart to Table 3.23

Serious injuries and illnesses of UK Armed Forces personnel and MOD civilians: by year of occurrence and Service, rates [1,2,3,4] per 100,000, 2007/08-2011/12



1. Regular personnel with identifiable service numbers only have been included in the UK Armed Forces figures. The MOD civilian figures include Non-Industrial and Industrial personnel only.

2. Figures exclude Health and Safety related deaths.

3. Rates are calculated using UK Regular Armed Forces and Full-time equivalent civilian strengths as the denominator.

4. Figures exclude battlefield injuries and off duty road traffic accidents.

CHAPTER 3 - HEALTH

CIVILIAN PERSONNEL SICKNESS ABSENCE

Table 3.24 Number of working days lost per year due to sickness of civilian personnel[1], by ICD Code and industrial/non-industrial marker

The top 3 causes of sickness absence in the non-industrial population are: Mental and behavioural disorders (this includes stress related conditions), Diseases of the musculoskeletal system & connective tissue, and Diseases of the respiratory system; these conditions continue to account for almost half of all working days lost to sickness absence in 2011. The number of working days lost have declined for both non-industrial and industrial staff between 2010 and 2011, but the rates of sickness absence has increased during the same period. The number of MoD personnel has dropped by 8,600 (6,740 Non-Industrial and 1,860 Industrial) during this period.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

Working days (thousands)

		Year ending 31 December[2]				
		2007	2008	2009	2010	2011
	Non-industrial total[3]	**471.7 ||**	**423.7**	**399.8**	**387.2**	**370.9**
	ICD category[4]					
IPO	Certain infectious and parasitic diseases	41.1 ||	38.6	35.2	32.8	32.5
NGB	Neoplasms	14.7 ||	13.0	14.4	14.2	12.1
PSD	Mental and behavioural disorders	99.6 ||	81.3	72.6	74.5	75.2
NSS	Diseases of the nervous system	16.9 ||	15.3	14.3	15.7	14.2
CIR	Diseases of the circulatory system	18.3 ||	17.2	15.7	16.3	15.6
DRS	Diseases of the respiratory system	64.0 ||	61.7	59.9	50.0	45.1
DDS	Diseases of the digestive system	35.4 ||	33.8	30.8	30.8	28.8
ACI	Injury, poisoning and certain other consequences of external causes	37.1 ||	33.2	30.5	30.4	27.0
BFO	Diseases of the blood forming organs and certain disorders	2.7 ||	2.9	3.4	3.4	2.8
DEM	Diseases of the ear and mastoid process	4.6 ||	4.6	3.5	4.3	4.0
DEY	Diseases of the eye and adnexa	4.6 ||	3.8	3.7	4.0	3.7
DGY	Diseases of the genito-urinary system	16.4 ||	14.6	14.2	13.9	12.8
EMN	Endocrine, nutritional and metabolic diseases	3.4 ||	2.4	2.3	2.8	3.4
MSD	Diseases of the musculoskeletal system and connective tissue	64.1 ||	60.3	61.2	60.0	60.4
OPP	Factors influencing health status and contact with health service	31.1 ||	27.2	26.1	23.0	22.2
PCP	Pregnancy, childbirth and the peurperium	6.7 ||	5.2	4.7	4.9	4.3
SCO	Diseases of the skin and subcutaneous tissue	3.4 ||	2.8	2.3	2.2	2.5
SID	Cause of absence not yet known	7.5 ||	5.5	5.0	4.2	4.1
	Industrial total	**154.8 ||**	**133.0**	**117.2**	**112.4**	**107.3**

Source:DASA (Statistical Methodological Group)

Sickness rates[5]: number of days divided by the average strength (FTE) for that period.

	Year ending 31 December[2, 6]				
	2007	2008	2009	2010	2011
Non-industrial total	*8.22 ||*	*7.91*	*7.68*	*7.58*	*7.65*
Industrial total	*11.85 ||*	*11.26*	*10.62*	*10.46*	*10.90*
Trading Funds	..	*6.12*	*6.70*	*6.66*	*6.75*

Source:DASA (Statistical Methodological Group)

1. The source data used in this table are from the MOD's HRMS civilian administration database.
2. A break in series occurs because from 31st March 2008 strength figures exclude personnel classified as being on zero pay for any reason and sickness absence figures exclude absences where a person is classed as being on zero pay. One day OPP medical appointments are excluded.
3. The numbers of days lost have been rounded and therefore may not add up to the totals provided.
4. World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), 1992.
5. Rates are based on absence days and are Full Time Equivalent (FTE) working days lost. For example, if a part-time employee working 50% of full-time hours is sick for 7 calendar days, this is 5 x 50% = 2.5 FTE working days lost.
6. Trading Funds data are based on Sickness Absence since 1st April 2008.
7. We have combined data from each of the Trading Funds separate administration systems to calculate these rates. The Meteorological Office ceased to be part of the Ministry of Defence on 30th September 2011 and therefore a break in series has occurred.

CHAPTER 3 - HEALTH

WAR PENSIONS & ARMED FORCES COMPENSATION SCHEME

This section looks at the number of War Pensions in payment under the War Pension Scheme and the number and outcomes of claims registered, as well as tariff of injury table information, for lump sum awards under the Armed Forces Compensation Scheme.

The War Pension Scheme (WPS)

Pensions, allowances or other payments may be awarded under the WPS where disablement or death is a result of Service in HM Forces, or of an injury sustained as a result of war-time Service in the Naval Auxiliary Service, or the Mercantile Marine, prior to 6 April 2005. Awards may also be made in respect of Service in the Polish Forces under British command during World War Two. While most payments are made to people living in the United Kingdom, some recipients are from overseas. Pensions, allowances or other payments may also be awarded where the disablement or death of a civilian or a member of the Civil Defence Organisation is the direct result of an injury sustained as a result of enemy action in World War Two.

Table 3.25 is produced using the Service Personnel and Veterans Agency (SPVA) War Pension Computer System. These statistics have previously been published in the *War Pension Scheme National Statistic* which is published on the DASA website (www.dasa.mod.uk). This is a annual publication and the latest figures can be found here http://www.dasa.mod.uk/index.php?pub=WARPENSIONS

The Armed Forces and Reserve Forces Compensation Scheme (AFCS)

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. 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. Where death is caused by Service the AFCS provides an income stream known as the Survivor's Guaranteed Income Payment (SGIP). This is payable to the spouse, civil partner or adult dependant for life. Compensation is also paid to eligible children, known as the Child Payment (CP). Further information on the AFCS can be found at www.mod.uk/afcs.

In 2010 a review of the AFCS was conducted under the independent chairmanship of former Chief of Defence Staff, Admiral the Lord Boyce. The Review found the Scheme was fundamentally sound but required adjustment in some areas. All recommendations made by the Review have been accepted by the Government and the Ministry of Defence has been working to implement them. Exceptionally, these improvements will apply to all previous awards under the scheme and all those who have already received an award from the scheme will benefit from the Review's recommendations. The majority of the improvements to the scheme required detailed legislative amendments which were published in February 2011 and were effective from 9 May 2011. All claims made from 9 May 2011 onwards will have the new scheme rules applied. Further information on the improvements to the scheme and new scheme rules can be found in the full AFCS publications on the DASA website (www.dasa.mod.uk).

Under the AFCS conditions are assessed against a tariff of injuries table which specifies how much should be paid depending on the severity of the condition. The tariff of injuries consists of nine condition tables and full details of the tariff can be found at http://www.veterans-uk.info/pdfs/afcs/tariff.pdf.

In addition, a temporary award can be made where an injury is predominantly caused by Service for which no provision is made in the tariff. A temporary award will be amended and become permanent within one year of the decision to award, to include the injury for which the temporary award was made.

SPVA have been migrating data from their interim system onto the Compensation and Pension System (CAPS). The interim system contains claims registered under the AFCS at the start of the scheme between 6 April 2005 and 31 October 2005. As a result of the migration, all AFCS tables in this publication now include these migrated cases and interim system figures are no longer presented separately.

CHAPTER 3 - HEALTH

WAR PENSIONS & ARMED FORCES COMPENSATION SCHEME

Claims can be divided into two categories:
Injury claims - made by serving or former members of the Armed Forces for an injury or illness caused by Service on or after 6 April 2005;
Survivors' claims - those made by surviving dependants of former members of the Armed Forces where death was caused by Service on or after 6 April 2005.

Injury claims include:

- In-Service claims - those made by serving members of the Armed Forces;
- Medical discharge claims - automatic considerations referred directly to the SPVA as a result of individuals being medically discharged from the Services;
- Post Service claims - those made by former Service Personnel;
- Additional claims - those made following in-Service, medical discharge, or post service claims, to include additional information not presented in the initial claim.

Survivors' claims include:

- Death in-Service - those automatically referred to the SPVA;
- Death post Service claims - those made by surviving dependants of ex-Service Personnel who died after leaving Service;
- Additional child claims - these claims are made for additional children who was not included within the initial claim.

These statistics have previously been published in the *Armed Forces Compensation Scheme Official Statistic* which is published on the DASA website (www.dasa.mod.uk). This is a six monthly publication and the latest figures can be found here http://www.dasa.mod.uk/index.php?pub=AFCS.

Table 3.25 Number of War Pensions in payment by type of pension, as at 31 March each year

The data in this table are within the scope of National Statistics.

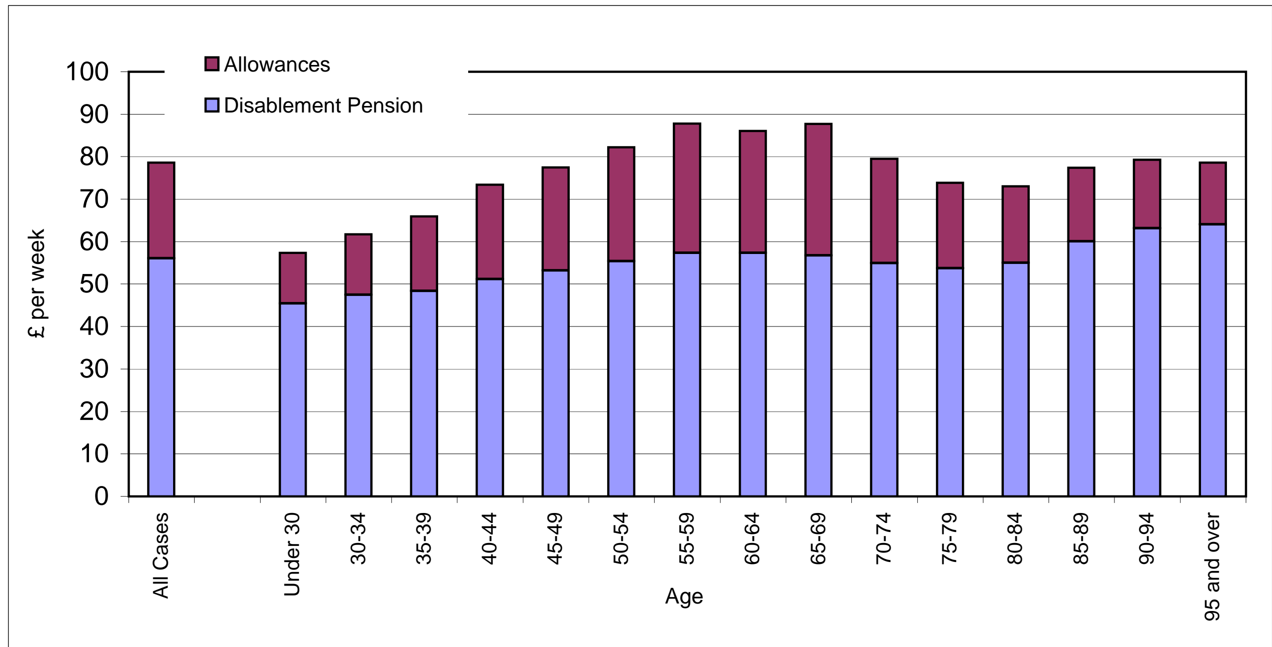
	2000	2008	2009	2010	2011	2012
TOTAL IN PAYMENT	**295 675**	**201 265**	**190 745**	**180 400**	**170 910**	**161 535**
Disablement pensioners	**240 760**	**165 165**	**157 125**	**148 945**	**141 715**	**134 430**
1914 war[1]	30	-	-	-	-	-
Inter-war[2]	305	50	40	30	25	20
1939 war onwards[3]	233 865	161 970	154 240	146 405	139 450	132 450
Civilian	2 940	1 680	1 550	1 390	1 275	1 165
Polish	1 605	675	595	510	440	360
Mercantile marine	1 805	785	700	605	525	435
Not known	205	~	~	~	-	~
Other pensioners	**54 915**	**36 100**	**33 620**	**31 450**	**29 195**	**27 105**
War widows pension[4]	53 990	35 165	32 715	30 580	28 350	26 295
War widower pension[4]	5	70	70	75	75	80
War orphans pension[5]	165	25	30	25	25	25
War parents pension[6]	155	30	25	20	20	15
Adult dependant pension	25	10	10	10	~	~
Unmarried dependant pension[7]	-	~	~	~	~	~
Allowance for lowered standard of occupation only[8]	..	420	400	390	380	370
Child allowance only[9]	575	380	370	350	340	315

Source: DASA(Health Information)

1. Disabled because of Service between 4 August 1914 and 30 September 1921.
2. Disabled because of Service between 1 October 1921 and 2 September 1939.
3. Disabled because of Service from 3 September 1939 to date.
4. Paid to the spouse of an ex-Service person whose death was in service or related to disablement because of service from 4 August 1914 to date.
5. Paid to: (i) the child of a deceased Service person who has no surviving parent; (ii) a child whose mother was divorced from a serviceman at the time of death; or (iii) a child who is not in the care of the surviving parent.
6. Paid to a parent of a deceased Service person.
7. Paid to a partner who lived with the ex-Serviceman for at least six months before his enlistment, was maintained by him, and who has borne his child.
8. A number of pensioners receive an allowance for lower standard of occupation, but do not receive an ongoing war pension. Some, but not all, of these were formerly classified as disablement pensioners.
9. A case where a child allowance is in payment for a child, is where one parent has died, and either the surviving parent does not qualify for a War Widows/Widowers Pension, because of remarriage or cohabitation, or the child does not live with the surviving parent.

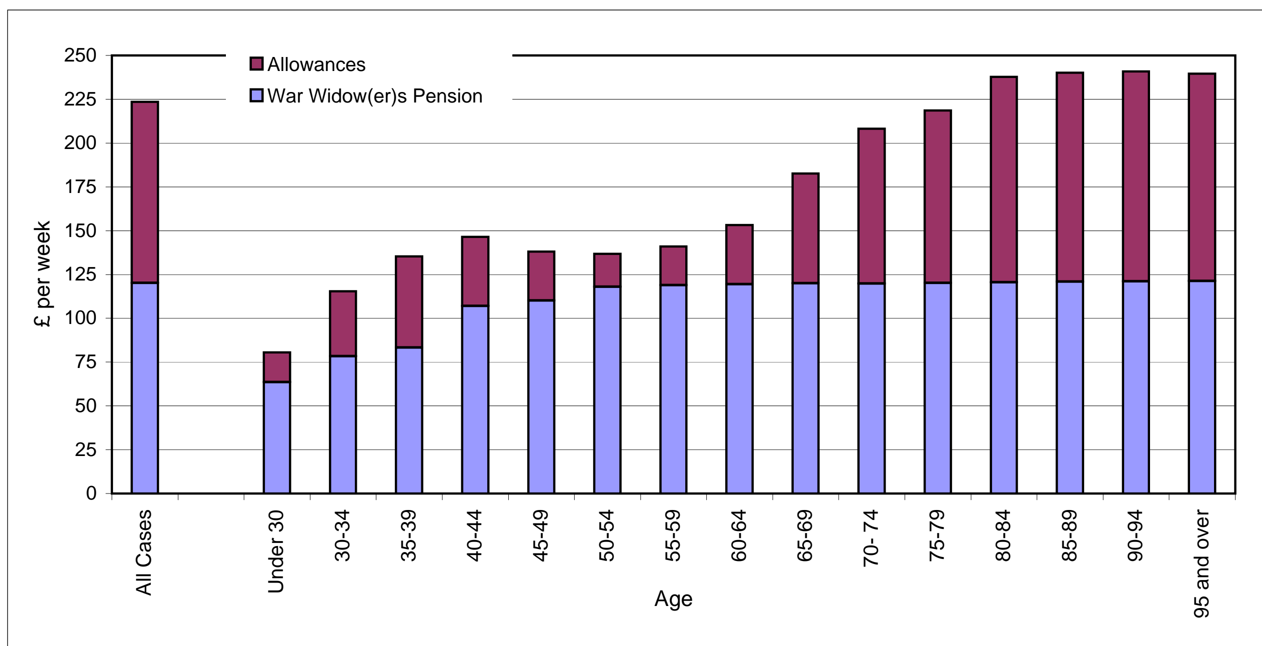
Charts to Table 3.25 Average weekly amount of Disablement Pension (entitlement) - as at 31 March 2012

The overall average weekly amount of war disablement pension and associated supplementary allowances was £78.57.



Charts to Table 3.25 Average amount of Widow(er)'s Pensions (entitlement) - as at 31 March 2012

The average weekly amount received by widow(er)s was £223.54. The actual War Widow(er)s portion of the pension makes up just over half the total, with the remainder being made up of supplementary allowances.



CHAPTER 3 - HEALTH

WAR PENSIONS & ARMED FORCES COMPENSATION SCHEME

Table 3.26 Number of claims registered under the Armed Forces Compensation Scheme by claim type and financial year[1,2]

Claims are dealt with by the Service Personnel & Veterans Agency (SPVA) and requests can be made for an internal reconsideration. Requests to appeal are made externally to the independent Pensions Appeal Tribunal following the outcome of all claim types. If an appeal is requested before a reconsideration has been conducted, the reconsideration will be generated automatically and an outcome must be obtained before an appeal can be launched.

The number of claims, reconsiderations and appeals registered under the AFCS since the scheme began have continued to increase year on year. This is due to an increasing awareness of the scheme, as well as increasing numbers who are eligible to claim, i.e. Service related injury/illness with an incident/onset date on or after 6 April 2005.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

Claim Type	All Years [3]	Claims registered during: 6 Apr 05 - 31 Mar 06	2006/07	2007/08	2008/09	2009/10 [3]	2010/11 [3]	2011/12 [3]
Claims	**33 040 [p]**	**365 [r]**	**1 665**	**3 545**	**5 125**	**6 180 [p,r]**	**7 335 [p,r]**	**8 830 [p]**
Injury Claims	**32 310 [p]**	**340 [r]**	**1 540**	**3 410**	**5 010**	**6 045 [p,r]**	**7 220 [p]**	**8 750 [p]**
In-Service	22 790 [p]	210 [r]	765	1 840	3 210	4 395 [p,r]	5 500 [p]	6 875 [p]
Medical Discharge	3 150 [p]	120	610	635	745	305 [p]	325 [p]	420 [p]
Post Service	5 800 [p]	10	165	895	940	1 220 [p,r]	1 270 [p]	1 295 [p]
Additional Claim	570 [p]	-	~	40	115 [r]	125 [p]	125 [p]	160 [p]
Survivors' Claims[4]	**730 [p]**	**25**	**120**	**130**	**115 [r]**	**135 [p]**	**115 [p]**	**80 [p]**
Death In-Service	700 [p]	25	120	130	110	135 [p]	110 [p]	75 [p]
Death Post Service	10 [p]	-	-	~	~	~ [p]	~ [p]	~ [p]
Additional Child	15 [p]	-	~	-	~	~ [p]	5 [p]	~ [p]
Reconsiderations	**3 910 [p]**	**-**	**125**	**255 [r]**	**630 [r]**	**805 [p,r]**	**995 [p]**	**1 100 [p]**
Appeals	**2 090 [p]**	**-**	**40**	**125**	**310**	**365 [p]**	**545 [p]**	**705 [p]**

Source: DASA(Health Information)

1. These figures exclude all "spanning cases"; claims considered first for entitlement under the Armed Forces Compensation Scheme, but passed to the War Pension Scheme where the cause or injury occurred prior to 6 April 2005. There were 880 spanning cases registered in 2005/06, 2,540 spanning cases registered in 2006/07, 2,570 spanning cases registered in 2007/08, 2,490 spanning cases registered in 2008/09 and 2,100[r,p] spanning cases registered in 2009/10, 930[r,p] spanning cases registered in 2010/11 and 255[p] spanning claims registered in 2011/12

2. Some data has been revised since the previous edition of UKDS due to ongoing data validation of the live 'CAPS' system (marked as 'r').

3. Claims registered in 2009/10, 2010/11, 2011/12 and All Years are provisional, as some claims do not have an outcome and may go on to become spanning cases. The total number of registered claims will not increase but may decrease if any claims become spanning cases, and therefore the number of spanning cases may also increase. For the financial years 2009/10, 2010/11 and 2011/12 there were 285[p], 630[p] and 5,330[p] registered claims respectively, with a pending outcome as at 31 March 2012 (these claims are marked 'p').

4 A single survivor's claim may result in an award which gives entitlement to one or more Survivors' Guaranteed Income Payments (GIPs).

Table 3.27 Number of claims cleared under the Armed Forces Compensation Scheme by claim type, outcome and financial year[1,2]

The number of claims registered (**Table 3.26**) will not match the number of claims cleared because not all claim outcomes are cleared during the same financial year that they are registered.

The number of injury claims cleared under the AFCS since the scheme began has continued to increase year on year between 2005/06 (n=135) and 2010/11 (n=6,845). This is due to an increasing awareness of the scheme, as well as increasing numbers who are eligible to claim, i.e. Service related injury/illness with an incident/onset date on or after 6 April 2005. The number of cleared claims dropped in 2011/12 to 6,475, however there are still 5,330 claims with a pending outcome for this financial year and therefore the numbers may increase once these claims have been cleared.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

		CAPS						
Claim Type	All Years	6 Apr 05 - 31 Mar 06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Injury Claims								
Total	**26 645**	**135** r	**1 330**	**2 570**	**4 025** r	**5 260** r	**6 845** r	**6 475**
Awarded - Lump sum & GIP[3]	1 040	~	55 r	90	180 r	160	285 r	270
Awarded - Lump sum only	13 600	85 r	520	1 180	1 835	2 725	3 605 r	3 655
Rejected	10 365	50	735	1 120	1 630	1 915	2 565	2 345
Withdrawn	1 640	~	20	180	380 r	465	385 r	210
Survivors' Claims[4]								
Total	**695**	**5**	**115**	**135**	**115**	**125**	**115**	**85**
Awarded	280	~	45	50	40	50	50	45
Rejected	410	5	70	85	70	75	65	40
Withdrawn	~	-	-	-	~	-	~	~

Source: DASA(Health Information)

1. These figures exclude all "spanning cases"; claims considered first for entitlement under the Armed Forces Compensation Scheme, but passed to the War Pension Scheme where the cause or injury occurred prior to 6 April 2005.
2. Some data has been revised since the previous edition of UKDS due to ongoing data validation of the live 'CAPS' system (marked as 'r').
3. For the most severe injuries, tariffs 1-11, as well as a lump sum, a further sum is paid in the form of a Guaranteed Income Payment (GIP) which consists of regular payments to provide a continuous income stream. The GIP is not paid while the individual is serving but is deferred until the individual is discharged.
4. A single survivor's claim may result in an award which give entitlement to one or more Survivors' Guaranteed Income Payments.

Table 3.28 Number of lump sum payments that were awarded a GIP at 100% under the Armed Forces Compensation Scheme, by tariff of injury table and financial year[1,2,3,4]

This table presents claims awarded a GIP at 100%, showing all conditions that have been awarded at 100% of all the tariff levels. **Table 3.29** presents separately claims awarded a GIP at 75%, 50%, 30%, or nil, showing the most severe condition that has been awarded at 100% of the tariff level only. The **AFCS Introduction Section** provides further details about the tariff of injuries tables.

For claims awarded a GIP at 100%, the highest numbers of awarded conditions were within the tariff of injury tables of injury, wounds and scarring and amputations. In 2011/12 there was an average of just under 10 conditions awarded per claim.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

		All lump sums cleared during:						
Tariff of Injury Table	All Years	6 Apr 05 - 31 Mar 06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
All claims awarded	**185**	**-**	**10**	**25**	**20**	**20**	**60**	**50**
All conditions awarded	**1 535**	**-**	**25**	**140**	**135**	**190**	**585**	**455**
Burns	30	-	~	5	10	~	~	~
Injury, wounds and scarring	650	-	5	55	55	75	260 r	195
Mental disorders	10	-	-	~	~	~	5	~
Physical disorders including infectious diseases	25	-	-	-	~	~	10	10
Amputations	335	-	~	10	20	35	145	125
Neurological disorders (including spinal cord, head or brain injuries)	80	-	10	15	10	5	25	15
Senses[5]	100	-	~	15	10	15	35	25
Fractures and dislocations	245	-	5	30	25	40	75	70
Muscoskeletal disorders	60	-	~	5	5	10	25	10
Temporary award[6]	- p	-	-	-	-	-	-	-
Condition unknown[7]	~	-	-	-	-	-	~	-

Source: DASA(Health Information)

1. Figures for lump sum awards include injury claims and further additional claims.
2. Some data has been revised since the previous edition of UKDS due to ongoing data validation of the live 'CAPS' system (marked as 'r').
3. The table shows all of the conditions that have been awarded for a single claim.
4. Figures include awarded claims that were registered on CAPS from 6 April 2005 onwards.
5. This Tariff of Injury Table refers to injuries and conditions relating to eyes and ears.
6. Temporary award figures will remain provisional until they have been made permanent under a Tariff of Injury table. Lump sums may increase under any of the Tariff of Injuries tables once the temporary awards have been made permanent. The total number of awards made in any year will remain unchanged.
7. There are some claim records where condition information is not available and these records have been assigned to unknown.

Table 3.29 Number of lump sum payments that were awarded a GIP at 75%, 50%, 30% or nil under the Armed Forces Compensation Scheme, by tariff of injury table for most severe condition, and financial year[1,2,3,4]

This table presents claims awarded a GIP at 75%, 50%, 30%, or nil, showing the most severe condition that has been awarded a lump sum at 100% of the tariff level only. **Table 3.28** presents separately claims awarded a GIP at 100%, showing all conditions that have been awarded at 100% of all the tariff levels. The AFCS introduction section provides further details about the tariff of injuries tables.

The highest number of claims awarded a GIP at 75%, 50%, 30% or nil were for claims in which the most severe condition was within the tariff of injury tables of musculoskeletal disorders and fractures and dislocations.

The data in this table are not National Statistics, please see the Chapter 3 introduction for more information.

		All lump sums cleared during:						
Tariff of Injury Table	All Years	6 Apr 05 - 31 Mar 06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
All claims awarded	**14 455**	**85**	**560**	**1 245**	**2 000**	**2 865** [r]	**3 835**	**3 870**
Burns	120	~	10	10	20	25	25	25
Injury, wounds and scarring	2 010	15 [r]	75	195 [r]	265 [r]	360	560	535
Mental disorders	515	~	5	45	70	90	140	160
Physical disorders including infectious diseases	365	~	20	40	120	40	70	70
Amputations	200	-	15	20	25	25	65	40
or brain injuries)	200	~	5	15	40 [r]	45	60	35
Senses[5]	635	~	10	40	75	100	150	260
Fractures and dislocations	4 150	40	230	400 [r]	570	845 [r]	1000	1060
Musculoskeletal disorders	6 230	10	180	470	805	1 325 [r]	1 760	1 680
Temporary award[6]	15 [p]	-	-	~	-	~ [r]	5	5
Condition unknown[7]	15	10 [r]	5	-	-	-	-	-

Source: DASA(Health Information)

1. Figures for lump sum awards include injury claims and further additional claims.
2. Some data has been revised since the previous edition of UKDS due to ongoing data validation of the live 'CAPS' system (marked as 'r').
3. Where more than one condition is claimed for, the table shows the single condition awarded at the highest tariff level.
4. Figures include awarded claims that were registered on CAPS from 6 April 2005 onwards.
5. This Tariff of Injury Table refers to injuries and conditions relating to eyes and ears.
6. Temporary award figures will remain provisional ('p') until they have been made permanent under a Tariff of Injury table. Lump sums may increase under any of the Tariff of Injuries tables once the temporary awards have been made permanent. The total number of awards made in any year will remain unchanged.
7. There are some claim records where condition information is not available and these records have been assigned to unknown.