UK Armed Forces mental health:
Presenting complaints at MOD Departments of Community Mental Health
January - March 2012

3rd July 2012

Issued By:
Defence Analytical Services and Advice (DASA)
Spur 7 B Block
Ensleigh
Bath
BA1 5AB

Enquiries
Press Office:
Tel: 020 721 83253

Statistical Enquiries:
Head of Health Information
DASA Health Information
Tel: 01225 468456
Fax: 01225 468918
DASA-Health-PQ-FOI@mod.uk

Internet:
http://www.dasa.mod.uk

DASA Welcome Feedback
If you have any comments or questions about this publication or about DASA statistics in general, you can contact us as follows:

Email:
DASA-enquiries-mailbox@mod.uk

Visit the DASA website www.dasa.mod.uk and complete the feedback form.

INTRODUCTION

1. This report provides statistical information on mental health in the UK Armed Forces for the period April 2007 - March 2012. Between the dates 1 April 2007 and 30 June 2009, this report summarises all new referrals of UK Armed Forces personnel to the MOD's Departments of Community Mental Health (DCMHs) for outpatient care, and new admissions to the MOD's in-patient care contractors. From 1 July 2009 onwards, it summarises all **new episodes of care** of UK Armed Forces personnel at the MOD's Departments of Community Mental Health (DCMHs) for outpatient care, i.e. new patients, or patients who have been seen at a DCMH but were discharged from care and have been referred again, and **all** admissions to the MOD's in-patient care contractors.

2. This data updates previous reports and includes previously unpublished data for 1 January to 31 March 2012. The report now also presents in-patient data for overseas patients from April 2011 onwards.

3. To improve clarity and analysis of trends future releases of this report will present the latest quarter and the previous four quarters of mental health data only. Annual data including trends, will only be presented in the annual report published in July of each year. DASA will undertake an external consultation on the website prior to making the suggested changes in the next quarterly report.

4. DCMHs are specialised mental health services based on community mental health teams closely located with primary care services at sites in the UK and abroad. **Information on patients only seen in the primary care system is not currently available.** To ensure these statistics pick up all **new episodes of care**, DASA have made some changes to data collection and validation from 1 July 2009 onwards. From this date, DASA have also included data from four mental health posts located in medical centres, attached to a DCMH, staffed by psychiatrists and mental health nurses and operating in the same way as a DCMH; seeing and treating personnel referred with suspected mental health disorders. Throughout this report the term DCMH includes these four mental health posts. Details of these changes can be found in the section on **'Data, definitions and methods'**.

5. A rigid pseudo-anonymisation process, and other measures preserving patient confidentiality, has enabled full verification and validation of the DCMH returns. It has also ensured linkage with deployment databases was possible, so that potential effects of deployment could be measured. The first report[a] in this series provides important background information on data governance. A summary of this, along with detail of some minor methodology changes, can be found later in the section on **'Data, definitions and methods'**.

KEY POINTS

Initial Assessments at MOD DCMHs

6. During the three-month period January - March 2012, 1,082 new episodes of care for mental disorder were identified within UK Armed Forces personnel, representing a rate of 5.6 per 1,000 strength.

7. For the 1,082 personnel assessed for a new episode of care with a mental disorder, there were some statistically significant findings:

- Rates for Army and RAF personnel were significantly higher than Royal Navy and Royal Marines personnel.
- Rates for females were significantly higher than for males.
- Rates for Other ranks were significantly higher than for Officers.

These findings are broadly consistent with previous reports.

8. Comparing those deployed on Op TELIC and/or Op HERRICK and those not deployed to either operation:

- The overall rate of mental disorders for those who had previously deployed compared to those who have not previously deployed was not significantly different.
- The rate of PTSD was significantly higher among those who had previously deployed to Op TELIC and/or Op HERRICK compared to those who have not previously deployed.
- However, PTSD remains a rare condition, affecting 0.4 per 1,000 strength (N=76) during this three-month period.

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

Admissions to the MOD's In-patient Contractor

During the three-month period January - March 2012, there were 73 admissions to the MOD's in-patient care contractor representing a rate of 0.4 per 1,000 strength. 43 of these patients had been seen at a DCMH at some point prior to their admission.

RESULTS

New Episodes of Care at MOD DCMHs

9. During the three-month period January - March 2012, a total of 1,472 UK Service personnel were recorded as having been assessed for a new episode of care at the MOD's DCMHs, representing a rate for the period of 7.7 per 1,000 strength[b].

10. **Table 1** provides details of the key socio-demographic characteristics of the 1,472 new episodes of care at the MOD's DCMHs during January - March 2012.

Table 1: New episodes of care at the MOD's DCMHs by demographic characteristics, 1 January 2012 – 31 March 2012, numbers and rates per 1,000 strength.

Characteristic	Strength[1]	All patients seen	Patients assessed with a mental disorder			Patients assessed without a mental disorder[2]
			Number	Rate	95% CI	
All	**192,300**	**1,472**	**1,082**	**5.6**	**(5.3 - 6.0)**	**390**
Service						
Royal Navy	28,600	167	85	3.0	(2.3 - 3.6)	82
Royal Marines	8,000	42	28	3.5	(2.3 - 5.1)	14
Army	114,700	940	722	6.3	(5.8 - 6.8)	218
RAF	41,000	323	247	6.0	(5.3 - 6.8)	76
Gender						
Males	174,300	1,196	863	5.0	(4.6 - 5.3)	333
Females	18,000	276	219	12.2	(10.6 - 13.8)	57
Rank						
Officers	32,600	131	105	3.2	(2.6 - 3.8)	26
Other ranks	159,700	1,341	977	6.1	(5.7 - 6.5)	364
Deployment - Theatres of operation[3]						
Op TELIC and/or Op HERRICK[4]	122,100	919	699	5.7	(5.3 - 6.1)	220
of which, Op TELIC	78,100	521	406	5.2	(4.7 - 5.7)	115
Op HERRICK	90,200	690	530	5.9	(5.4 - 6.4)	160
Neither Op TELIC nor Op HERRICK	70,200	553	383	5.5	(4.9 - 6.0)	170

1. Strengths data rounded to the nearest 100, so subtotals may not sum to the total. Strengths are a four-month average (see paragraph 40).
2. Patients assessed without a mental disorder (see paragraph 36).
3. Deployment to the wider theatre of operation (see paragraph 43).
4. Figures for Afghanistan theatre of Operation for period October 2005 – present (see paragraph 44).

11. Of the 1,472 new episodes of care, 1,082 (74%) were assessed with a mental disorder, representing an overall rate for new episodes of care for mental disorder of 5.6 per 1,000 strength. There were 390 patients who were recorded as having no mental disorder at their initial assessment.

12. There were some statistically significant differences in the new episodes of care rates between various sub-groups of the patients seen during January - March 2012:

- Army and RAF personnel had a significantly higher rate of mental disorder (6.3 per 1,000 strength, 95% CI: 5.8-6.8, N=722 and 6.0 per 1,000 strength, 95% CI: 5.3-6.8, N=247 respectively) than Royal Navy personnel and Royal Marine personnel (3.0 per 1,000 strength, 95% CI: 2.3-3.6, N=85 and 3.5 per 1,000 strength, 95% CI: 2.3-5.1, N=28, respectively).
- Female personnel had a significantly higher rate of mental disorder at 12.2 per 1,000 strength (95% CI: 10.6-13.8, N=219) than male personnel at 5.0 per 1,000 strength (95% CI: 4.6-5.3, N=863).
- Other ranks had a significantly higher rate of mental disorder at 6.1 per 1,000 strength (95% CI: 5.7-6.5, N=977) than Officers at 3.2 per 1,000 strength (95% CI: 2.6-3.8, N=105).

13. **Tables 2, 3, 4, 5, 6, 8, 9** and **10** contain comparisons of data across the last five published quarters and annual tables based on financial year. However, due to the introduction of the revised methodology, interpretation of annual comparisons requires caution. As part of the data validation process, prior to 1 July 2009 DASA identified individuals who had previously attended a DCMH and removed them from the analysis. This method of analysis has been revised, and figures for 1 July 2009 onwards include repeat attendances if they are classified by the DCMH as a new episode of

[b] Using a four-month average of regular and mobilised reserves strength from 1 January 2012 to 1 April 2012 (see paragraph 39).

care. This has resulted in an increase in recorded numbers from July 2009 onwards. Proportions across the quarters, however, have remained broadly the same, suggesting that the revised methodology has not altered the pattern of findings.

14. **Tables 2, 3, 4,** and **5** present the last five quarters and financial year totals for the DCMHs and the number of new episodes of care at the DCMHs who were assessed with a mental disorder.

Table 2: Episodes of care at the MOD's DCMHs, 1 April 2007 – 31 March 2012, financial years, numbers[1] and rates per 1,000 strength.

		Patients assessed with a mental disorder			Patients assessed without a mental disorder	Presenting complaint information not provided[1]
	All patients seen	Number	Rate	95% CI		
2007/08	5,037	3,477	17.5	(16.9 - 18.1)	1,333	227
2008/09	4,418	3,118	15.8	(15.2 - 16.4)	1,300	0
2009/10 [2]	5,443	3,805	18.9	(18.3 - 19.5)	1,638	0
2010/11	5,582	3,983	19.9	(19.3 - 20.5)	1,599	0
2011/12	5,386	3,959	20.2	(19.6 - 20.9)	1,427	0
January - March 2010/11	1,537	1,109	5.6	(5.3 - 5.9)	428	0
April - June 2011/12	1,219	916	4.6	(4.3 - 4.9)	303	0
July - September 2011/12	1,345	993	5.1	(4.8 - 5.4)	352	0
October - December 2011/12	1,350	968	5.0	(4.7 - 5.3)	382	0
January - March 2011/12	1,472	1,082	5.6	(5.3 - 6.0)	390	0

1. Excluding 227 records provided with no ICD-10 information (see paragraph 38).
2. Apr 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 12 & 32).

Table 3: Episodes of care at the MOD's DCMHs by Service, 1 April 2007 – 31 March 2012, financial years, numbers[1] and rates per 1,000 strength.

	Service												Not Known[2]
	Royal Navy			Royal Marines			Army			RAF			
	Patients assessed with a mental disorder												
Date	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number
2007/08	445	14.1	(12.8 - 15.4)	83	10.7	(8.4 - 13.1)	2,085	18.2	(17.4 - 19.0)	761	17.1	(15.8 - 18.3)	103
2008/09	415	13.3	(12.0 - 14.6)	65	8.3	(6.3 - 10.3)	1,951	17.0	(16.3 - 17.8)	649	14.8	(13.7 - 16.0)	38
2009/10[3]	404	12.9	(11.7 - 14.2)	93	11.5	(9.2 - 13.9)	2,404	20.4	(19.5 - 21.2)	897	20.2	(18.9 - 21.6)	7
2010/11	396	12.8	(11.6 - 14.1)	65	7.9	(5.9 - 9.8)	2,578	22.0	(21.2 - 22.9)	944	21.5	(20.1 - 22.9)	0
2011/12	388	13.2	(11.9 - 14.5)	76	9.3	(7.2 - 11.4)	2,559	22.1	(21.3 - 23.0)	936	22.3	(20.9 - 23.7)	0
January - March 2010/11	133	4.4	(3.6 - 5.1)	27	3.2	(2.1 - 4.7)	697	6.0	(5.5 - 6.4)	252	5.8	(5.1 - 6.6)	0
April - June 2011/12	96	3.2	(2.6 - 3.9)	21	2.5	(1.6 - 3.9)	587	5.0	(4.6 - 5.4)	212	5.0	(4.3 - 5.6)	0
July - September 2011/12	98	3.3	(2.7 - 4.0)	14	1.7	(0.9 - 2.9)	640	5.6	(5.1 - 6.0)	241	5.7	(5.0 - 6.4)	0
October - December 2011/12	109	3.8	(3.1 - 4.5)	13	1.6	(0.9 - 2.8)	r610	5.3	(4.9 - 5.7)	r236	5.7	(4.9 - 6.4)	0
January - March 2011/12	85	3.0	(2.3 - 3.6)	28	3.5	(2.3 - 5.1)	722	6.3	(5.8 - 6.8)	247	6.0	(5.3 - 6.8)	0

1. Excluding 227 records provided with no ICD-10 information,(see paragraph 38).
2. 148 records supplied without identifiers (see paragraph 37).
3. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 12 & 32).
4. Where 'r' is shown there has been a revision to the previously published figures (paragraph 48).

Table 4: Episodes of care the MOD's DCMHs by gender and rank, 1 April 2007 – 31 March 2012, financial years, numbers[1] and rates per 1,000 strength.

	Gender						Rank						Not Known[2]
	Males			Females			Officers			Other Ranks			
	Patients assessed with a mental disorder												
	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number
2007/08	2,743	15.2	(14.6 - 15.8)	631	34.8	(32.1 - 37.6)	229	6.8	(5.9 - 7.7)	3,145	19.1	(18.4 - 19.7)	103
2008/09	2,442	13.6	(13.1 - 14.2)	638	35.4	(32.6 - 38.1)	251	7.5	(6.6 - 8.4)	2,829	17.3	(16.6 - 17.9)	38
2009/10[3]	3,024	16.5	(15.9 - 17.1)	774	41.6	(38.6 - 44.5)	361	10.7	(9.6 - 11.8)	3,437	20.5	(19.8 - 21.1)	7
2010/11	3,209	17.7	(17.1 - 18.3)	774	41.6	(38.7 - 44.5)	353	10.5	(9.4 - 11.5)	3,630	21.8	(21.1 - 22.5)	0
2011/12	3,173	18.0	(17.3 - 18.6)	786	43.3	(40.3 - 46.4)	399	12.0	(10.8 - 13.2)	3,560	21.9	(21.2 - 22.6)	0
January - March 2010/11	893	5.0	(4.6 - 5.3)	216	11.7	(10.2 - 13.3)	98	2.9	(2.3 - 3.5)	1,011	6.1	(5.8 - 6.5)	0
April - June 2011/12	737	4.1	(3.8 - 4.4)	179	9.8	(8.4 - 11.2)	87	2.6	(2.1 - 3.1)	829	5.1	(4.7 - 5.4)	0
July - September 2011/12	801	4.5	(4.2 - 4.8)	192	10.6	(9.1 - 12.1)	104	3.1	(2.5 - 3.7)	889	5.5	(5.1 - 5.9)	0
October - December 2011/12	r772	4.4	(4.1 - 4.7)	r196	10.8	(9.3 - 12.3)	103	3.1	(2.5 - 3.7)	865	5.4	(5.0 - 5.7)	0
January - March 2011/12	863	5.0	(4.6 - 5.3)	219	12.2	(10.6 - 13.8)	105	3.2	(2.6 - 3.8)	977	6.1	(5.7 - 6.5)	0

1. Excluding 227 records provided with no ICD-10 information,(see paragraph 38).
2. 148 records supplied without identifiers (see paragraph 37).
3. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 12 & 32).
4. Where 'r' is shown there has been a revision to the previously published figures (paragraph 48).

Table 5: Episodes of care at the MOD's DCMHs by deployment[1], 1 April 2007 – 31 March 2012, financial years, numbers and rates per 1,000 strength.

	Deployment - Theatres of operation												
	Op TELIC and/or Op HERRICK [3]			*of which*						Neither			Not known[4]
				Op TELIC			*Op HERRICK* [3]						
	Patients assessed with a mental disorder												
Date	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number
2007/08	1,795	17.2	(16.4 - 17.9)	*1,590*	*17.6*	*(16.8 - 18.5)*	*427*	*13.0*	*(11.7 - 14.2)*	1,579	17.1	(16.3 - 18.0)	103
2008/09	1,766	15.5	(14.8 - 16.3)	*1,445*	*15.6*	*(14.8 - 16.4)*	*711*	*15.1*	*(14.0 - 16.2)*	1,314	15.7	(14.8 - 16.5)	38
2009/10 [5]	2,315	19.4	(18.6 - 20.2)	*1,712*	*18.7*	*(17.8 - 19.6)*	*1,224*	*19.8*	*(18.6 - 20.9)*	1,483	18.0	(17.1 - 19.0)	7
2010/11	2,564	20.9	(20.1 - 21.7)	*1,691*	*19.4*	*(18.4 - 20.3)*	*1,670*	*21.9*	*(20.8 - 22.9)*	1,419	18.3	(17.4 - 19.3)	0
2011/12	2,543	20.6	(19.8 - 21.4)	*1,586*	*19.6*	*(18.6 - 20.5)*	*1,829*	*20.9*	*(19.9 - 21.8)*	1,416	19.8	(18.8 - 20.8)	0
January - March 2010/11	731	5.9	(5.5 - 6.4)	*477*	*5.6*	*(5.1 - 6.1)*	*481*	*6.0*	*(5.4 - 6.5)*	378	5.0	(4.5 - 5.5)	0
April - June 2011/12	560	4.5	(4.1 - 4.9)	*374*	*4.4*	*(4.0 - 4.9)*	*401*	*4.7*	*(4.3 - 5.2)*	356	4.9	(4.4 - 5.4)	0
July - September 2011/12	656	5.3	(4.9 - 5.7)	*407*	*5.0*	*(4.5 - 5.4)*	*456*	*5.3*	*(4.8 - 5.8)*	337	4.7	(4.2 - 5.2)	0
October - December 2011/12	[r]628	5.1	(4.7 - 5.5)	*399*	*5.0*	*(4.5 - 5.5)*	[r] *442*	*4.9*	*(4.5 - 5.4)*	[r]340	4.8	(4.3 - 5.3)	0
January - March 2011/12	699	5.7	(5.3 - 6.1)	*406*	*5.2*	*(4.7 - 5.7)*	*530*	*5.9*	*(5.4 - 6.4)*	383	5.5	(4.9 - 6.0)	0

1. Deployment to the wider theatre of operation (see paragraph 43).
2. Excluding 227 records provided with no ICD-10 information,(see paragraph 38).
3. Figures for Afghanistan theatre of Operation for period October 2005 – present (see paragraph 44).
4. 148 records supplied without identifiers (see paragraph 37).
5. Apr 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 12 & 32).
6. Where 'r' is shown there has been a revision to the previously published figures (paragraph 48).

15. **Table 2** shows that the overall rate was not significantly different for patients assessed with a mental disorder during the period January - March 2011/12 compared to the previous quarter October - December 2011/12 at 5.6 per 1,000 strength (95% CI: 5.3-5.9, N=1,082) and 5.0 per 1,000 strength, (95% CI: 4.7-5.3, N=968) respectively. There was no significant difference between this quarter and the same quarter a year ago.

16. **Tables 3** and **4** show that over the last five quarters, the following trends have remained consistent:

- Rates were higher among Army and RAF personnel compared to Royal Navy and Royal Marines personnel. (The exception to this was January-March 2010/11 when there was no significant difference between Royal Navy and RAF rates)
- Females had significantly higher rates than males.
- Other ranks had significantly higher rates than Officers.

17. The increase in the DCMH episode of care rate for Royal Marines in January - March 2011/12 (3.5 per 1,000 strength, 95% CI: 2.3-5.1, N=28) from the previous quarter (1.6 per 1,000 strength, 95% CI: 0.9-2.8) was seen in the same time period last year. This increase is non significant but may be a reflection of the Royal Marines returning from deployment.

18. **Table 5** shows that the DCMH episodes of care rate for the last quarter was not statistically significantly different among those who had previously deployed to Op TELIC and/or Op HERRICK compared to those who had not been identified as having previously deployed prior to their episode of care (5.7 per 1,000 strength, 95% CI 5.3-6.1, N=699 compared to 5.5 per 1,000 strength, 95% CI 4.9-6.0, N=383), therefore not seeing an adverse effect of deployment on absolute rates of mental heath.

19. The DCMH episodes of care rate was not statistically significantly different among those who had deployed to Op HERRICK compared to those who had deployed to Op TELIC, (5.9 per 1,000 strength, 95% CI 5.4-6.4, N=530, and 5.2 per 1,000 strength, 95% CI 4.7-5.7, N=406, respectively).

Initial mental disorder assessment

20. **Table 6** (see page 6) provides details of the types of presenting complaints, by ICD-10 grouping, for the 1,082 patients seen for a new episode of care during January - March 2012 and assessed with a mental disorder. The table also includes data for the previous four quarters and financial years.

21. In line with previous reports, neurotic disorders were the most common initial assessment for patients with a mental disorder :

- The rate of neurotic disorders was statistically significantly higher in January - March 2011/12 compared to the previous quarter October - December 2011/12 (3.6 per 1,000 strength, 95% CI: 3.4-3.9, N=701 and 3.0 per 1,000 strength, 95% CI: 2.7-3.2, N=575 respectively).
- However, the rate for neurotic disorders in January - March 2011/12 was not statistically significantly higher than the same time period a year ago (3.6 per 1,000 strength, 95% CI: 3.4-3.9, N=701 and 3.4 per 1,000 strength, 95% CI: 3.1-3.6, N=668 respectively).

- Neurotic disorders were statistically significantly higher than rates of any other mental disorder groupings for January - March 2011/12.
- Rates of post-traumatic stress disorder (PTSD) remained low at a rate of 0.4 per 1,000 strength (95% CI: 0.3-0.5, N=76). For all major mental health groupings, rates for January - March 2012 were broadly consistent with the previous four quarters.

Table 6: Initial mental disorder assessments for all new episodes of care seen at a DCMH by ICD-10 grouping, 1 April 2007 to 31 March 2012, financial years, numbers[1] and rates[2] per 1,000 strength.

	ICD-10 description																							
	Psychoactive substance use			*of which disorders due to alcohol*			Mood disorders			*of which depressive episode*			Neurotic disorders			*of which PTSD*			*of which adjustment disorders*			Other mental disorders		
	Patients assessed with a mental disorder																							
Date	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI
2007/08	385	1.9	(1.7 - 2.1)	*355*	*1.8*	*(1.6 - 2.0)*	810	4.1	(3.8 - 4.4)	*678*	*3.4*	*(3.2 - 3.7)*	2,045	10.3	(9.8 - 10.7)	*174*	*0.9*	*(0.7 - 1.0)*	*1,232*	*6.2*	*(5.9 - 6.5)*	237	1.2	(1.0 - 1.3)
2008/09	337	1.7	(1.5 - 1.9)	*321*	*1.6*	*(1.4 - 1.8)*	697	3.5	(3.3 - 3.8)	*603*	*3.1*	*(2.8 - 3.3)*	1,844	9.3	(8.9 - 9.8)	*141*	*0.7*	*(0.6 - 0.8)*	*1,094*	*5.5*	*(5.2 - 5.9)*	240	1.2	(1.1 - 1.4)
2009/10[3]	314	1.6	(1.4 - 1.7)	*297*	*1.5*	*(1.3 - 1.6)*	914	4.5	(4.2 - 4.8)	*834*	*4.1*	*(3.9 - 4.4)*	2,292	11.4	(10.9 - 11.8)	*194*	*1.0*	*(0.8 - 1.1)*	*1,420*	*7.0*	*(6.7 - 7.4)*	285	1.4	(1.2 - 1.6)
2010/11	327	1.6	(1.5 - 1.8)	*312*	*1.6*	*(1.4 - 1.7)*	896	4.5	(4.2 - 4.8)	*836*	*4.2*	*(3.9 - 4.5)*	2,456	12.3	(11.8 - 12.8)	*253*	*1.3*	*(1.1 - 1.4)*	*1,599*	*8.0*	*(7.6 - 8.4)*	304	1.5	(1.3 - 1.7)
2011/12	286	1.5	(1.3 - 1.6)	*277*	*1.4*	*(1.3 - 1.6)*	960	4.9	(4.6 - 5.2)	*868*	*4.5*	*(4.2 - 4.8)*	2,434	12.5	(12.0 - 13.0)	*272*	*1.4*	*(1.2 - 1.6)*	*1,557*	*8.0*	*(7.6 - 8.4)*	279	1.4	(1.3 - 1.6)
January - March 2010/11	93	0.5	(0.4 - 0.6)	*91*	*0.5*	*(0.4 - 0.6)*	255	1.3	(1.1 - 1.4)	*238*	*1.2*	*(1.0 - 1.4)*	668	3.4	(3.1 - 3.6)	*66*	*0.3*	*(0.3 - 0.4)*	*427*	*2.2*	*(1.9 - 2.4)*	93	0.5	(0.4 - 0.6)
April - June 2011/12	56	0.3	(0.2 - 0.4)	*54*	*0.3*	*(0.2 - 0.3)*	217	1.1	(1.0 - 1.2)	*209*	*1.1*	*(0.9 - 1.2)*	566	2.9	(2.6 - 3.1)	*59*	*0.3*	*(0.2 - 0.4)*	*394*	*2.0*	*(1.8 - 2.2)*	77	0.4	(0.3 - 0.5)
July - September 2011/12	74	0.4	(0.3 - 0.5)	*72*	*0.4*	*(0.3 - 0.5)*	252	1.3	(1.1 - 1.5)	*233*	*1.2*	*(1.0 - 1.3)*	592	3.0	(2.8 - 3.3)	*69*	*0.4*	*(0.3 - 0.4)*	*371*	*1.9*	*(1.7 - 2.1)*	75	0.4	(0.3 - 0.5)
October - December 2011/12	71	0.4	(0.3 - 0.5)	*67*	*0.3*	*(0.3 - 0.4)*	256	1.3	(1.2 - 1.5)	*218*	*1.1*	*(1.0 - 1.3)*	575	3.0	(2.7 - 3.2)	*68*	*0.3*	*(0.3 - 0.4)*	*362*	*1.9*	*(1.7 - 2.1)*	66	0.3	(0.3 - 0.4)
January - March 2011/12	85	0.4	(0.3 - 0.5)	*84*	*0.4*	*(0.3 - 0.5)*	235	1.2	(1.1 - 1.4)	*208*	*1.1*	*(0.9 - 1.2)*	701	3.6	(3.4 - 3.9)	*76*	*0.4*	*(0.3 - 0.5)*	*430*	*2.2*	*(2.0 - 2.4)*	61	0.3	(0.2 - 0.4)

1. Excluding 227 records provided with no ICD-10 information,(see paragraph 38).
2. The rates and confidence intervals have been rounded to 1 decimal place (paragraph 41).
3. Apr 2007- Jun 2009 new attendances, July 2009 to date new episodes of care (paragraph 12 & 32).

22. **Table 7** provides details of the types of mental disorder by the patients' past deployment on Op TELIC and/or Op HERRICK. The rate ratios presented provide a comparison of cases seen between new episodes of care for attendees identified as having deployed to a theatre and those who have not been identified as having deployed to either theatre. A rate ratio less than 1 indicates lower rates in those deployed than those not deployed, whereas a rate ratio greater than 1 indicates higher rates in those deployed than those not deployed. This difference is statistically significant if 1.0 is not contained within the 95% Confidence Interval.

Table 7: Initial mental disorder assessments for all new episodes of care seen at a DCMH by deployment[1] and ICD-10 grouping, 1 January – 31 March 2012, numbers and rate ratios[2].

		Deployment - Theatres of operation									
		Op TELIC and/or Op HERRICK[3]			of which						Neither
					Op TELIC			Op HERRICK[3]			
ICD-10 description	All patients seen	Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen	Rate ratio	95% CI	Patients seen
All patients seen	**1,472**	**919**			***521***			***690***			**553**
All patients assessed with a mental disorder	**1,082**	**699**	1.0	(0.9 - 1.2)	***406***	*1.0*	*(0.8 - 1.1)*	***530***	*1.1*	*(0.9 - 1.2)*	**383**
Psychoactive substance use	**85**	**49**	**0.8**	**(0.5 - 1.2)**	***28***	***0.7***	***(0.4 - 1.1)***	***36***	***0.8***	***(0.5 - 1.2)***	**36**
of which disorders due to alcohol	*84*	*49*	*0.8*	*(0.5 - 1.2)*	*28*	*0.7*	*(0.4 - 1.2)*	*36*	*0.8*	*(0.5 - 1.3)*	*35*
Mood disorders	**235**	**141**	**0.9**	**(0.7 - 1.1)**	***85***	***0.8***	***(0.6 - 1.1)***	***98***	***0.8***	***(0.6 - 1.1)***	**94**
of which Depressive episode	*208*	*123*	*0.8*	*(0.6 - 1.1)*	*77*	*0.8*	*(0.6 - 1.1)*	*83*	*0.8*	*(0.6 - 1.0)*	*85*
Neurotic disorders	**701**	**478**	**1.2**	**(1.1 - 1.4)**	***276***	***1.1***	***(0.9 - 1.3)***	***373***	***1.3***	***(1.1 - 1.5)***	**223**
of which PTSD	*76*	*70*	*6.7*	*(2.9 - 15.4)*	*37*	*5.5*	*(2.3 - 13.1)*	*58*	*7.5*	*(3.2 - 17.4)*	*6*
of which Adjustment disorders	*430*	*286*	*1.1*	*(0.9 - 1.4)*	*161*	*1.0*	*(0.8 - 1.3)*	*225*	*1.2*	*(1.0 - 1.5)*	*144*
Other mental disorders	**61**	**31**	**0.6**	**(0.4 - 1.0)**	***17***	***0.5***	***(0.3 - 0.9)***	***23***	***0.6***	***(0.3 - 1.0)***	**30**
No mental disorder	390	220			*115*			*160*			170

1. Deployment to the wider theatre of operation (see paragraph 43).
2. Rate ratio compares personnel identified as deployed to these theatres of operation with those not identified as deployed to either theatre of operation (see paragraph 44).
3. Figures for Afghanistan theatre of Operation for period October 2005 – present (see paragraph 44).

23. **Table 7** shows that during January - March 2012 the overall rates of mental disorder were not significantly different for those deployed on Op TELIC and/or Op HERRICK compared to those who had previously deployed there. However when looking at the rates of specific mental disorders, there were some statistically significant differences between those deployed to Op TELIC and/or Op HERRICK and those not identified as having previously deployed there:

- The rate of neurotic disorders was higher in those who had previously deployed to Op HERRICK (rate ratio of 1.3, 95% CI: 1.1-1.5, N=373) compared to those not previously deployed there.

- Of which, the rate of PTSD was higher in those who had deployed to Op HERRICK, (rate ratio of 7.5, 95% CI: 3.2-17.4, N=58) which represents an increased risk of 650% compared to those not previously deployed there.

- For those who had deployed to Op TELIC there was an increased risk of PTSD of 450% (rate ratio 5.5, 95% CI: 2.3-13.1, N=37).

- DASA are investigating the use of denominator data underpinning the rate ratio calculation, as person years at risk (which takes account of how many people by time at risk) may be a more appropriate value than the number of personnel who have been identified as deployed or not (and thus not taking into account personnel deploying multiple times). The concern being that the change in methodology to include all episodes of care but only using headcount deployment data maybe skewing the rate ratio, DASA will have resolved this issue by the next quarterly release.

Admissions to the MOD's In-patient Contractors

24. During the three-month period January - March 2012, there were 73 admissions of Service personnel to the MOD's in-patient contractors[c] which corresponds to a rate of 0.4 per 1,000 strength.

25. Of the 73 admissions during January - March 2012, 46 had been seen at a DCMH between January 2007 and the date of their admission. The remaining 27 patients were admitted to the in-

[c] UK in-patient data provided by South Staffordshire and Shropshire Healthcare NHS Foundation Trust and British Forces Germany in-patient data provided by Guys and St Thomas' Hospital.

patient contractors without DASA's records showing that they had been seen at a DCMH prior their in-patient admission.

26. **Tables 8, 9** and **10** provide details of all new admissions to the MOD's in-patient care contractors between April 2007 and June 2009 and all admissions to the MOD's in-patient care contractors between July 2009 and March 2012.

Table 8: Admissions to the MOD's in-patient contractors by Service, 1 April 2007 – 31 March 2012, financial years, numbers[1] and rates[2] per 1,000 strength.

	All admissions			Service								
				Naval Service[3]			Army			RAF		
	Patients assessed with a mental disorder											
Date	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI
2007/08	218	1.1	(1.0 - 1.2)	37	0.9	(0.6 - 1.2)	139	1.2	(1.0 - 1.4)	42	0.9	(0.7 - 1.2)
2008/09	227	1.2	(1.0 - 1.3)	47	1.2	(0.9 - 1.5)	137	1.2	(1.0 - 1.4)	43	1.0	(0.7 - 1.3)
2009/10[4]	243	1.2	(1.1 - 1.4)	42	1.1	(0.7 - 1.4)	144	1.2	(1.0 - 1.4)	47	1.1	(0.8 - 1.4)
2010/11	217	1.1	(0.9 - 1.2)	28	0.7	(0.5 - 1.0)	162	1.4	(1.2 - 1.6)	27	0.6	(0.4 - 0.9)
2011/12[1]	304	1.6	(1.4 - 1.7)	26	0.7	(0.5 - 1.0)	249	2.1	(1.9 - 2.4)	29	0.7	(0.5 - 1.0)
January - March 2010/11	47	0.2	(0.2 - 0.3)	5	0.1	(0.0 - 0.3)	35	0.3	(0.2 - 0.4)	7	0.2	(0.1 - 0.3)
April - June 2011/12	85	0.4	(0.3 - 0.5)	8	0.2	(0.1 - 0.4)	72	0.6	(0.5 - 0.8)	5	0.1	(0.0 - 0.3)
July - September 2011/12	72	0.4	(0.3 - 0.5)	~	0.2	(0.1 - 0.4)	60	0.5	(0.4 - 0.6)	~	0.1	(0.0 - 0.3)
October - December 2011/12	74	0.4	(0.3 - 0.5)	~	0.1	(0.0 - 0.3)	61	0.5	(0.4 - 0.7)	~	0.2	(0.1 - 0.4)
January - March 2011/12	73	0.4	(0.3 - 0.5)	7	0.2	(0.1 - 0.4)	56	0.5	(0.4 - 0.6)	10	0.2	(0.1 - 0.4)

1. British Forces Germany in-patients are now included in the 2011/12 totals (paragraph 39).
2. The rates and confidence intervals have been rounded to 1 decimal place (paragraph 41).
3. Royal Navy and Royal Marines combined to protect patient confidentiality.
4. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 26).
5. Data presented as "~" has been suppressed in accordance with DASA's rounding policy (see paragraph 47).

Table 9: Admissions to the MOD's in-patient contractors by gender and rank, 1 April 2007 – 31 March 2012, financial years, numbers[1] and rates[2] per 1,000 strength.

	Gender						Rank					
	Males			Females			Officers			Other Ranks		
	Patients assessed with a mental disorder											
Date	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI
2007/08	177	1.0	(0.8 - 1.1)	41	2.3	(1.6 - 3.0)	17	0.5	(0.3 - 0.8)	201	1.2	(1.0 - 1.4)
2008/09	188	1.0	(0.9 - 1.2)	39	2.2	(1.5 - 2.8)	19	0.6	(0.3 - 0.9)	208	1.3	(1.1 - 1.4)
2009/10[3]	202	1.1	(1.0 - 1.3)	41	2.2	(1.5 - 2.9)	22	0.7	(0.4 - 1.0)	221	1.3	(1.1 - 1.5)
2010/11	199	1.1	(0.9 - 1.2)	18	1.0	(0.6 - 1.5)	14	0.4	(0.2 - 0.7)	203	1.2	(1.0 - 1.4)
2011/12[1]	271	1.5	(1.3 - 1.7)	33	1.8	(1.2 - 2.4)	20	0.6	(0.4 - 0.9)	284	1.7	(1.5 - 2.0)
January - March 2010/11	~	0.3	(0.2 - 0.3)	~	0.1	(0.0 - 0.3)	0	0.0	(0.0 - 0.1)	47	0.3	(0.2 - 0.4)
April - June 2011/121	77	0.4	(0.3 - 0.5)	8	0.4	(0.2 - 0.9)	9	0.3	(0.1 - 0.5)	76	0.5	(0.4 - 0.6)
July - Septemebr 2011/12	63	0.4	(0.3 - 0.4)	9	0.5	(0.2 - 0.9)	~	0.1	(0.0 - 0.3)	~	0.4	(0.3 - 0.5)
October - December 2011/12	66	0.4	(0.3 - 0.5)	8	0.4	(0.2 - 0.9)	~	0.1	(0.0 - 0.3)	~	0.4	(0.3 - 0.5)
January - March 2011/12	65	0.4	(0.3 - 0.5)	8	0.4	(0.2 - 0.9)	~	0.1	(0.0 - 0.3)	~	0.4	(0.3 - 0.5)

1. British Forces Germany in-patients are now included in the 2011/12 totals (paragraph 39).
2. The rates and confidence intervals have been rounded to 1 decimal place (paragraph 41).
3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 26).
4. Data presented as "~" has been suppressed in accordance with DASA's rounding policy (see paragraph 47).

Table 10: Admissions to the MOD's in-patient contractors by deployment[1,2], 1 April 2007 – 31 March 2012, financial years, numbers[3,4] and rates[5] per 1,000 strength.

	Deployment - Theatres of operation											
	Op TELIC and/or Op HERRICK[1,2]			*of which*						Neither		
				Op TELIC			*Op HERRICK*					
	Patients assessed with a mental disorder											
Date	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI
2007/08	101	1.0	(0.8 - 1.2)	*89*	*1.0*	*(0.8 - 1.2)*	*29*	*0.9*	*(0.6 - 1.3)*	117	1.3	(1.0 - 1.5)
2008/09	116	1.0	(0.8 - 1.2)	*95*	*1.0*	*(0.8 - 1.2)*	*43*	*0.9*	*(0.6 - 1.2)*	111	1.3	(1.1 - 1.6)
2009/10[3]	137	1.1	(1.0 - 1.3)	*113*	*1.2*	*(1.0 - 1.5)*	*63*	*1.0*	*(0.8 - 1.3)*	106	1.3	(1.0 - 1.5)
2010/11	116	0.9	(0.8 - 1.1)	*83*	*1.0*	*(0.7 - 1.2)*	*68*	*0.9*	*(0.7 - 1.1)*	101	1.3	(1.1 - 1.6)
2011/12[4]	183	1.5	(1.3 - 1.7)	*110*	*1.4*	*(1.1 - 1.6)*	*133*	*1.5*	*(1.3 - 1.8)*	122	1.7	(1.4 - 2.0)
January - March 2010/11	33	0.3	(0.2 - 0.3)	*25*	*0.3*	*(0.2 - 0.4)*	*21*	*0.2*	*(0.2 - 0.4)*	14	0.2	(0.1 - 0.3)
April - June 2011/124	46	0.4	(0.3 - 0.5)	*33*	*0.4*	*(0.3 - 0.5)*	*33*	*0.4*	*(0.3 - 0.5)*	39	0.5	(0.4 - 0.7)
July - September 2011/12	45	0.4	(0.3 - 0.5)	*24*	*0.3*	*(0.2 - 0.4)*	*33*	*0.4*	*(0.3 - 0.5)*	27	0.4	(0.2 - 0.5)
October - December 2011/12	49	0.4	(0.3 - 0.5)	*26*	*0.3*	*(0.2 - 0.5)*	*39*	*0.4*	*(0.3 - 0.6)*	25	0.4	(0.2 - 0.5)
January - March 2011/12	43	0.3	(0.2 - 0.5)	*27*	*0.3*	*(0.2 - 0.5)*	*28*	*0.3*	*(0.2 - 0.4)*	31	0.4	(0.3 - 0.6)

1. Deployment to the wider theatre of operation (see paragraph 43).
2. Figures for Afghanistan theatre of operation for period October 2005 – present (see paragraph 44).

3. Apr 2007 - Jun 2009 new admissions, July 2009 to date all admissions (paragraph 26).
4. British Forces Germany in-patients are now included in the 2011/12 totals (paragraph 39).
5. The rates and confidence intervals have been rounded to 1 decimal place (paragraph 41).

27. Overall rates of admission remained consistent with previous quarters:
- There was no significant difference in the admission rates between the Services.
- There was no significant difference in the admission rate between males and females.
- There was no significant difference in the admission rate between other ranks compared to officers.
- There was no significant difference in the admission rate between those previously deployed on Op TELIC and/or Op HERRICK and those who had not been previously deployed.

28. Please note, whilst there was a significant increase in the overall rates of admission in 2011/12 compared to the previous year this was due to the introduction of British Forces Germany in-patient records being included from April 2011.

POINTS TO NOTE

29. Interpretation of the findings in this report continues to require caution. The data contained within this report covers the activity of the formal professional mental health services in the Armed Forces and as such, does not represent the totality of mental health problems in the UK Armed Forces. These figures report only attendances for new episodes of care, not all those who were receiving treatment in the time period.

30. Mental health problems are present in both civilian and military populations and result from multi-factorial issues. The Headquarters Surgeon General (HQ SG) and Joint Medical Command (JMC) are striving to minimise the stigma associated with mental illness and foster the appropriate understanding, recognition and presentation for management of these issues in UK Armed Forces personnel. Stigma concerning mental health issues is, however, deeply embedded in both military and civilian populations and it will take time produce attitudinal cultural change.

31. Some mental health problems will be resolved through peer support and individual resources; patients presenting to the UK Armed Forces' mental health services will have undergone a process that begins with the individual's identification of a problem and initial presentation to primary care or other agencies such as the padres or Service social workers. A proportion of mental health issues will have been resolved at these levels without the need for further referral. The diagnostic breakdown in this report is based upon initial assessments at DCMHs, which may be subject to later amendment. For epidemiological information on mental health problems in the UK Armed Forces, reference should be made to the independent academic research conducted by the King's Centre for Military Health Research (KCMHR). This research, conducted on a large and representative sample of the UK Armed Forces population, provides a reliable overview of mental health in the UK Armed Forces[d].

DATA, DEFINITIONS AND METHODS

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

33. From July 2009 onwards, DASA have also included data from four mental health posts located in medical centres, attached to a DCMH, staffed by mental health nurses and operating in the same way as a DCMH; seeing and treating personnel referred for specialist care with suspected mental health disorders. Throughout this report the term DCMH included these four mental health posts.

34. As a result of the change in methodology, recorded numbers for July 2009 onwards have increased from previous quarters at the point where the methodology changed. This increase should be treated with caution, however, as is clear by comparison to the figures produced using the previous methods, that this increase is due to the change in the methodology used and not an increase in the number of Armed Forces

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

personnel in attendance at a DCMH (see UK Armed Forces mental health reports July – September 2009 and October – December 2009 for methodology comparisons). Importantly, the patterns and main trends have remained the same and high profile findings such as rates of PTSD and substance abuse have not significantly changed.

35. DCMH staff record the initial mental health assessment during a patient's first appointment, based on presenting complaints. The information is provisional and final diagnoses may differ as some patients do not present the full range of symptoms, signs or clinical history during their first appointment. The mental health assessment of condition data were categorised into three standard groupings of common mental disorders used by the World Health Organisation's International Statistical Classification of Diseases and Health-Related Disorders 10th edition (ICD-10).

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

37. Up to 2009 if Service personnel withheld consent, their data was supplied in fully anonymised format. DASA received 148 records for personnel assessed with a mental disorder for the period April 2007 – June 2009, but with no demographic information provided. These cases are reported as 'not known' (Tables 3, 4 and 5). In 2009 DCMH staff agreed to collect basic demographic information (Service, gender, rank, age and deployment) for Service personnel who withheld consent thus enabling DASA to include these cases within the tables. For the latest quarter, 18 cases were included in the analysis where personnel withheld consent but basic demographic information was supplied by the DCMH. As a result these could not be verified or linked to personnel data.

38. Prior to 2008, DCMH staff were not required to complete ICD-10 information in their monthly returns. DASA received 227 records that did not have information regarding a specific mental disorder for the financial year 2007/2008. We were therefore unable to ascertain whether these individuals had a mental disorder or not. These records have been included in tables 1 and 2 in the 'all patients seen' column however they have been excluded from tables 3, 4, 5 and 6 which only present 'patients assessed with a mental disorder'. From 2008 onwards, DCMH staff were asked to return records with complete ICD-10 information, so this data is present for all later years.

39. All UK based and aeromedically evacuated Service personnel based overseas (excluding Germany based Service personnel) requiring in-patient admission, are treated by the South Staffordshire and Shropshire NHS Foundation trust. From April 2011 all quarterly reports now include UK Service personnel from British Forces Germany (BFG) who are treated at Guys and St Thomas' Hospital in the UK. Historically BFG in-patients were only reported annually, however due to changes in the reporting process we are now able to include these patients quarterly.

40. In order to calculate the rates in this report, an estimate of person time at risk is required for the denominator value. The estimate was calculated using a four-month average of strengths figures (e.g. the strength at the first of every month between January 2012 and April 2012 divided by four for Q4 2011/2012). This estimate is in line with the method used for the annual reports. Strengths figures include regulars (including Gurkhas and Military Provost Guard Staff), mobilised reservists, Full Time Reserve Service personnel and Non-regular Permanent Staff as all of these individuals are eligible for assessment at a DCMH.

41. The rates and confidence intervals presented have been rounded to 1 decimal place and therefore when small numbers are presented the rate may lie towards one end of the confidence interval instead of more centrally between the lower and upper confidence interval. The rates presented for financial years, 2007/08, 2008/09 and 2009/10 were calculated using updated strength figures[e] between 1 April 2007 and 1 April 2009 inclusive. Strength figures after 1 April 2009 are provisional and subject to change due to ongoing validation of the Joint Personnel Administrative system (JPA).

42. DASA maintains a database of individual deployment records from November 2001. Data prior to April 2007 was derived from the single services Operation Location tracking (OPLOC) systems[f] and data since April 2007 is obtained from the Joint Personnel Administration (JPA) system. The data covers

[e] UK Defence Statistics 2011, the annual statistical compendium published by the Ministry of Defence, 28th September 2011.

[f] Around 4% of data obtained prior to April 2007 could not be fully validated for a number of reasons including data entry errors, personnel not recording on the system in the theatre of operation, records of contractors or personnel from other Government Departments. However research carried out by the King's Centre for Military Health Research on a large Tri-Service sample of personnel deployed during the first phase of Op TELIC in 2003, who were identified from DASA's deployment database, reported a cohort error rate of less than 0.5 per cent.

deployments on Operation TELIC (Iraq) (2003-2009) and Operation HERRICK (Afghanistan) (2001-present).

43. The deployment data presented in this report represent deployments to the theatre of operation and not deployment to a specific country i.e. deployment to Op Telic includes deployment to Iraq and other countries in the Gulf region such as Kuwait and Oman. Therefore, this data cannot be compared to data on personnel deployed to a specific country such as Iraq.

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

45. Operation TELIC is the name for UK operations in Iraq which started in March 2003 and finished in July 2009. UK Forces were deployed to Iraq to support the Government's objective to remove the threat that Saddam posed to his neighbours and his people and, based on the evidence available at the time, disarm him of his weapons of mass destruction. The Government also undertook to support the Iraqi people in their desire for peace, prosperity, freedom and good government.

46. Operation HERRICK is the name for UK operations in Afghanistan which started in April 2006. UK Forces are deployed to Afghanistan in support of the UN authorised, NATO led International Security Assistance Force (ISAF) mission and as part of the US-led Operation Enduring Freedom (OEF).

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

48. This revision has been made following identification of a single incorrect Service number being supplied to DASA. As a result the Service, for this individual has changed from Army to RAF; gender has changed from male to female; additional deployment information added, thus tables 3, 4 and 5 have been amended with the correct information.

REFERENCES

i. Hyams KC, Wignall FS, Roswell R. War syndromes and their evaluation: from the U.S. Civil War to the Persian Gulf War. *Annals of Internal Medicine*; **125**: 398-405.

ii. Jones E, Hodgins-Vermaas R, McCartney H et al. Post-combat syndromes from the Boer War to the Gulf: a cluster analysis of their nature and attribution. *British Medical Journal 2002*; **324**: 321-324.

iii. Hoge CW, Castro CA, Messer SC et al. Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine 2004*; **351**: 13-22.

iv. Hotopf M, Fear NT, Browne T et al. The health of UK military personnel who deployed to the 2003 Iraq war: a cohort study. *The Lancet*; **367**: 1731-1741.

v. Pearson ES, Hartley HO, 1954. Biometrika tables for statisticians volume I. Cambridge: Cambridge University Press.