



Ministry
of Defence

Defence Statistics-Health
Ministry of Defence

United Kingdom

Telephone [MOD]: +44 (0) [REDACTED]

Facsimile [MOD]: +44 (0) [REDACTED]

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

Reference: FOI [11-09-2013-151454] correspondence dated: 11 September 2013

[REDACTED]

Date: 9 October 2013

Dear [REDACTED],

1. Your correspondence dated 11 September 2013 has been considered to be a request for information in accordance with the Freedom of Information Act 2000. You requested the following information:

Is it possible to identify differences in mental health well being between different Herrick's? (i.e. was there a significant difference between say Herrick 5, Herrick 7 & for example Herrick 12). If so and if this information is accessible I would be grateful for any assistance you could provide in directing me to the source.

Following further communications on 11 September 2013 the request was clarified to be:

I am specifically interested in the number of people accessing mental health professionals whilst deployed on Herrick 7 (Oct 2008 - April 2009) and separately Herrick 12 (April 2010 - October 2010).

2. **Table 1** provides the number and rate per 1,000 persons roulement at risk of UK Service personnel who were seen by the Field Mental Health Team (FMHT) in Afghanistan, between HERRICK 7 and HERRICK 12. Information for HERRICK 8 to 11 has been presented to provide suitable comparison data for both summer and winter tours in Afghanistan.

Table 1. UK Service personnel seen by FMHT in Afghanistan, HERRICK 7 to HERRICK 12, numbers, rate per 1,000 persons roulement at risk (95% Confidence Intervals (CI)).

Roulement	All patients seen		
	n	Rate ¹	95% CI
HERRICK 7	78	10.6	(8.2 - 12.9)
HERRICK 8	36	4.6	(3.1 - 6.1)
HERRICK 9	44	5.3	(3.7 - 6.8)
HERRICK 10	60	6.4	(4.7 - 8.0)
HERRICK 11	87	8.5	(6.7 - 10.3)
HERRICK 12	84	7.8	(6.2 - 9.5)

Source : FMHT and Joint Personnel Administration Move and Track system (see paragraphs 9 and 10).

1. The rate is calculated by dividing the number of FMHT attendances by the average number of persons at risk per roulement.

3. **Table 1** shows HERRICK 7 had a significantly higher rate (10.6 per 1,000 persons roulement at risk) of UK Service personnel seen by the FMHT than to HERRICK 8, 9 and 10. The rate in HERRICK 7 was not significantly different to the rates for HERRICK 11 and 12 (see paragraph 10).

4. It should be noted that the total number of personnel seen by the FMHT in HERRICK 11 and 12 was greater than in HERRICK 7 but due to a higher number of personnel at risk in both HERRICK 11 and 12, the rates were lower.

Background notes.

5. Field Mental Health Teams (FMHTs) provide clinical assessment, mental health training and command advisory roles to the deployed force. The team consists of community mental health nurses and a visiting consultant psychiatrist, although the team may be supplemented by additional staff if the operational situation requires.

6. The FMHT visits forward locations and practice forward psychiatry using the PIES principles (proximity, immediacy, expectancy and simplicity) in order to maximise the opportunities to keep personnel functioning well in the operational environment. Although the FMHT is based with UK Med Group it primarily acts to ensure that personnel remain occupationally effective, rather than simply as a treatment service.

7. Please note that the figures provided are based on aggregate totals supplied by the FMHT, therefore Defence Statistics can not verify these numbers.

8. Defence Statistics calculate 'Persons at Risk' figures by extracting JPA deployment data for each Service person deployed during that time period. The amount of time each individual spent on operation is calculated (where each calendar day recorded as being in theatre is recorded as a day at risk) and this is summed across all personnel to provide the total number of days at risk in that time period. The person years at risk is then calculated as the total days at risk in a given time period divided by the number of days in the time period (i.e. 183 days for a HERRICK tour).

9. A rate derived by using the number of calendar days spent on deployment provides the most appropriate measure of risk for a given time period.

10. 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.

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

I hope this is helpful.

Yours sincerely,

Defence Statistics Health Head (B1)

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