



Ministry
of Defence

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██████████
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Date: **09 June 2014**

Dear ██████████

Thank you for your email of 16 May 2014 requesting the following information:

"I would like to be informed of the statistics for the number of Ex or still serving UK military personnel.

- 1. Who have been diagnosed with mental health disorders in the years; 2007, 2008, 2009, 2010, 2011, 2012 and 2013.*
- 2. Who have been diagnosed with mental health disorders in the years; 2007, 2008, 2009, 2010, 2011, 2012 and 2013 and were prescribed psychopharmacological medications.*
- 3. Who have been diagnosed with mental health disorders in the years; 2007, 2008, 2009, 2010, 2011, 2012 and 2013, were prescribed psychopharmacological medications and have since become deceased. (It is understood that this will be limited by the information available to the MOD.)"*

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

A search for the information has now been completed within the Ministry of Defence, and I can confirm that the information in scope of your request is held.

A copy of the information which is held and can be released is enclosed.

Who have been diagnosed with mental health disorders in the years; 2007, 2008, 2009, 2010, 2011, 2012 and 2013.

The figures provided in this reponse include UK Armed Forces personnel seen at a MOD Department of Community Mental Health (DCMH) or a MOD in-patient provider whilst in-Service, who had an initial assessment of a mental disorder. Personnel seen at a DCMH or an in-patient provider who had no initial assessment of their condition provided are also included (see advice and assistance for further detail). Please note, some personnel assessed whilst in-Service may have since left the Armed Forces.

Between 1 January 2007 and 31 December 2013, **24,314** UK Armed Forces personnel were seen at a MOD Department for Community Mental Health (DCMH) or MOD in-patient provider with an initial assessment of a mental health disorder or no initial assessment of their disorder was supplied. These personnel are presented in **Table 1** below by year of assessment.

Please note, personnel may have had more than one episode of care at a MOD DCMH or in-patient provider during the period specified and personnel have been counted once in each year and therefore the sum of the yearly breakdown will not equal the total number of personnel assessed with a mental health condition.

Table 1: UK Armed Forces personnel with an initial assessment of a mental health condition¹ at a MOD DCMH and/or In-Patient provider, 2007-2013, Numbers.

Calendar Year	Patients
All	24,314
2007	4,196
2008	3,286
2009 ²	3,502
2010	3,868
2011	3,937
2012 ³	4,796
2013	5,047

Source:

DMICP^a and DS Database

Please see advice and assistance for more information.

1. Includes 855 personnel whose ICD information was not supplied at the time of their episode of care and/or admission (see section 16 advice for further information).

2. April 2007- Jun 2009 new attendances only

3. Revised methodology to include electronic patient record data source (DMICP^a)

Who have been diagnosed with mental health disorders in the years; 2007, 2008, 2009, 2010, 2011, 2012 and 2013 and were prescribed psychopharmacological medications.

Between 1 January 2007 and 31 December 2013 there were **14,935** UK Armed Forces personnel with an initial assessment of a mental health disorder, who were also prescribed psychopharmacological medications.

These personnel are presented within **Table 2** below. Please note, the sum of Table 2 will not equal 14,935 as personnel maybe counted more than once within the table if they were assessed with a mental disorder in more than one year.

^a Defence Medical Information Capability Programme

Table 2: UK Armed Forces personnel with an initial assessment of a mental health condition^{1,2} at a MOD DCMH and/or In-Patient provider who were also prescribed psychopharmacological medications³ presented by year of initial assessment, 2007-2013⁴, Numbers.

Calendar Year	Patients
All	14,935
2007	2,194
2008	1,957
2009	2,213
2010	2,615
2011	2,670
2012	3,356
2013	3,522

Source: DMICP and DS Database.

Please see advice and assistance for more information.

¹ Includes 855 personnel whose ICD information was not supplied at the time of their episode of care and/or admission.

² Excludes 313 personnel where no identifiable information was supplied.

³ Please note the medication may not have been prescribed in the same year as the Mental Health disorder.

⁴ Data prior to 2010 is incomplete.

Who have been diagnosed with mental health disorders in the years; 2007, 2008, 2009, 2010, 2011, 2012 and 2013, were prescribed psychopharmacological medications and have since become deceased.

Between 1 January 2007 and 31 December 2013, **64** UK Armed Forces personnel had an initial assessment of a mental health disorder, prescribed psychopharmacological medications and died in-Service. These personnel are presented within **Table 3** below.

Please note, the sum of **Table 3** will not equal **64** as personnel maybe counted more than once within the table provided. For example, a patient may have had an initial assessment of a mental health condition within 2007 and prescribed a psychopharmacological medication and then had another mental health diagnoses within 2013 and prescribed a psychopharmacological medication and then died. This patient would be represented in both 2007 and 2013 within Table 3.

Table 3: UK Armed Forces personnel with an initial assessment of a mental health condition^{1,2} at a MOD DCMH and/or In-Patient provider , prescribed psychopharmacological medications and have since become deceased^{3,4} presented by year of diagnosis, 2007-2013⁵, Numbers.

Calendar Year	Personnel
All	64
2007	9
2008	12
2009	18
2010	15
2011	9
2012	8
2013	5

Source: DMICP and DS Database

Please see advice and assistance for more information.

Notes:

1. Also includes 855 personnel whose ICD information was not supplied at the time of their episode of care and/or admission.

2. Excludes 313 personnel where no identifiable information was supplied.

3. Figures are for all causes of death: Natural causes, accidents, violent causes and cause not yet known.

4. Please note: Death may not have occurred in the same year as mental health diagnosis.

5. Data prior to 2010 is incomplete.

Please note, although figures within **Table 3** appear to decline over the years, this may not be a true representation as numbers would need to be updated as they are presented by year of assessment of a mental health condition and not year of death. For example, there were 12 personnel who have been assessed with a mental health condition in 2008, and had a psychopharmacological medication prescribed and have subsequently died. This does not mean that 12 people have died within the year 2008 who have been prescribed psychopharmacological drugs and have an assessment for mental health.

Under section 16 of the Act (Advice and Assistance) you might like to note:

Mental Health

DCMH are specialised psychiatric services based on community mental health teams closely located with primary care services at sites in the UK and abroad.

All UK based and aero-medically evacuated Service personnel based overseas requiring in-patient admission are treated by one of eight NHS trusts in the UK which are part of a consortium headed by the South Staffordshire and Shropshire NHS Foundation trust; UK based Service personnel from British Forces Germany were treated Gilead IV Hospital Bilefield. When presenting in-patient data in this report, the data include returns from both medical providers.

Defence Statistics receive data from DCMH for all UK regular Armed Forces personnel from the following sources :

- Prior to July 2009, only an individual's first attendance at a DCMH or an in-patient provider were included in the data collected.
- Since April 2012, the data captures all personnel with an initial assessment recorded in the MOD patient electronic record (DMICP^b).

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

The numbers presented in this response does not include UK Armed Forces personnel who withheld consent and their data was supplied in fully anonymised format. Defence Statistics received **313** records for Armed Forces personnel assessed with a mental health disorder for the period January 2007 - December 2013 with no identifiable information, thus information on whether they took psychopharmacological medical and/or later died is unknown and therefore the figure provided should be treated as a minimum.

During 2007 DCMH staff were not required to complete ICD-10 information in their monthly returns. Between 1 January and 31 December 2007 Defence Statistics received **375** Armed Forces personnel records identified that did not have information regarding a specific mental disorder. In addition, between 1 January 2007 and 31 December 2013, **483** Armed Forces were admitted to an MOD in-patient facility and had no diagnosis recorded. These personnel have been included in the figures supplied in Tables 1, 2 and 3.

Psychopharmacological Medication

^b Defence Medical Information Capability Programme

Data on prescriptions for psychopharmacological medications have been identified by the British National Formulary and provided within Annex A. These prescriptions have been sourced from Defence Medical Information Capability Programme (DMICP), electronic data warehouse comprising pseudo-anonymised coded information.

DMICP roll out began in 2007. By 2010, DMICP was in place for the UK and the majority of Germany. Rollout to other overseas locations commenced in November 2011 and is ongoing. Historical data was uplifted from legacy systems and the completeness of this data is unknown. Therefore the numbers presented as above should be treated as a minimum.

Please note that if a psychopharmacological drug has been entered as free text only in a patient medical record it will not be included in figures presented as this information is not available in the data warehouse.

Personnel included in this response comprise all Ex and current UK Armed Forces service personnel with a record of an mental health diagnosis in service, who have had a psychopharmacological drug prescribed.

We are unable to confirm that a patient is taking a psychopharmacological drug due to having a mental health condition as this would require us to look at each medical record on an individual level basis. Thus although the numbers represent the people who have both psychopharmacological drug and mental health disorders within their medical record, they may have been prescribed a psychopharmacological drug for another condition.

Fatalities

Defence Statistics (Health) compiles the Department's authoritative deaths database for all **UK Armed Forces personnel who died whilst in Service** going back to 1984. Information is compiled from several internal and external sources from which we release a number of internal analyses and external National Statistics Notices.

Figures are for regular personnel and only those reservists who have died whilst on operational deployment as Defence Statistics (Health) do not receive routine notifications of all deaths among reserve forces.

For data presented it is not possible to ascertain if the death is connected to either the mental health diagnosis or the medication prescribed.

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications covering health and safety in the UK Armed Forces and consult you if we are thinking of making changes? You can subscribe to updates by emailing: DefStrat-Stat-Health-PQ-FOI@mod.uk

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, 1st Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been

completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <http://www.ico.gov.uk>.

I hope this is helpful.

Yours sincerely

Defence Statistics (Health) Head (B1)