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9 February 2016



Dear _____,

Thank you for your email of 13 January 2016 requesting the following information:

"Can I have the statistics on the number of soldiers and veterans that were diagnosed with PTSD in 2015? (1st Jan-31 Dec)

Has Cannabis been considered as a potential for the treatment of PTSD symptoms? (this could be directed at the Advisory Group on Military Medicine)"

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

A search for the information has now been completed within the Ministry of Defence, and I can confirm that some information in scope of your request is held. Some of the information falls entirely within the scope of the absolute exemptions provided for at section 44 (Prohibitions on Disclosure) of the FOIA and has been withheld.

Section 44(1)(a) has been applied as the disclosure of some of the information is prohibited by the Statistics and Registration Service Act 2007.

Defence Statistics release quarterly updates on mental health in the UK Armed Forces as an Official Statistic publication. In accordance with the Code of Practice for the release of National and Official Statistics, as set out in the 2007 Act, we are unable to provide the data for the period **1 October 2015 to 31 December 2015** prior to the next statistical release, 7th April 2016. Section 44 is an absolute exemption and there is therefore no requirement to consider the public interest in making a decision to withhold the information.

Between 1 January 2015 and 30 September 2015 (latest date for which information is available), there were **229** UK Armed Forces personnel diagnosed with PTSD at MOD Department for Community Mental Health (DCMH).

Please note the MOD does not hold information on the number of Veterans who were <u>diagnosed</u> with PTSD after leaving Service. However UK Armed Forces personnel identified with a mental health problem prior to leaving Service are entitled to access care in a UK DCMH for up to 6 months beyond their discharge date to continue their care. These personnel would be diagnosed prior to leaving Service and thus would be included in the statistics provided in this response.

There has been no official consideration of cannabis or cannabinoid products as a treatment for PTSD or its symptoms within the Ministry of Defence.

The UK Armed Forces has a zero tolerance policy on the use of cannabis. We would need to see definitive research showing some benefit in the use of cannabinoid products for PTSD before we would

consider their use. Any benefit would also have to outweigh the well-documented harms that arise from cannabis use

Under Section 16 (Advice and Assistance) you may find it helpful to note the following:

Mental Health data:

Defence statistics produce quarterly and annual statistics on UK Armed Forces personnel who present to MOD Specialist Mental Health Services, these reports can be found at https://www.gov.uk/government/statistics

UK Armed Forces personnel have access to Specialist Mental Health Services, by referrals made by their GP, provided through MOD DCMH or MOD In-patient providers. DCMH are specialised psychiatric services based on community mental health teams closely located with primary care services at MOD sites in the UK and abroad. The data provided are based on those initially assessed as having a mental disorder at MOD DCMH only.

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 used in this response, 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).

Where a Serving person has had a mental health problem identified that requires referral to a DCMH, that person may access care in a UK DCMH for up to 6 months beyond their discharge date. After assessment, the DCMH may decide that care is more appropriately provided in the NHS, and in this situation will ensure, by appropriate follow up, that the patient has been offered the NHS care. Where a Serving person is medically discharged for a mental health disorder, care is provided by a mental health social worker for up to 12 months beyond their discharge date.

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications covering Mental Health 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, https://ico.org.uk.

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hope this is helpfu	ıl.				

Defence Statistics (Health)

Yours sincerely