Ministry of Defence

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8 July 2015

Dear [redacted]

Release of Information

Thank you for your correspondence dated 11 June 2015 requesting the following information on:

> *'1. What psychological evaluations are carried out on all Faslane base staff? Since the 1970's, research has consistently reported childhood cruelty to animals as the first warning sign of later delinquency, violence, and criminal behaviour. This was reported recently and I as a psychology graduate find it extremely worrying that such people have access to missiles where the fuel supply is so close to the thermonuclear warhead?*
>
> *2. Have any existing staff got links to extreme factions of loyalist paramilitaries? What steps are taken to vet potential recruits and existing staff based on the company they keep when off duty? There have been some extremely disturbing incidents like the humiliation of RUC officers in "The Brown Bear" during the Troubles, which should also be taken into account.*
>
> *3. Have the security services investigated the "Dark Porn" thoroughly, the circumstances of its "production" who gave it to the Submariners and for what reason?*
>
> *4. Have the Royal Navy personnel who openly talk about the many ways to bring down a nuclear submarine from within been suspended yet?*
>
> *5. Is the ban on electronic communication devices now more strictly enforced?*
>
> *6. Are Security checks going to be improved and a system to identify lost id's secretly introduced as soon as possible?'*

Your enquiry has been considered to be a request for information in accordance with the Freedom of Information Act 2000.

I can confirm that the Department holds some of the information within the scope of your request and taking your questions in order:

Q1. What psychological evaluations are carried out on all Faslane base staff? Since the 1970's, research has consistently reported childhood cruelty to animals as the first warning sign of later delinquency, violence, and criminal behaviour. This was reported recently and I as a psychology graduate find it extremely worrying that such people have access to missiles where the fuel supply is so close to the thermonuclear warhead?

A1. The Department holds information within the scope of your request and this is attached to this letter. Leaflet 6-7-4 Annex L – Psychiatry – Pre Entry with particular reference to paragraphs 1.1 – 1.3 and 1.5(g).

Q2. Have any existing staff got links to extreme factions of loyalist paramilitaries? What steps are taken to vet potential recruits and existing staff based on the company they keep when off duty? There have been some extremely disturbing incidents like the humiliation of RUC officers in "The Brown Bear" during the Troubles, which should also be taken into account.

Q3. Have the security services investigated the "Dark Porn" thoroughly, the circumstances of its "production" who gave it to the Submariners and for what reason?

Taking your questions 2 and 3 together the following exemptions have been applied:

> Section 23(5) (Information supplied by, or relating to, bodies dealing with security matters), Section 24(2) (Information relating to National Security) and Section 26(3) (Defence Capability)

Under section 23(5) (Information supplied by, or relating to, bodies dealing with security matters) the MOD neither confirms nor denies whether it holds any additional information in scope of your request, which if held would be exempt under section 23. Section 23 is an absolute exemption and not subject to a public interest test. This outcome should not be used as any indication that such information is or is not held.

Under section 24(2) (National Security) of the FOI Act I can neither confirm or deny that the Department holds any information falling within the scope of your request. The exemption in section 24(2) is a qualified exemption and I have considered whether the public interest favours maintaining the exemption. The Department recognises there is a general public interest in disclosure and the fact that openness in government increases engagement with the government. On the other hand, to confirm or deny that the Department holds specific information relevant to your request could, in itself, provide information about current practices to safeguard national security. There is a very strong public interest in safeguarding national security. This interest could only be overridden in exceptional circumstances. Taking into account all the circumstances of the case, I have concluded that the balance of the public interest favours upholding the exemption of the duty to confirm or deny that the Department holds information relevant to your request. This should not be taken as evidence that any further information that would meet your request does or does not exist.

Section 26(3) is a prejudice based qualified exemption, there is a requirement for us to provide evidence of the potential harm in either confirming or denying whether information is held as well as to consider the public interest. Section 26(3) is engaged because it would be harmful to our defence capabilities either to confirm or deny we hold particular

information relating to investigations that could assist potential adversaries in times of conflict. A public interest test has been completed and the conclusion was that the balance of public interest favoured maintaining the exemptions by neither confirming, nor denying, that the Department holds recorded information in the scope of your request. This outcome should not be used as any indication that such information is or is not held.

Q4. Have the Royal Navy personnel who openly talk about the many ways to bring down a nuclear submarine from within been suspended yet?

A4. Taking this question the following exemption has been applied:

Section 40(5) (Personal Data)

Under section 40(5) the MOD neither confirms nor denies whether it holds any additional information in scope of your request. Your request asks about a third party's personal data. Were any information held it would be exempt from disclosure as it constitutes the personal data of third parties and it would be unfair and unlawful to disclose this type of information without consent as it would breach the fair processing principle of the Data Protection Act. Therefore the MOD neither confirms nor denies it holds any additional information in scope of this aspect of your request. Section 40(5) is an absolute exemption and not subject to public interest testing.

Q5. Is the ban on electronic communication devices now more strictly enforced?

A5. The ban on electronic devices applies to certain areas and submarines have a policy which is covered by the Physical Security Operating Procedures which is signed by all personnel onboard.

Q6. Are Security checks going to be improved and a system to identify lost id's secretly introduced as soon as possible?

A6. I can confirm that the information you have requested is available on the Hansard Website via the following link:

http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2015-05-27/136/

The Ministry of Defence is permitted to withhold information where an exemption is considered justifiable. As the information you requested is already available to the public we have assessed your request falls under the absolute exemption at section 21 – Information reasonably accessible to the applicant by other means – of the Act.

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.org.uk.

Yours sincerely

Navy Command Secretariat – FOI Section

LEAFLET 6-7-4 ANNEX L - PSYCHIATRY - PRE ENTRY

Special conditions affecting the M grading

4L.01. The M grading is a clinical quality distinguishing those whose mental capacity makes them suitable for normal training and posting, from those of limited intellectual capacity who necessitate rejection. The recruit selection test procedures will usually provide an objective assessment of mental ability to facilitate grading.

4L.02. The M grading is dependent not only on the candidate's innate ability, but also on his or her capacity to use that ability. No formal clinical assessment is practicable or required during the examination. A history of head injury, indications of learning difficulties and a practical application of knowledge gained should be sought by exploring the candidate's school career, literacy, nature of employment since leaving school and hobbies and interests, etc, before grading M2.

Special conditions affecting the S grading

General

4L.03. All examining medical officers should have a good knowledge of mental health matters and having consulted the guidance in this section are encouraged to make a confident decision at the time of examination. In most cases, critical examination of the candidate's history will determine whether a recruit with a previous history of a psychiatric or behavioural condition is fit for military service. However, it should not be assumed that a recorded or acknowledged history of a mental health problem is absolute evidence for it. Doctors and other health professionals may have awarded a diagnosis felt to be made in the best interests of the patient,[1] and care should be taken to determine who has actually made the diagnosis (eg GP or psychiatrist).

4L.04. If insufficient evidence to enable a decision is presented at the pre-employment medical examination (or prior questionnaire screening), the first course of action should be to either instruct the candidate to provide clarifying evidence (eg contemporaneous medical records) or to solicit more information from the candidate's GP. If uncertainty remains then the case should be referred to the sS occupational physician responsible for service entry (who may seek the opinion of a military consultant psychiatrist). For certain conditions and circumstances this is recommended and annotated in the text below. In many cases this may be achieved simply by either telephone or paper-case consultation.

4L.05. Current psychiatric disease or dysfunctional behaviour is always a bar to recruitment. In certain circumstances recruitment may be possible after a prescribed period of time once the condition has been resolved. If a previous disorder is of a nature where risk of relapse is judged to be likely then recruitment cannot be recommended.

4L.06. The guidance given in this section is based on evidence[2] for prognosis and recurrence rates for most of the mental health conditions listed in the ICD-10 classification of mental and

[1] e.g. Attention Deficit Hyperactivity Disorder (ADHD) to legitimise troublesome childhood behaviour and please parents, or diagnosis of a depressive illness (and subsequent treatment) to legitimise the distress of a relationship break-up or another life stressor which might more correctly have been diagnosed as an adjustment disorder.

[2] The 6th Edition of the Oxford Textbook of Psychiatry (2006), the most recent edition, has been used as the key source with referral to other textbooks and research publications as appropriate.

behavioural disorders[3] Advice is provided for all relevant diagnostic groups and the ICD Code is given for ease of reference. A summary is provided at the end of this section.

Dementias (F00-F03)

4L.07. These are extremely rare in the recruit age group although in theory variant Creutzfeldt – Jakob disease could occur. All candidates should be graded S8.

Organic Amnesic Syndrome (F04)

4L.08. Recovery from this condition is extremely rare. All candidates should be graded S8.

Delirium (F05)

4L.09. The causes of delirium are numerous though in the recruit age group, delirium is most likely to have been due to high temperature associated with severe infection. In such cases there should be no bar to recruitment provided the infection was acute and single and has completely remitted. If this was not the case, then the cause should be determined and the case discussed with the sS occupational physician responsible for service entry.

Other Mental Disorders Due to Brain Damage/Dysfunction/Physical Disease (F06-F09)

4L.10. This group of conditions are caused by a variety of aetiological factors. Most of the conditions have a serious underlying cause and candidates should be graded S8. In cases of doubt, the examining physician should seek the opinion of the sS occupational physician responsible for service entry. Candidates with a history of post-concussion syndrome (F07.2) may be graded P2 provided there is unequivocal evidence that the candidate has been symptom-free for 2 years prior to application and the case has been discussed with the sS occupational physician responsible for service entry. (See 6-7-4 Annex G 4G.08 for the neurological assessment of head injuries.)

Mental and Behavioural Disorder Due to Psychoactive Substances (F10-F19)[4]

4L.11. Discovery of the use of any of illicit drugs is not a clinical matter per se. It becomes a clinical matter when illness, most particularly drug dependence, has occurred. **Examining medical officers are not obliged to inform recruiting staff if a history of substances abuse not resulting in clinical illness is volunteered during the course of an examination[5].**

4L.12. Alcohol. Candidates with a history of alcohol dependence (F10.2) with or without associated problems (F10.3-F10.7) should be graded S8[6]. Those who have been alcohol dependent have only about a 30% chance of either remaining abstinent or of being able to drink in a controlled way and the risk of relapse is high. The prognosis of those who have been diagnosed with alcohol misuse not amounting to dependence (F10.1) is very variable. Those who have been diagnosed with alcohol misuse in the 3 years prior to application should be graded S8. If there is good evidence that during the 3 years prior to application the candidate has been symptom-free and has not been undergoing any treatment, then recruitment may be permitted. It is advised that

[3] Some categories are not included either because they are only used by mental health researchers or because they are irrelevant for military candidates.
[4] F10 relates to alcohol. F11 to F19 relates to opioids, cocaine, cannabis and other drugs.
[5] DG SP Pol advice.
[6] Alcohol is a legal drug and lifetime risk of relapse is high.

corroborative evidence is sought that supports the candidate's statement that they have been symptom-free with no ongoing treatment during that 3 year period. In cases of doubt, the examining physician should seek the opinion of the sS occupational physician responsible for service entry (who may seek the opinion of a military consultant psychiatrist).

4L.13. Other drugs. There is no single cause of drug misuse. The 4 principal factors thought to be particularly important are: drug availability, personality vulnerability, adverse social environments and pharmacological factors (i.e. the biochemistry of dependence). Candidates in whom there is evidence of drug (other than alcohol) dependence in the 4 years prior to application should be graded S8. If there is unequivocal evidence from an addiction clinic that the candidate has been clean[7] for more than 4 years prior to application then recruitment may be permitted Candidates that have been diagnosed with misuse of drugs not amounting to drug dependence in the 3 years prior to application should be graded S8. If there is good evidence that the 3 years prior to application have been symptom-free with no ongoing treatment then recruitment may be permitted[8]. Before accepting anyone with a previous history of drug-related problems referral to the sS occupational physician responsible for service entry (who may seek the opinion of a military consultant psychiatrist) is recommended as the risk of relapse must be carefully considered.

Schizophrenic and Delusional Disorders (F20-F29)

4L.14. With one exception all candidates with all diagnoses in this category should be graded S8. The exception is acute and transient psychotic disorders (F23). These disorders represent a variety of ill understood conditions whose relationship to schizophrenia and other psychotic disorders is uncertain. Even though such conditions often have many of the qualities of "good prognosis" schizophrenia there is still a significant relapse rate, perhaps as high as 30% in later life. If there is very clear evidence that the illness was short-lived and due to an obvious cause such as a toxic reaction to a drug or an acute severe infection[9] then recruitment may be permitted. The illness should have fully abated (with or without treatment) within one month of diagnosis. Such cases should be discussed with the sS occupational physician responsible for service entry.

Mood (Affective) Disorders (F30-F39)

4L.15. Disorders of mood, especially depression, are not confined to this category as diagnoses may also be classified in the anxiety and stress-related categories[10]. Disorders in this group range from severe psychotic affective disorders (e.g. mania) to very mild and transient lowering of mood secondary to a minor life stressor. In some individuals genetic predisposition is so strong that the condition may become overt with no triggering stressor. However, in most cases of affective disorder, an episode of illness is precipitated by a stressful life event.

4L.16. Candidates with history of manic disorder (F30), bipolar affective disorder (F31) and all severe, recurring or persistent depressive disorders (F32.2, F32.3, F33 and F34) should be graded S8. Candidates with a diagnosis of mild or moderate depressive episodes (F32.0 and F32.1) with clear evidence of significant precipitating stressors, may normally be graded S2 provided that the condition, and all treatment, had ceased within one year of the diagnosis being made (and/or treatment starting) and at least 2 years have elapsed since the candidate was

[7] Defined as absolutely no drug use.
[8] The evidence for this is developed from an overview of all available prognostic evidence including clinical experience and anecdotal evidence as there is no known good research. The key issue is for the potential recruit to have demonstrated that they are clear of their period of abuse behaviour.
[9] i.e. similar to delirium.
[10] F41 and F43.

completely well and off all medication[11]. Should a candidate have experienced 2 episodes of mild or moderate depression then there should have been a 4 year period during which the candidate has been completely well and off all medication. A history of 3 episodes or more is indicative of excessive vulnerability (the best predictor of the future course of an individual with a history of depression is the number of previous episodes). Thus, candidates with a history of 3 or more episodes should be graded S8.

Phobic Anxiety Disorder (F40)

4L.17. In these disorders, severe physiological arousal occurs which is markedly disproportionate to the seriousness or danger of the triggering stimulus. Phobias may be classified into 3 major groupings of specific phobia, social phobia and agoraphobia. Specific phobias developing in childhood have a poorer prognosis than those starting in adult life. The prognosis of specific phobia is unclear, especially if untreated. Both social phobia and agoraphobia, especially if untreated, can persist for many years. However, phobias are very amenable to treatment and if a candidate has been treatment and symptom-free for 2 years at the time of application then they may be graded S2. However, because those with phobic anxiety may also have heightened vulnerability to other anxiety-linked conditions, the examining physician should seek the opinion of the sS occupational physician responsible for service entry.

Other Anxiety Disorders (F41)

4L.18. This group includes panic disorder and generalised anxiety disorder. Candidates may present with a history ranging from a single brief stress-related episode to a longstanding condition, seemingly more related to a vulnerable personality than to external stressors. In those cases where it is clear that the condition was brief and triggered by significant life stress then the candidate may be graded S2 as long as they have been symptom and treatment-free for at least one year. For candidates presenting with a history of 2 discrete episodes the examining physician should seek the opinion of the sS occupational physician responsible for service entry. Those with more than 2 episodes or longstanding histories of panic or generalised anxiety disorder should normally be graded S8.

Adjustment Disorders (F43.2)

4L.19. These conditions represent emotional and behavioural responses to significant life stresses occurring against a background of an essentially normal personality and normally settle within 6 months of onset e.g. a bereavement reaction. Most individuals will experience a reduction of symptomatology as the stressor is adjusted to or as the stressor diminishes. In some individuals, however, the psychological symptoms are excessive in comparison to the presumed triggering stressor, or else the symptoms persist for a prolonged period of time and a diagnosis of a depressive episode may well be made. The diagnostic distinction between a depressive adjustment disorder and a depressive illness is not always clear and the diagnosis (and treatment) of an individual may well depend upon the views and experience of clinicians consulted. A diagnosis of either an adjustment reaction or a depressive disorder in adolescence needs carefully reviewed as it may have been given in a time of 'normal' emotional turmoil for and emotional and behavioural disturbance.

[11] The evidence for this is based on textbooks, research paper evidence and extensive clinical experience of military psychiatrists. It is unnecessary to exclude everyone who has had some depressive reaction to stressors. Long relapses close together are a poor prognostic indicator whereas short episodes far apart, are much less likely to recur.

4L.20 There is little research evidence regarding the long term prognosis of individuals with adjustment disorders. It is probably the case that the longer the adjustment disorder takes to recover then the poorer the prognosis and that multiple adjustment disorders indicate a poorer prognosis. If the medical history of the candidate makes it clear that the individual's psychological response has been commensurate with the nature and degree of the presumed stressor, then as long as the candidate has been treatment and symptom-free for at least one year prior to application then that candidate may be graded S2. If the candidate appears to have suffered from more than one adjustment disorder then the examining physician should seek the opinion of the sS occupational physician responsible for service entry.

Obsessive Compulsive Disorder (OCD) (F42)

4L.21 A history of clearly diagnosed OCD results in the candidate being graded S8 as even though OCD may be triggered by stressors it is by its nature usually a relapsing condition or else may follow a chronic course. In cases of doubt, the examining physician should seek the opinion of the sS occupational physician responsible for service entry.

Post Traumatic Stress Disorder (PTSD) (F43.1)

4L.22. A previous history of PTSD is a significant risk factor for the development of further PTSD and because of the inevitability of service personnel being involved in stressful operational environments, the candidate should be graded S8, even if previously treated. In cases of doubt, the examining physician should seek the opinion of the sS occupational physician responsible for service entry.

Dissociative Disorders (44)

4L.23. These disorders include dissociative fugue where the sufferer goes into a trance-like state, and conversion disorders, where there is loss of sensation or loss of function of limbs or loss of vision or similar incapacity. All candidates with this diagnosis whether from an organic or psychological[12] cause should be graded S8.

Somatoform Disorders (F45)

4L.24. This group of disorders includes somatisation and hypochondriacal disorder. Individuals with these diagnoses have physical symptoms suggesting physical disorder for which there are no demonstrable organic findings. Candidates with these conditions are graded S8.

Eating Disorders (F50)

4L.25. Candidates with a confirmed diagnosis of anorexia nervosa (F50.0) or bulimia nervosa (F50.2) and the atypical forms of these 2 primary conditions (F50.1 and F50.3) are graded S8. For anorexia nervosa it is impossible to distinguish between the 20% of sufferers who make a full recovery and who do not relapse in the future from the remainder who relapse and remit or who remain severely ill. Up to 10 years after diagnosis of bulimia nervosa, between 30% and 50% of individuals still have a clinical eating disorder and so it is a condition with a poor prognosis.[13]

Mental Disorder Associated with the Puerperium (F53)

[12] Even in cases in which there is clear causative stressor.
[13] This is necessarily cautious and is developed from an overview of all available prognosis evidence.

4L.26. Candidates with a history of puerperal psychosis (F53.1) are graded S8. Those with a history of puerperal depression have an increased risk of developing a depressive episode outside of the puerperium and so the guidelines to be followed are the same as those for mood (affective) disorders (F30-F39) (Paras 4L.15 and 16).

Disorders of Personality (F60-F69)

4L.27. ICD-10 lists a number of categories under this heading. All of these conditions indicate deeply ingrained and enduring patterns of behaviour, and as a general rule a candidate with a diagnosis in this group should be graded S8. In cases of doubt, the examining physician should seek the opinion of the sS occupational physician responsible for service entry.

4L.28. Disorders of sexual preference (fetishism, exhibitionism, voyeurism, paedophilia and sadomasochism) are listed with the personality disorders. It is unlikely that a candidate would include these conditions on their application form so it is unlikely to come to the notice of the examining doctor. However, should evidence for one of these paraphilias come to light then the case should be discussed with the sS occupational physician responsible for service entry.

Gender Identity Disorders (F64)

4L.29. Candidates with Gender Identity Disorders may present untreated, during treatment or having completed all hormonal and surgical treatment. In each case the candidate requires to meet the same physical and mental entry standards as any other candidate. 2009DIN01-007 Policy for the Recruitment and Management of Transsexual Personnel in the Armed Forces[14] gives the overarching MoD policy with the medical aspects of recruiting covered in Para 39–43.

4L.30 Candidates who have completed transition (and, where appropriate, have been stabilised on hormone medication and fully recovered from surgery) may be graded P2, subject to fulfilling the normal medical standards according to the individual's legal gender, including any time periods required in this Annex to allow for the resolution of psychological problems encountered before or during the transition process. Any ongoing hormone therapy must be compatible with world-wide service and have been stable for at least 6 months.

4L.31 Candidates in transition. Transition is an extremely stressful period and involves regular treatment (surgical or hormonal) and follow-up. It is likely that the requirements for treatment and review, as well as the psychological stresses of this period, will lead to a grading of P8.

a. Candidates who are undergoing surgical procedures should be graded P8 until those procedures are complete and the normal recovery times for surgery laid out in the appropriate Annexes[15] of this JSP have been achieved and then assessed in line with 4L.30 above.

b. Candidates undergoing hormone treatment must be stable for at least 6 months on a medication regimen and the medication and review requirements must not preclude world-wide service before they can be considered for P2 grading. If the hormone therapy is a prelude to surgical procedures then the candidate should be graded P8 until that surgery and appropriate recovery is complete.

[14] http://defenceintranet.diiweb.r.mil.uk/DefenceIntranet/Library/CivilianAndJointService/BrowseDocumentCategories/Personnel/EqualOpportunitiesAndDiversity/SexualOrientation/Din2009din01007.htm

[15] Annexes E, F and J

c. Whilst gender identity disorders themselves are not a reason for referral for psychiatric assessment, candidates still in transition should be carefully assessed for previous and ongoing psychiatric conditions or distress which should be graded in accordance with the relevant paragraph of this Annex.

d. Where any doubt exists about the suitability of a candidate to be graded P2 the examining physician should seek the opinion of the sS occupational physician responsible for service entry.

e. For assessment of the risks of musculoskeletal injury in military training see Leaflet 6-7-4 Annex K.

4L.32 Candidates with untreated gender dysphoria are graded P8.

Disorders of Psychological Development (F80-F89)

4L.33. Candidates with clearly diagnosed autism (F84) or similar disorders are graded S8. Candidates with a diagnosis of Asperger's syndrome (F84.5) may appear unremarkable on examination. Those with a confirmed diagnosis of Asperger's syndrome should normally be graded S8 unless there is doubt about the diagnosis or the condition is mild and does not cause disability then candidates should be referred to the sS occupational physician responsible for service entry. In cases of mild, entirely non-disabling Asperger's Syndrome, it is reasonable for the sS OH physician to recommend to sS recruiting staff that pre-entry tests of suitability for military life (e.g. selection interviews and tests) are as good a form of assessment as a psychiatric assessment; thus these candidates do not require psychiatric input.

The Hyperkinetic Disorders (F90)

4L.34. Attention Deficit Hyperactivity Disorder (ADHD) is the commonest diagnosis likely to present in this category. There is a large spectrum of troublesome behaviour in children and adolescents that attracts this diagnosis. Symptoms suggestive of this disorder may also be part of normal adolescent behaviour. They may also be presenting features of anxiety or depressive disorders. For an unambiguous diagnosis there must be an early onset (prior to the age of 7[16]) with impaired attention and overactivity, both of which occur in all kinds of locations (e.g. home, school, sports centre, doctor's surgery). The standard for judgement is that the impaired attention and hyperactivity is excessive when compared with other children of the same age and IQ. This basic form of the genuine condition frequently resolves with time, so recruitment may be permitted if there has been a period of more than 3 years freedom from symptoms and the patient has been off all treatment for 3 years prior to application[17]. Corroborative evidence should be sought to confirm that the individual has been symptom and treatment-free for 3 years, and functioning normally.

4L.35. If the basic condition is complicated with violent and/or delinquent behaviour then such candidates should be graded S8 as current evidence indicates that this form of the condition is much less likely to improve with time.

[16] Developmental course of ADHD symptomatology during the transition from childhood to adolescence: a review with recommendations. Willoughby MT. Journal of Child Psychology and Psychiatry 44.1 (2003), pp 88-106.
[17] This is developed from an overview of all available prognostic evidence.

Intentional Self-Harm (X60-X84)

4L.36. The spectrum of intent in respect of intentional self-harm ranges from stress relief by cutting, through manipulative behaviour or emotional blackmail of others to serious suicidal intent. It is often difficult to tell from a candidate's recorded history where past episodes lie on this spectrum. The majority of candidates with a history of self-harm will have taken a medication overdose. Of other methods used superficial cutting, typically of the arms, thighs or abdomen, is also common. Evidence suggests that this cutting is often a maladaptive way of relieving stress and is more appropriately termed self-mutilation. It may be linked to acute stressors but might also be indicative of long term personality problems or a history of past childhood abuse.

4L.37. A single episode of self-harm or self-mutilation in response to a stressful event occurring more than 3 years before application is no bar to recruitment provided the 3-year interim has been free from all symptoms. If there was no precipitating stressful event then the candidate should normally be graded S8, as this indicates an enduring endogenous risk of further self-harm. Candidates with a history of 2 or more episodes, even with clear stressors, should normally be graded S8, as repetition indicates a substantial risk of further repetition and, of more concern, a significant increase in risk of later death by suicide. If multiple attempts occur over a short period of time (weeks rather than months), and can clearly be ascribed to the same single stressful event, then for the purposes of selection, these may be regarded as a single episode.

CONDITIONS THAT SHOULD ALWAYS BE REJECTED UNLESS AN EXCEPTION IS LISTED

Ser	Condition	Exceptions/Remarks
1	Any mental health condition present at the time of examination.	Nil
2	vCJD and all dementias (F00-F03)	Nil
3	Organic Amnesic Syndrome (F04)	Nil
4	Delirium (F05)	Delirium caused by single acute severe infection.
5	All other mental disorders caused by brain damage or dysfunction or by physical disease (F06-F09).	Short episodes caused by a single drug reaction or a severe acute infection. Post-concussional Syndrome (F07.2) if there has been a 2 year symptom free period prior to application.
6	Alcohol Dependence (F10.2)	Nil
7	Harmful use of Alcohol (F10.1).	3-year symptom and treatment free period prior to application.
8	Drug Dependence (F1x.2).	4-year symptom and treatment free period prior to application.
9	Harmful Use of a Drug (F1x.1).	3-year symptom and treatment free period prior to application.
10	Schizophrenic and Delusional Disorders (F20-F29).	Acute/transient psychotic disorder (F23) if less than 4 days duration and clearly caused by a drug or severe acute infection.
11	Manic Disorder (F30).	Nil
12	Bipolar Disorder (F31).	Nil
13	Severe, Recurrent or Persistent Depressive Disorders (F32.2, F32.3, F3, F34) 3 or more Mild or Moderate Depressive Episodes (F32.0 and F32.1).	Single mild or moderate episode - 2-year symptom and treatment free period prior to application following one episode, 2 mild or moderate episodes - 4-year symptom and treatment free period prior to application following 2 episodes.
14	Panic Disorder (F41.0) and Generalised Anxiety Disorder (F41.1).	A single, acute, stress-related episode – 1 year symptom and treatment free.
15	Any Anxiety Disorder where there is no clear cause of distress.	Nil
16	Adjustment disorders (F43).	One-year symptom and treatment free period prior to application for one episode.
17	Obsessive Compulsive Disorder (F42).	Nil if diagnosis correct.
18	Post Traumatic Stress Disorder (F43.1) if the diagnosis is absolutely correct.	Nil
19	Dissociative Disorder (F44).	Nil
20	Somatoform (hypochondriacal) Disorder (F45).	Nil
21	Anorexia Nervosa (F50.0 and 50.1).	Nil
22	Bulimia Nervosa (F50.2 and 50.3).	Nil
23	Puerperal Psychosis (F53.1).	Nil
24	Disorders of Adult Personality (F60-F69). S8 if the diagnosis is absolutely correct.	Care must be taken, as misdiagnosis is common. Paraphilias may be acceptable.
25	Gender Identity Disorders (F64)	Nil if untreated.
26	Autistic Disorders (F84).	Nil

Ser	Condition	Exceptions/Remarks
27	ADHD (F90) with violent or delinquent behaviour.	Nil
28	ADHD (F90) **without** violence or delinquency.	3-year symptom and treatment free period prior to application. Care must be taken, as misdiagnosis is common.
29	Self-Harm (X60-84).	3-year symptom and treatment free period prior to application following one episode.

CONDITIONS FOR WHICH RECRUITMENT MAY BE CONSIDERED FOLLOWING REFERRAL[18]

Ser	Condition	Remarks
1	Harmful Use of Alcohol (F10.1)	Provided there is a 3-year symptom and treatment free period prior to application.
2	Drug Dependence (F1x.2)	Provided there is a 4-year symptom and treatment free period prior to application.
3	Harmful Use of a Drug (F1x.1)	Provided there is a 3-year symptom and treatment free period prior to application.
4	Acute/Transient Psychotic Episode (F23)	If caused by toxic reaction to a drug or severe acute infection and lasting less than 4 days.
5	Phobic Anxiety Disorder (F40)	Refer those with a 2-year symptom and treatment free period and no clear causative event.
6	Obsessive Compulsive Disorder (F42)	If there is concern that the original diagnosis could be incorrect.
7	Bulimia Nervosa (F50.2)	Refer those with a 4-year symptom and treatment free period prior to application.
8	Puerperal Depression (F53)	Non psychotic forms only.
9	Personality Disorder (F60-F69)	Refer if there is concern that the original diagnosis could be incorrect.
10	Gender Identity Disorders (F64)	Once transition is complete and the required time has been given to allow resolution of transition surgery, psychological problems and to stabilise any hormone treatment.
11	Fetishism and other paraphylias (F65.0).	
12	Asperger's Syndrome (F84.5)	Refer if there is concern that the original diagnosis could be incorrect or the condition is very mild and does not cause disability.

[18] The opinion of a Service Appointed Consultant Psychiatrist (CP) may be sought following referral through the sS occupational physician responsible for the selection of recruits.