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of Defence

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Dear [REDACTED],

Thank you for your email of 9 December 2016 requesting Defence Statistics proceed with the Section 16 advice offered in response to FOI 2016/10116 dated 29 November 2016, under section 16 we offered the following information:

- *"...the annual number of Suicide, Open verdict and awaiting verdict deaths and the number of personnel with at least one episode of care at a MOD Department of Community Mental Health or MoD in-patient facility for an initial assessment of PTSD for all UK Armed Forces personnel between 1 January 2011 and 31 December 2015.*
- *the number of PTSD and Suicides among the following UAV personnel :*

Army personnel who have been trained to operate the UAV platform.

RAF Trained Regular personnel who during the period, 1 January 2011 until 31 December 2015, had a sub-badge/cap-badge of UAV or RPAS, ... and all RAF personnel who have a posted unit of 39 Squadron or XIII Squadron.

Naval personnel who during the period, 1 January 2011 until 31 December 2015, were working at RAF Waddington and had the word 'Reaper' in their posted unit."

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

I am writing to confirm that MOD holds the information on the subject you have requested. Some of the information falls entirely within the scope of the absolute exemption provided for at section 40 (Personal Data) of the FOIA and has been withheld. The information you requested is enclosed.

Section 40(2) has been applied to some of the information in order to protect personal information as governed by the Data Protection Act 1998. This is also in line with Joint Service Publication 200 (JSP) in which numbers fewer than five are suppressed in order to reduce the possible inadvertent disclosure of individual identities. Section 40 is an absolute exemption and there is therefore no requirement to consider the public interest in making a decision to withhold the information.

Please note the information provided in this response on suicides and PTSD among UAV personnel is a **minimum**. This is due to the complexities of identifying all personnel involved in UAV programmes. The

Section 16 paragraphs on personnel data provide details on how each Service has identified UAV personnel for this response.

Suicide and open verdict and waiting verdict deaths

Between 1 January 2011 and 31 December 2015, there were **53** coroner confirmed Suicide and Open verdict deaths among serving UK regular Armed Forces personnel. In addition, there were a further **7** deaths for which a coroner's inquest has yet to be held and the mechanism suggests the possibility of suicide (waiting verdicts). **Table 1** presents this information by year. Of the **53** coroner confirmed Suicide and Open verdict deaths **none** occurred among UK regular Armed Forces personnel who had worked on a UAV programme.

Table 1: UK regular Armed Forces¹ suicide and open verdict deaths² by year, Numbers
1 January 2011 to 31 December 2015

| | All | 2011 | 2012 | 2013 | 2014 | 2015 |
|-------------------------|-----------|-----------|-----------|----------|-----------|----------|
| All | 60 | 15 | 17 | 9 | 10 | 9 |
| Suicide or Open Verdict | 53 | 15 | 16 | 8 | 9 | 5 |
| Awaiting Verdict | 7 | 0 | 1 | 1 | 1 | 4 |

1 Figures are for in-Service personnel only.

2 Figures are for regular personnel and only those reservists who have died whilst on operational deployment.

PTSD

Table 2 provides the total number of UK Armed Forces personnel with an initial assessment of PTSD at MOD Specialist Mental Health Services (this encompasses the delivery of care through MOD's DCMH for outpatient care and all admissions to the MOD's in-patient care contractor) and a breakdown by Service. **Table 3** provides a breakdown of the information presented in Table 2 where PTSD occurred among UK Armed Forces personnel who had worked on a UAV programme.

Table 2: UK Armed Forces personnel with an initial assessment of PTSD at MOD Specialist Mental Health Services by year and Service, Numbers

1 January 2011 to 31 December 2015

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------------------|------------|------------|------------|------------|------------|
| All Personnel | 272 | 338 | 400 | 329 | 326 |
| Naval Service ¹ | 28 | 56 | 38 | 49 | 64 |
| Army | 222 | 262 | 338 | 254 | 238 |
| RAF | 22 | 20 | 24 | 26 | 24 |

Source: DMICP, SSSFT, BFG and JPA

1. Naval Service includes Royal Navy and Royal Marine personnel

Table 3: UK Armed Forces UAV personnel¹ with an initial assessment of PTSD at MOD Specialist Mental Health Services by year and Service, Numbers

1 January 2011 to 31 December 2015

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|----------------------------------|----------|----------|----------|----------|----------|
| UAV Personnel¹ | 0 | ~ | 6 | ~ | 5 |
| Naval Service ² | 0 | 0 | 0 | 0 | 0 |
| Army | 0 | ~ | 6 | ~ | 5 |
| RAF | 0 | ~ | 0 | 0 | 0 |

1. This number is a minimum due to the complexities of identifying all personnel working on UAV programmes. Please see Section 16 paragraphs on personnel for further information.

2. Naval Service includes Royal Navy and Royal Marine personnel

3. Data presented as "~" has been suppressed in accordance with JSP 200.

Under section 16 of the Act (Advice and Assistance), you may find it useful to note the following:

Personnel Data

All data has been sourced from JPA.

Army

To identify Army personnel trained to operate the UAV platform, only those personnel who were serving in the Royal Artillery and had a main trade for pay of: Royal Artillery SME Gunner – Tactical Unmanned Aerial vehicle Operator-RA, Gunner Command Systems- General Support- Tactical Unmanned Air Vehicle- RA during the period, 1 January 2011 until 31 December 2015 have been identified.

Those in a UAS trade would be involved with the platform on a day to day basis and thus these figures should be treated as a minimum.

Only those who were Trained, Regular Other Ranks soldiers have been included in this data. During the time period, personnel would not have had a trade until they were trained. In the same way, Officers do not have a trade recorded on JPA and are therefore not included in the analysis.

When comparing Tri-Service UAS use, the Army, unlike other Services, do not use weaponised UAS. This means the UAS pilots in the Army do not pull any kind of trigger to kinetically engage hostiles. Therefore, the role that they perform and the impact of 'piloting' the platform may not be directly comparable.

RAF

RAF trained regular personnel who between 1 January 2011 and 31 December 2015 had a sub-badge/cap-badge of UAV or RPAS and/or had a posted unit of 39 Squadron or XIII Squadron were included in the analysis. Please note: personnel with a sub-badge/cap-badge of UAV or RPAS would have mainly been Pilots and Weapon Support Officers. In addition the personnel identified as having a posted unit of 39 Squadron or XIII Squadron would have included Service personnel who were 'Personnel Support' for these squadrons.

Naval Service

All personnel working at RAF Waddington who had the word 'Reaper' in their posted unit were identified and included in the analysis. RAF Waddington is where the Reaper programme is based. Data contains Trained and Untrained personnel for Regulars and Reserves.

Suicide Data

More detailed analysis on deaths and suicides in the UK Armed Forces can be found in the following National Statistic publications produced by Defence Statistics at the end of March each year.

Suicide and Open Verdict Deaths in the UK Regular Armed Forces 1984 - 2015

<https://www.gov.uk/government/collections/uk-armed-forces-suicide-and-open-verdict-deaths-index>

Deaths in the UK Regular Armed Forces

<https://www.gov.uk/government/collections/uk-armed-forces-deaths-in-service-statistics-index>

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.

When providing statistics on suicides, Defence Statistics (Health) rely exclusively on the information provided by coroners in England and Wales and in Northern Ireland, and the Procurator Fiscal in Scotland. This ensures the Department's objectivity, as all accidental deaths and those resulting from violent action have to be referred to these officials for investigation. For sake of brevity these sources of information have been labelled collectively as "coroner's verdicts".

The statistics provided include both coroner-confirmed suicides and open verdict deaths, in line with the definition used by the Office for National Statistics (ONS), since research has shown that these deaths share many similarities with suicides except that in the case of open verdict deaths, the intention of the deceased to take their life has not been sufficiently proven to the satisfaction of the coroner.

In order to identify deaths that may result in a coroner returning a suicide or open verdict (awaiting verdicts), Defence Statistics (Health) use the Joint Casualty and Compassionate Centre (JCCC) reporting category violent and unnatural causes (VUC) as an indicator for suspected suicides. Defence Statistics (Health) exclude from this number any death that has been identified as an assault on the Notification of Casualty form (NOTICAS).

Mental Health Data

More analysis on mental health in the UK Armed Forces can be found in the following Official Statistic publication produced by Defence Statistics in June each year.

<https://www.gov.uk/government/statistics/uk-armed-forces-mental-health-annual-statistics-financial-year-201516>

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. 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 (SSSFT). UK based Service personnel from British Forces Germany (BFG) were treated at Guys and St Thomas Hospital in the UK up until April 2013 and from this date, at Gilead IV hospital, Bielefeld, under a contract with Soldiers, Sailors and Airmen Family Association (SSAFA) through the Limited Liability Partnership.

This response only captures the patients that were referred to a MOD DCMH or admitted to a MOD In-patient provider and does not represent the totality of mental health problems in the Armed Forces as some patients can be treated wholly within the primary care setting by their GP or medical officer.

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).

Defence Statistics receive data from DCMH and in-patient providers for all UK Armed Forces personnel from the following sources :

DCMH

- Between 01 January 2007 and 30 June 2014, data was provided by DCMHs to Defence Statistics in monthly returns.
- For the period 01 April 2012 to 30 June 2014, new episodes of care data was also sourced from the electronic patient record held in Defence Medical Information Capability Program (DMICP) in addition to those provided by DCMH in monthly returns.
- Since 01 July 2014, DMICP was the single source of DCMH new episodes of care data.

In-patient

Since January 2007, SSSFT and Gilead IV hospital Bielefeld have submitted relevant in patient records.

It is suggested that should you wish to submit further questions on Mental Health in the Armed Forces, to keep the FOI within FOI cost limits, you specify the figures are for MOD Specialist Mental Health services which encompass the delivery of care through MOD's DCMH for outpatient care and all admissions to the MOD's in-patient care contractor.

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, Ground 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>.

I hope this is helpful.

Yours sincerely

Defence Statistics (Health)