



Ministry of Defence

Ministry of Defence
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Dear [REDACTED],

Thank you for your email of 13 March 2017 requesting the following information:

- 1. The number of mental health staff currently working at DCMHs.*
- 2. The number of UK Armed Forces mental health staff medically downgraded and medically discharged due to mental health disorders between 1 April 2015 and 31 March 2016.*
- 3. The number of UK Armed Forces mental health staff working at DCMHs between 1 April 2015 and 31 March 2016*

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 the information in scope of your request is held.

In response to question 1; as at 10 March 2017 there were **187**¹ permanent mental health staff working at Departments of Community Mental Health. This includes civilian and UK Armed Forces staff. This excludes non-permanent (locum) members of staff.

In response to questions 2 and 3; between 1 April 2015 and 31 March 2016, there were **113**² UK Armed Forces mental health staff working at DCMHs. Of which, between 1 April 2015 and 31 March 2016, **eight** UK Armed Forces mental health staff were medically downgraded due to Mental and Behavioural Disorders and **no** UK Armed Forces mental health staff were medically discharged due to Mental and Behavioural Disorders.

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

To support DCMH clinical staff and help protect them from developing mental health problems, regular clinical supervision is provided, as are multi-disciplinary team meetings, where challenging cases can be discussed.

DCMH staff who are temporarily/permanently unable to work in their primary role due to health reasons are managed in accordance with the relevant single Service policies or civil servant Human Resource (HR) processes. This includes regular occupational health checks and direct liaison between the occupational health departments and the person's line manager. Please note that civilian personnel cannot be medically downgraded or medically discharged.

¹ Includes both civilian and UK Armed Forces staff.

² Includes only UK Armed Forces staff. Excludes civilian staff.

If a mental health clinician in a DCMH is downgraded, but is still employable in a clinical capacity (albeit a reduced one) we would look to reduce the clinical demand on that individual. If an individual is not employable in a clinical capacity, steps would be taken to remove them from clinical duties and employ them in the DCMH in a non-clinical role. On the occasions where this is deemed not suitable, then appropriate alternative employment would be looked for outside of the DCMH.

The Defence Medical Information Capability Programme (DMICP) was rolled out in 2007 and is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers.

The electronic patient record has information that is Read coded. Read codes are a set of clinical codes designed for Primary Care to record the everyday care of a Patient. They are part of a hierarchical structure and form the recognised standard for General Practice.

Any data entered as free text only in patients' medical record will not be included in the figures presented as this information is not available in the data warehouse.

DMICP is a live data source and is subject to change. Date of extract 16 February 2017.

Sources of current mental health staff data include the Joint Personnel Administration (JPA), the Human Resources Management System (HRMS), manual Headquarters Defence Primary Healthcare (DPHC) monthly activity returns, which have cross-referenced and validated by each individual department.

Medical Downgrading

Medical downgradings due to Mental and Behavioural Disorders were identified as personnel who were medically downgraded with cause of downgrading coded as F00 to F99 to the International Statistical Classification of Diseases and Related Health Problems Tenth Revision (ICD-10).

Service personnel with medical conditions or fitness issues which affect their ability to perform their duties are assessed in Primary Care or referred to a Medical Board for a medical examination and review of their medical grading. The patient may be downgraded to allow for treatment and rehabilitation.

The information on cases was sourced from electronic personnel records from DMICP.

Medical Discharge

Medical discharges due to Mental and Behavioural Disorders were identified as personnel who were medically discharged with a principal or contributory cause of discharge coded as F00 to F99 to the International Statistical Classification of Diseases and Related Health Problems Tenth Revision (ICD-10).

Medical discharges are the result of a number of specialists (medical, occupational, psychological, personnel, etc.) coming to the conclusion that an individual is suffering from a medical condition that pre-empts their continued service in the Armed Forces. Statistics based on these discharges do not represent measures of true morbidity or pathology. At best they indicate a minimum burden of ill-health in the Armed Forces. Furthermore, the number and diversity of processes involved with administering a medical discharge introduce a series of time lags, as well as impact on the quality of data recorded.

The information on cases was sourced from electronic personnel records from DMICP and manually entered paper documents from medical boards. The primary purpose of these medical documents is to ensure the appropriate administration of each individual patient's discharge. Statistical analysis and reporting is a secondary function.

Defence Statistics release annual updates on medical discharges in the UK Armed Forces as an Official Statistic publication. The last statistical release was on 14 July 2016 which presented data up to 31 March 2016. The latest report can be found at:

<https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications covering 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/>.

I hope this is helpful.

Yours sincerely

Defence Statistics (Health) Head (B1)