Ministry of Defence

UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/08 - 2014/15

Published 30 July 2015 (Revised June 2017)

This annual report provides statistical information on mental health in the UK Armed Forces for the period 1 April 2007 to 31 March 2015. It summarises all initial assessments for a new episode of care of Service personnel at MOD Specialist Mental Health Services (Departments of Community Mental Health (DCMH) for outpatient care, and all admissions to the MOD's in-patient care contractor) by financial year.

This is the first report in this annual series to provide figures for the number of UK Armed Forces personnel assessed at a MOD DCMH and/or to be admitted to one of the MOD's in-patient care providers in addition to the number of new episodes of care. This report presents eight-year trend information on demographic groups at risk and comparisons to mental health in the UK population.

All tables provided in previous releases of this report have been updated with 2014/15 data and are available in the separate Excel file at https://www.gov.uk/government/collections/defence-mental-health-statistics-index.

Key Points and Trends

Assessments for mental disorders at MOD Specialist Mental Health Services have risen steadily from 1.8% of UK Armed Forces personnel in 2007/08, to **2.9%** in 2014/15. It is unclear what proportion of this rise is due to the success of anti-stigma campaigns and what is a true rise in mental health disorders. This is higher than seen in the UK general population (2.4%) and may be due to a lower referral threshold to specialist psychiatric care in the Armed Forces compared to GPs in the general population who may be more likely to treat a patient wholly within the primary care setting.

Although the absolute numbers and rates of mental disorder among UK Armed Forces personnel assessed at MOD Specialist Mental Health Services has increased over time, findings of significantly higher presentations in certain demographic groups between 2007/08 and 2014/15 remained broadly similar :

- **Army** and **RAF** personnel - the lower rates of mental disorder seen among Royal Marines may be the due to the recruitment selection process, support received as a result of tight unit cohesion and high levels of preparedness for combat;
- **Females** - this is replicated in the UK civilian population and may be a result of females being more likely to report mental health problems than males;
- **Other Ranks** - higher educational attainment and socio-economic background are associated with lower levels of mental health disorder and this may explain differences in the rates between officers and other ranks;
- Personnel aged between **20 and 44 years of age**.

Responsible Statistician: Head of Health Tel: 030 67984423 Email: DefStrat-Stat-Health-Hd@mod.uk
Further Information/Mailing list: DefStrat-Stat-Health-PQ-FOI@mod.uk
Background Quality Report: www.gov.uk/government/statistics/mental-health-in-the-uk-armed-forces-background-quality-report

Contents

Supplementary tables containing :

- all data presented in this publication
- updated tables from previous reports presenting numbers, rates and 95% confidence intervals on new episodes of care
- information relating to aeromedical evacuations from Iraq and Afghanistan for psychiatric reasons; Field Mental Health Team assessments, assessments for mental disorders at Defence Medical Rehabilitation Centre; Reservist Mental Health Program; Medical discharges for mental and behavioural reasons and Armed Forces Compensation Scheme awards for mental disorders

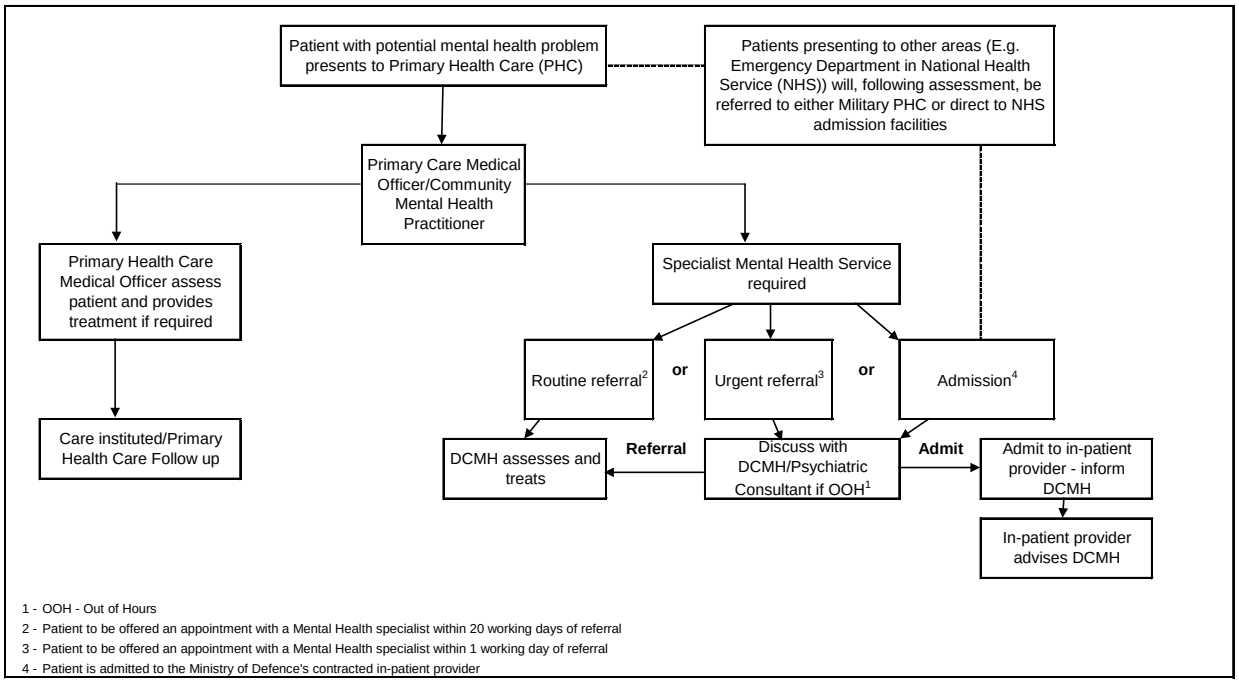
can be found at : https://www.gov.uk/government/collections/defence-mental-health-statistics-index

Introduction

1. Assessment and care-management within the Armed Forces for personnel experiencing mental health problems is available at three levels :

- In Primary Health Care (PHC), by the patient's own Medical Officer (MO).
- In the community through specialists in military Departments of Community Mental Health (DCMH).
- In hospitals, either the NHS or the contracted In-Patient Service Provider (ISP).

2. The level of care a patient may require is determined by a number of factors, including the severity of symptoms and the degree of risk posed by the patient's current condition. The following diagram shows the pathways into mental health services in the Armed Forces :



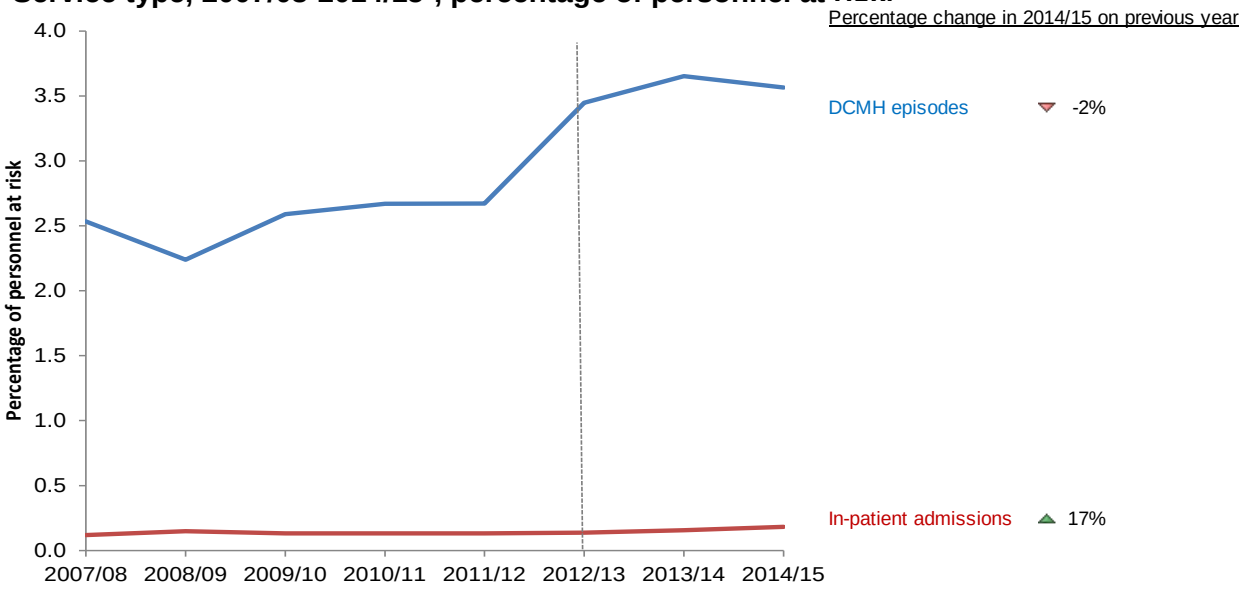
3. This report summarises all attendances for a new episode of care of Armed Forces personnel at MOD Specialist Mental Health Services (**MOD's DCMH for outpatient care, and all admissions to the MOD's in-patient care contractor) only**. It therefore captures patients referred to the Specialist Mental Health Service 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.

4. 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 SSSFT NHS Foundation trust; UK based Service personnel from British Forces Germany are treated at Gilead IV hospital, Bielefield under a contract with SSAFA through the Limited Liability Partnership. When presenting in-patient data in this report, the data include returns from both contract providers.

Results : Trends in UK Armed Forces mental health initial assessments 2007/08 – 2014/15

5. UK Armed Forces personnel may access specialist mental health care as an outpatient at a MOD Department of Community Mental Health (DCMH) and/or as an in-patient at a MOD in-patient care provider. Clinician's record the patient's initial mental health assessment based on the presenting signs and symptoms. A number of patients are assessed by clinician's as having no specific and identifiable mental disorder.

Figure 1 : UK Armed Forces personnel presenting at MOD Specialist Mental Health Services by Service type, 2007/08-2014/15[1], percentage of personnel at risk.



Source : DS Database and DMICP

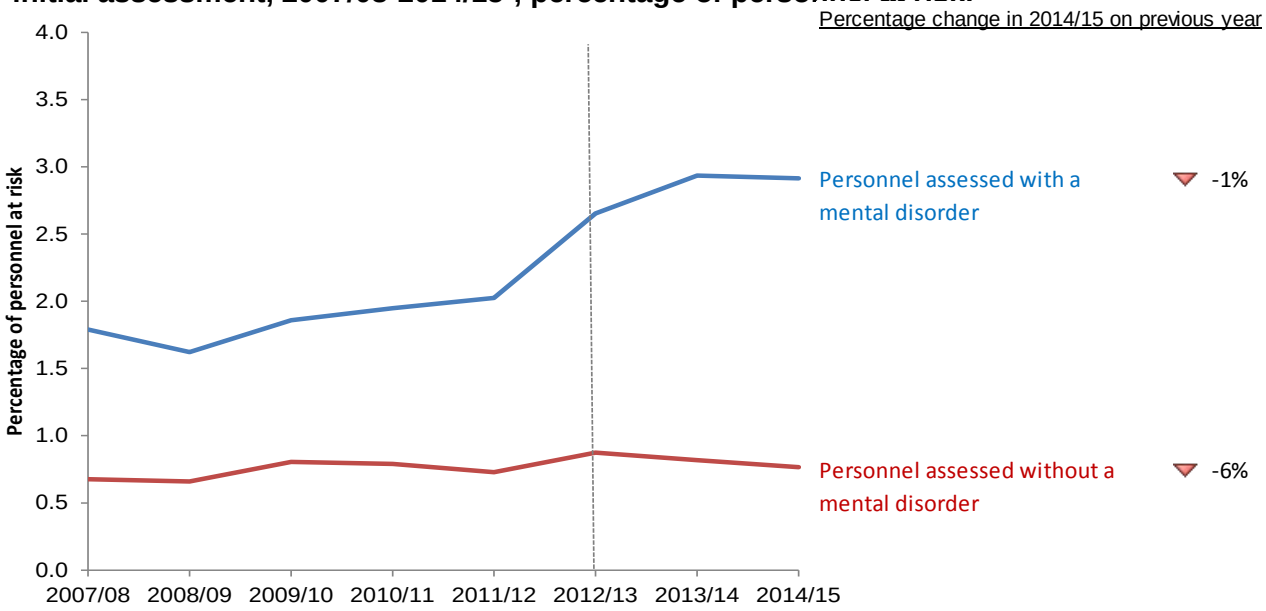
1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74)

6. There has been a rising trend in the rate of personnel seen at MOD Specialist Mental Health Services, with a statistically significant increase seen between 2012/13 and 2013/14. The overall rate of assessments fell in 2014/15 to **3.6% of UK Armed Forces personne**l at risk (a rate of 36.3 per 1,000).

7. Possible explanations for the rise since 2012/13 may be the successful effect of campaigns run by the MOD to reduce stigma, resulting in more Armed Forces personnel presenting for assessment or a true rise in mental disorders among military personnel. Known resourcing issues at MOD DCMHs and the cessation of high intensity operations in Afghanistan may partially explain the 2% fall in UK Armed Forces personnel seen for an initial assessment in 2014/15. The resource issues are currently being addressed by the Department. It is not possible to determine proportionately how much of the overall changes seen in initial assessments were due to each of these factors.

8. The number of personnel admitted to a MOD in-patient provider continues to rise although the year on year increases are not statistically significant and the rates **remain low at 0.2%** of all Armed Forces personnel in 2014/15 (a rate of 1.8 per 1,000). It is possible that the resource issues within DCMHs influenced the rise in in-patient admissions.

Figure 2 : UK Armed Forces personnel presenting at MOD Specialist Mental Health Services by initial assessment, 2007/08-2014/15[1], percentage of personnel at risk.



Source : DS Database and DMICP

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74)

9. In recent years, an increasing proportion of personnel seen at MOD Specialist Mental Health Services were assessed by clinicians as having a mental health disorder, thus requiring the treatment skills and services of MOD mental health clinicians. This may be the result of improved mental health awareness among Armed Forces personnel, Commanding Officers and clinician's in the primary care setting leading to greater referrals to specialist care (see paragraph 7).

Table 1 : UK Armed Forces personnel presenting at MOD Specialist Mental Health Services by Service provider, initial assessment, 2007/08-2014/15[1], numbers and percentage population at risk.

	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13[1]	2013/14	2014/15
Number of personnel	n	n	n	n	n	n	n	n
Personnel with an initial assessment with MOD Mental Health Services[2]	**5,118**	**4,556**	**5,318**	**5,440**	**5,302**	**6,507**	**6,521**	**6,059**
At a DCMH	5,033	4,418	5,231	5,349	5,205	6,434	6,429	5,943
At a MOD in-patient provider	236	293	266	266	257	257	275	305
Personnel assessed with a mental disorder[3]	3,557	3,199	3,753	3,902	3,944	4,952	5,165	4,858
Personnel assessed without a mental disorder[3]	1,343	1,303	1,626	1,584	1,419	1,631	1,440	1,277
Missing mental disorder information[4]	256	138	68	86	10	14	41	30
Percentage of personnel at risk.	%	%	%	%	%	%	%	%
Personnel with an initial assessment with MOD Mental Health Services[2]	***2.6***	***2.3***	***2.6***	***2.7***	***2.7***	***3.5***	***3.7***	***3.6***
At a DCMH	*2.5*	*2.2*	*2.6*	*2.7*	*2.7*	*3.4*	*3.7*	*3.6*
At a MOD in-patient provider	*0.1*	*0.1*	*0.1*	*0.1*	*0.1*	*0.1*	*0.2*	*0.2*
Personnel assessed with a mental disorder[3]	*1.8*	*1.6*	*1.9*	*1.9*	*2.0*	*2.7*	*2.9*	*2.9*
Personnel assessed without a mental disorder[3]	*0.7*	*0.7*	*0.8*	*0.8*	*0.7*	*0.9*	*0.8*	*0.8*
Missing mental disorder information[4]	*0.1*	*0.1*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Please note, an individual may have had contact at both DCMH and In-patient provider.
3. Clinician's initial assessment based on presenting symptoms (paragraphs 69 and 70)
4. Initial diagnosis not available (See BQR)
5. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74)

10. In 2014/15, **2.9% of UK Armed Forces personnel were assessed with a mental disorder** within specialised psychiatric services. This is higher than the rate of 2.4% (www.mind.org.uk) seen within the UK general population and may be due to a lower referral threshold to specialist psychiatric care in the Armed Forces compared with GPs in the general population who may be more likely to treat mental health disorders wholly within the primary care setting. The unique role of the Armed Forces, particularly with personnel having access to weapons, is likely to be a factor in military Medical Officers seeking specialist psychiatric care for personnel presenting with symptoms of mental disorders.

11. Conversely, rates of in-patient admissions within the UK Armed Forces population for 2014/15 were lower than the rates in the UK general population (0.2% and 0.6% respectively (www.mind.org.uk)). The rigorous selection of fit people into the Armed Forces may help to prevent those with more serious mental disorders joining the Services. In addition, Armed Forces personnel who have a mental disorder which prevents continued Service in the military environment may be considered for medical discharge, thus more severe cases of mental health may not remain in the Armed Forces population.

Results : Demographic Risk Groups 2007/08 - 2014/15

12. The analysis in this section presents the number of UK Armed Forces personnel assessed with a mental health disorder at MOD Specialist Mental Health Services by demographic groups: Service; Gender; Officer/Other Rank; Age Group and deployment status. Table 2 presents the findings for 2014/15 collectively.

Table 2 : UK Armed Forces personnel assessed with a mental disorder at MOD Mental Health Services by demographics, 2014/15, number and percentage of personnel at risk

	2014/15		
	n	%	percentage of UK Armed Forces personnel at risk
Number of personnel assessed with a mental disorder at Mental Health Services	**4,858**	**2.9**	
Service			
Royal Navy	649	2.5	
Royal Marines	142	1.8	
Army	3,057	3.1	
RAF	1,010	2.8	
Gender			
Male	3,896	2.6	
Female	962	5.9	
Rank			
Officer	453	1.5	
Other Rank	4,405	3.2	
Age			
Aged <20	191	2.5	
Aged 20-24	997	2.9	
Aged 25-29	1,251	3.2	
Aged 30-34	987	3.2	
Aged 35-39	721	3.3	
Aged 40-44	447	2.8	
Aged 45-49	187	1.8	
Aged 50 +	96	1.4	
Deployment - Theatres of operation[1]			
Iraq and/or Afghanistan[2]	3,180	3.1	
of which Iraq	*1,603*	*2.9*	
Of which Afghanistan[2]	*2,733*	*3.1*	
Neither Iraq nor Afghanistan	1,681	2.7	

Source : DS Database, DMICP, SSSFT and BFG

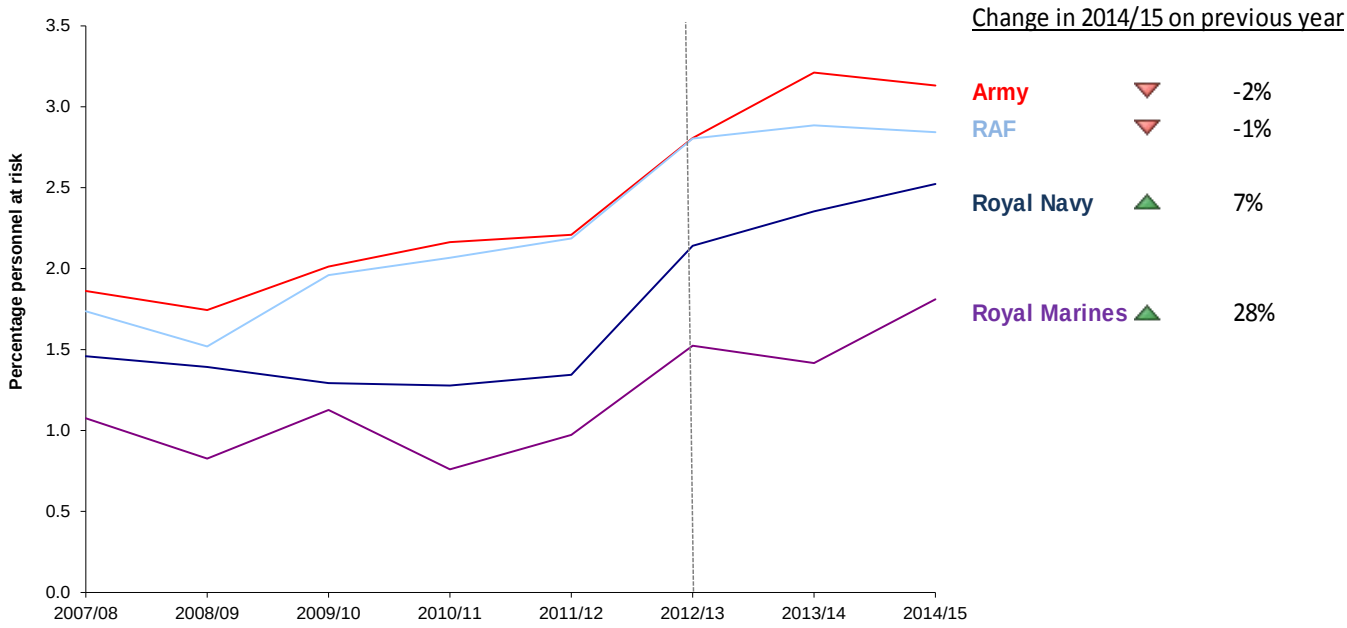
1. Deployment to the wider theatre of operation (see BQR)
2. Data for Afghanistan between 1 January 2003 and 14 October 2005 were not available for person level deployment (see BQR).
3. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74)
4. Excludes personnel where Initial diagnosis was not supplied (See BQR)
5. Numbers within demographic groups may not sum the total as personnel who have more than one episode of care in a year and change age group, rank or deployment status will be counted once in each sub-category.

13. Table 2 shows significant differences in the rate of presentations for mental disorders within specific demographic groups :

- **Lower in Royal Marines**
- **Higher in females**
- **Higher in Other Ranks**
- **Higher in personnel aged between 20 and 44 years**

14. Although the absolute numbers of presentations for mental disorders at MOD Specialist Mental Health Services have changed over time, higher rates of presentation among certain demographic groups between 2007/08 and 2014/15 have remained broadly similar to those seen in Table 2. Figures 3-6 present mental disorders among each demographic group since 2007/08 along with possible explanations for the differences observed.

Figure 3 : UK Armed Forces personnel assessed with a mental disorder at MOD Specialist Mental Health Services by Service, 2007/08 - 2014/15[1], percentage of personnel at risk



Source : DS Database, DMICP, SSSFT and BFG

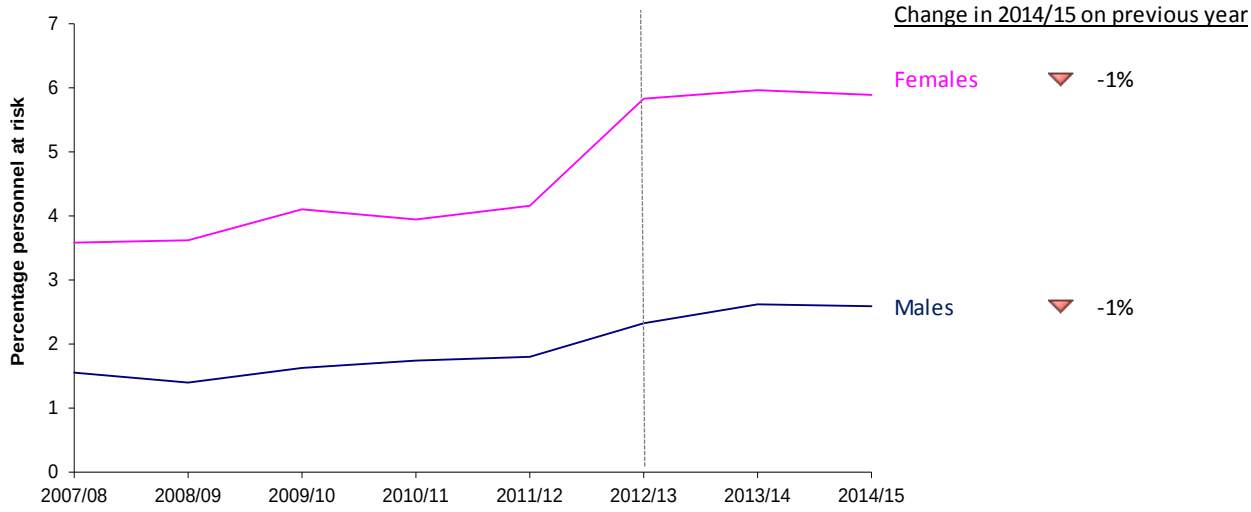
1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74)
3. Excludes personnel where Initial diagnosis was not supplied (See BQR)

15. Royal Marines have significantly lower rates of mental disorders than the Army and RAF. The Royal Marines undergo rigorous training to ensure only the 'elite' go forward as Royal Marines (thus the selection process removes those that may be more susceptible to mental health problems). The tight unit cohesion that exists amongst the elite forces further supports the 'healthy worker' effect (personal communication with Def Prof Mental Health) and may also influence the lower rates of mental health in this Service. In addition, high levels of preparedness may serve to lessen the impact of operational deployment experiences on mental health among the Royal Marines (Sundin et al., 2010).

16. Army-led stigma campaigns may partially explain the rise in Army mental health disorders between 2012/13 and 2013/14. Known resourcing issues at DCMHs, in particular those at Army locations may have influenced the decrease in initial assessments among Army personnel in 2014/15. The cessation of high intensity operations in Afghanistan may also be another factor in this fall.

17. The reasons for the increase seen in mental disorders among Royal Navy and Royal Marines in 2014/15 are unclear. It is possible that greater mental health awareness through anti-stigma campaigns have contributed to this rise.

Figure 4 : UK Armed Forces personnel assessed with a mental disorder at MOD Specialist Mental Health Services by gender, 2007/08 - 2014/15[1], percentage of personnel at risk



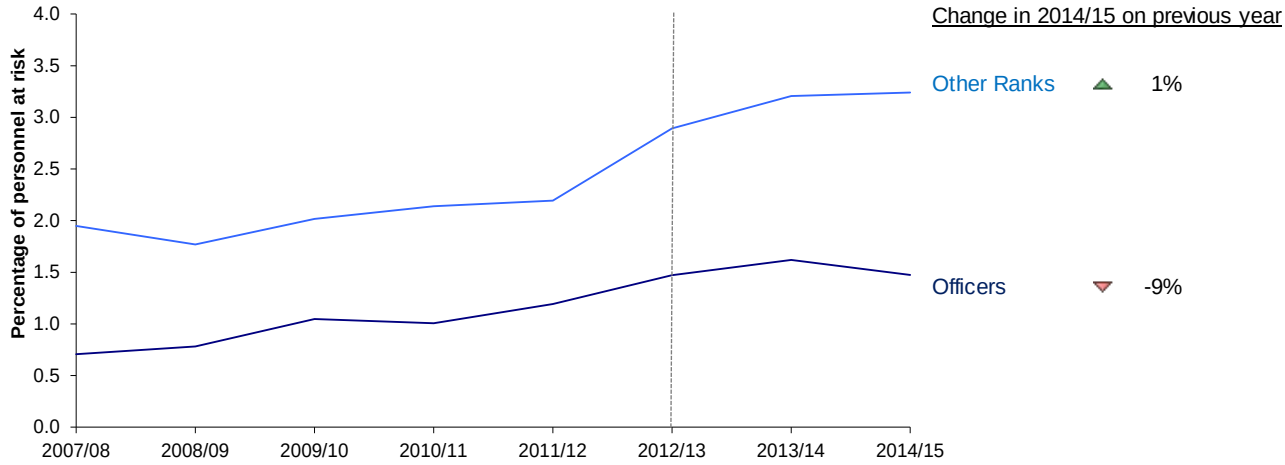
Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74)
3. Excludes personnel where Initial diagnosis was not supplied (See BQR)

18. Rates of mental disorders in females were significantly higher than males across all years presented. This finding was replicated in the civilian population where females are more likely to report mental health problems than males. A study following up the mental health of adults suggested that this is because females are likely to have more interactions with health professionals (Better or Worse; a follow up study of the mental health of adults in Great Britain London, National Statistics, 2003). MOD has not investigated whether females in the UK Armed Forces have more interactions with health professionals than their male colleagues.

19. The proportion of males and females presenting to MOD Specialist Mental Health Services has not changed over time (Table 1). However, the widening difference between the rate of males and females assessed with a mental disorder will be tested for significance and reported in the future.

Figure 5 : UK Armed Forces personnel assessed with a mental disorder at MOD Specialist Mental Health Services by Officer/Other Rank, 2007/08 - 2014/15[1], percentage of personnel at risk



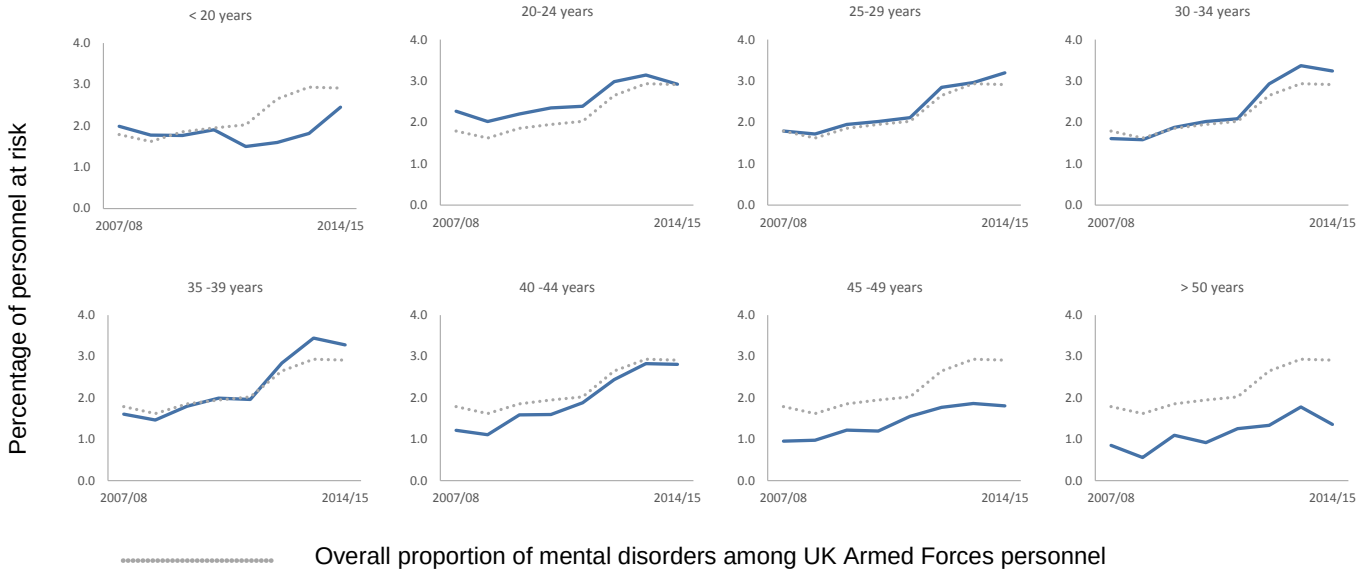
Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74).
3. Excludes personnel where Initial diagnosis was not supplied (See BQR)

20. The differences between Other Ranks and Officers may be due to educational and/or socio-economic background, where both higher educational attainment and higher socio-economic background are associated with lower levels of mental health disorder (Meltzer et al., 2003). The majority of Officers (with the exception of those promoted from the Ranks) are recruited as graduates of the higher education system, whilst the majority of Other Ranks are recruited straight from school and often from the inner cities (particularly for the Army). It is also possible that Officers are less likely to present with mental health problems due to concerns relating to stigma.

21. Mental disorders among Officers increased disproportionately to the increase in rates observed among Other Ranks and the Armed Forces as a whole (108% compared to around 63%).

Figure 6 : UK Armed Forces personnel assessed with a mental disorder at MOD Specialist Mental Health Services by Age group, 2007/08 - 2014/15, percentage of personnel at risk



Source : DS Database, DMICP, SSSFT and BFG
1. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74).
2. Excludes personnel where Initial diagnosis was not supplied (See BQR)

22. Figure 6 presents the percentage of Armed Forces personnel assessed with a mental disorder in each age group compared to the overall percentage of personnel with a mental disorder. Rates of mental disorders were **highest among those aged between 20-44 years** compared to those aged under 20 years and 45 years and over. The reasons for this are unclear.

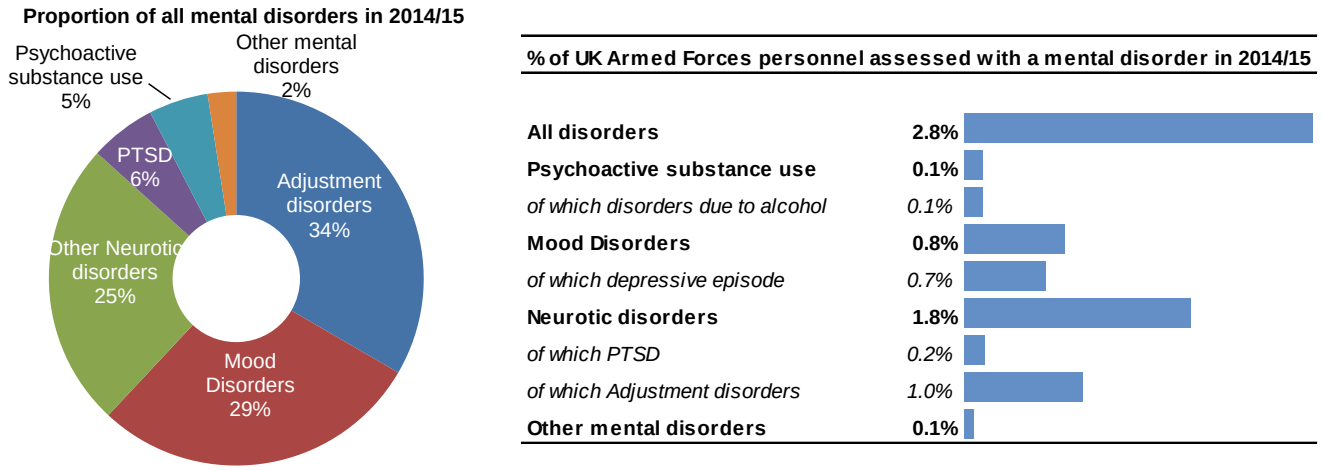
23. Those aged between 30 and 44 increased at a higher rate than the UK Armed Forces overall (over 100% compared to 63%). In 2007/08, the rate of mental disorder among each age group was more evenly distributed, however since 2010/11, differences have emerged with the rate among those aged under 20 changing at a lower rate to the other age groups. This may be explained by the reduction in recruitment of personnel under 20 years of age in recent years. The reasons for the marked rise in mental disorder rates among those aged between 30 and 44 remain unclear.

24. Rates of use of Specialist Mental Health Services among the general population in England show higher rates among those aged 18-35 years compared to those aged between 36 and 64 years.

Results : Trends UK Armed Forces mental disorders at MOD DCMH 2007/08 - 2014/15

25. Clinician's at MOD Specialist Mental Health Services record the patient's initial mental health assessment based on the presenting signs and symptoms, categorizing to World Health Organisation's International Statistical Classification of Diseases and Health-Related Disorders 10th edition (ICD-10) mental disorders. A patient admitted to a MOD in-patient provider will be discharged to the care of a DCMH and therefore the data in this section presents the number of personnel assessed at a MOD DCMH by mental disorder.

Figure 7 : UK Armed Forces personnel mental disorders at initial assessment at MOD DCMH, 2014/15[1]



Source : DS Database and DMICP

1. Percentages in doughnut may not sum 100% due to rounding.
2. Excludes personnel where Initial diagnosis was not supplied (See BQR)
3. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74)

26. **Adjustment Disorders** were the most prevalent mental disorder among UK Armed Forces personnel in 2014/15, accounting for around 34% of all mental disorders in the Armed Forces. This disorder was significantly higher than all other mental disorders in each year since 2007/08.

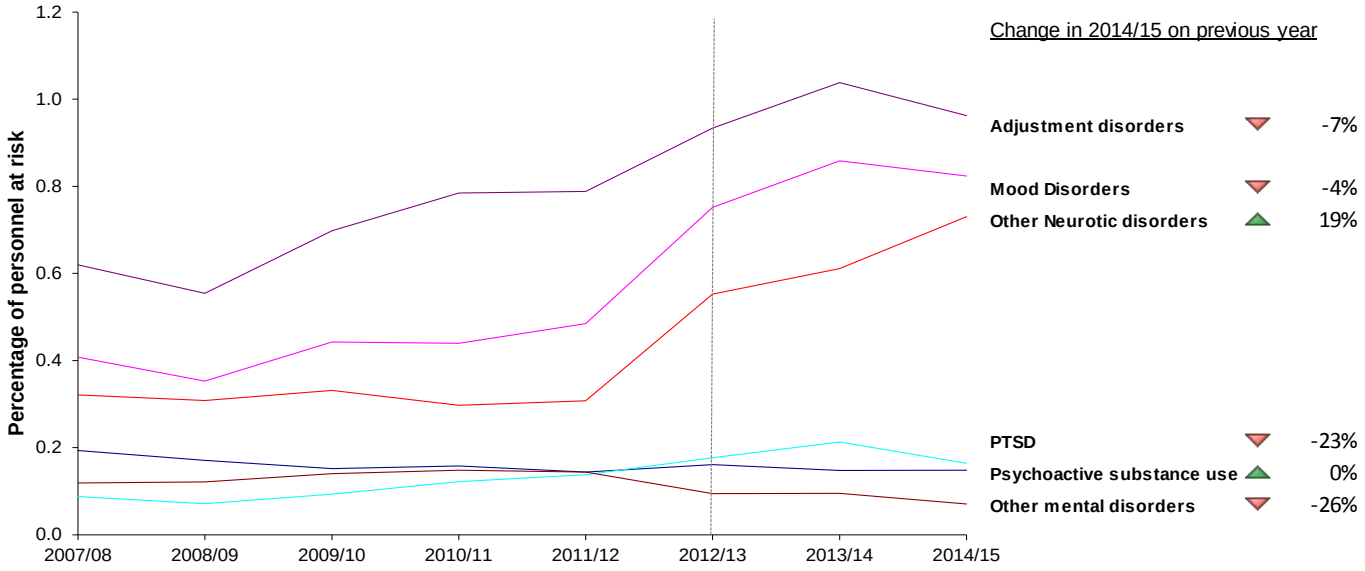
27. The finding that Neurotic Disorders (Adjustment, PTSD and Other Neurotic Disorders) were the most prevalent mental disorders among UK Armed Forces personnel is consistent with that seen in the UK general population. However, there were differences in the specific types of Neurotic Disorders most commonly seen within the Armed Forces and civilian population. In the UK general population, Mixed Anxiety and Depression and Anxiety disorders were the most common Neurotic disorders (Better or Worse; a follow up study of the mental health of adults in Great Britain London, National Statistics, 2003), whereas Adjustment disorder was the most common in the UK Armed Forces. Adjustment disorder is a short term condition occurring when a person is unable to cope with or adjust to a particular source of stress such as a major life change, loss or event. The higher rates seen in the UK Armed Forces compared to the UK general population may reflect the impact of Service life with routine postings every few years and operational tours. Another possible explanation is a clinician's diagnostic habit to assess Armed Forces personnel with a condition which is less prognostically serious (personal correspondence with DCA Psychiatry, 2014). There may also exist a diagnostic bias among clinicians treating personnel who have been previously deployed as having an adjustment disorder resulting in other conditions being undercounted.

28. The proportion of mental disorder assessments for Mood Disorders has increased since 2007/08, (Figures 7 and 8), accounting from 22% to 29% of all mental disorders. Conversely, the proportion of mental disorder assessments for Psychoactive substance misuse due to alcohol fell from 10% to 5% of all mental disorders. Changes to policy relating to alcohol over recent years may have contributed to this.

29. Figure 7 also presents the proportion of UK Armed Forces personnel assessed each year by mental disorder to provide context of the prevalence of disorders within the military population.

30. Despite media attention focus on prevalence of **PTSD** and **Psychoactive substance misuse due to alcohol** in the Armed Forces, Figure 7 shows that these disorders remain **a rare event**, with 0.2% of personnel assessed with PTSD and 0.1% assessed with Psychoactive substance misuse due to alcohol at a MOD DCMH in 2014/15.

Figure 8 : UK Armed Forces personnel by mental disorder at initial assessment at MOD DCMH, 2007/08-2014/15[1], percentage of personnel at risk.



Source : DS Database and DMICP

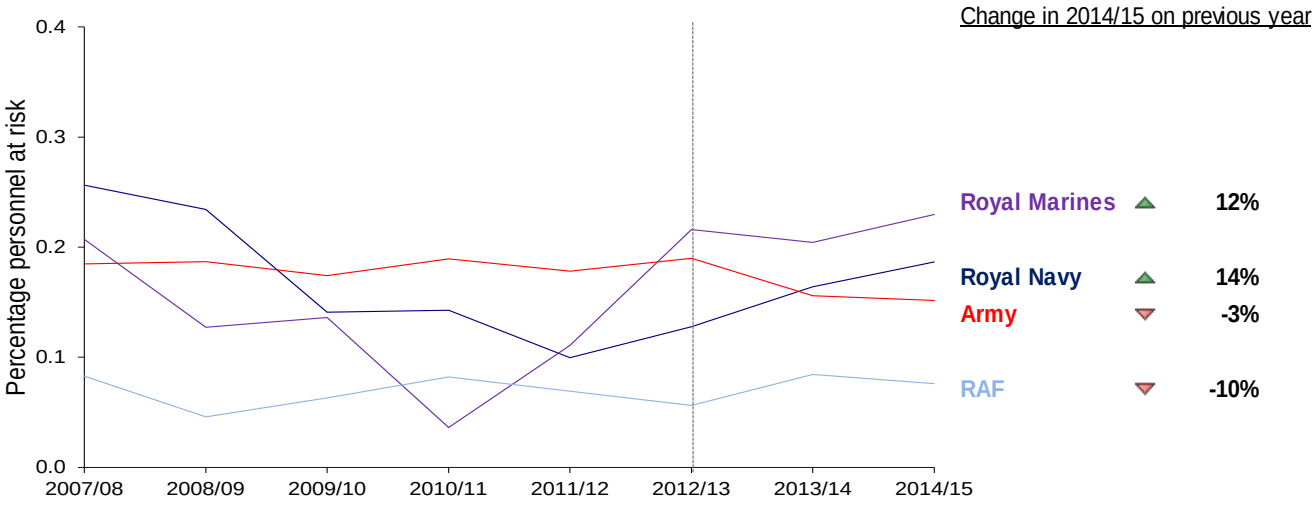
1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74).
3. Excludes personnel where Initial diagnosis was not supplied (See BQR)

31. Between 2013/14 and 2014/15 there was no change in the overall proportion of personnel assessed with a mental disorder (2.9% of all Armed Forces personnel in both years, Table 1). However, there were differences in the percentage change in the proportion of personnel assessed with specific conditions (Figure 8).

32. The reasons for these differences are unclear. The fall in PTSD may be partially explained by a potential diagnostic labelling issue among clinician's and may account for the rise seen in Other Neurotic Disorders. Additionally, the cessation of high intensity operations in Afghanistan may also have influenced this fall.

33. There were differences in the percentage of Armed Forces personnel within each Service assessed with Psychoactive Substance Misuse due to alcohol and PTSD compared to the overall trend in mental disorders seen among each Service (Figure 3). These are presented in Figures 9 and 10. Possible explanations for the differences in mental disorders between the Services as a whole can be found at paragraphs 15 to 17.

Figure 9 : UK Armed Forces personnel with an initial assessment at the MOD's DCMH, for psychoactive substance misuse due to alcohol, by Service, 2007/08 – 2014/15[1], percentage personnel at risk.

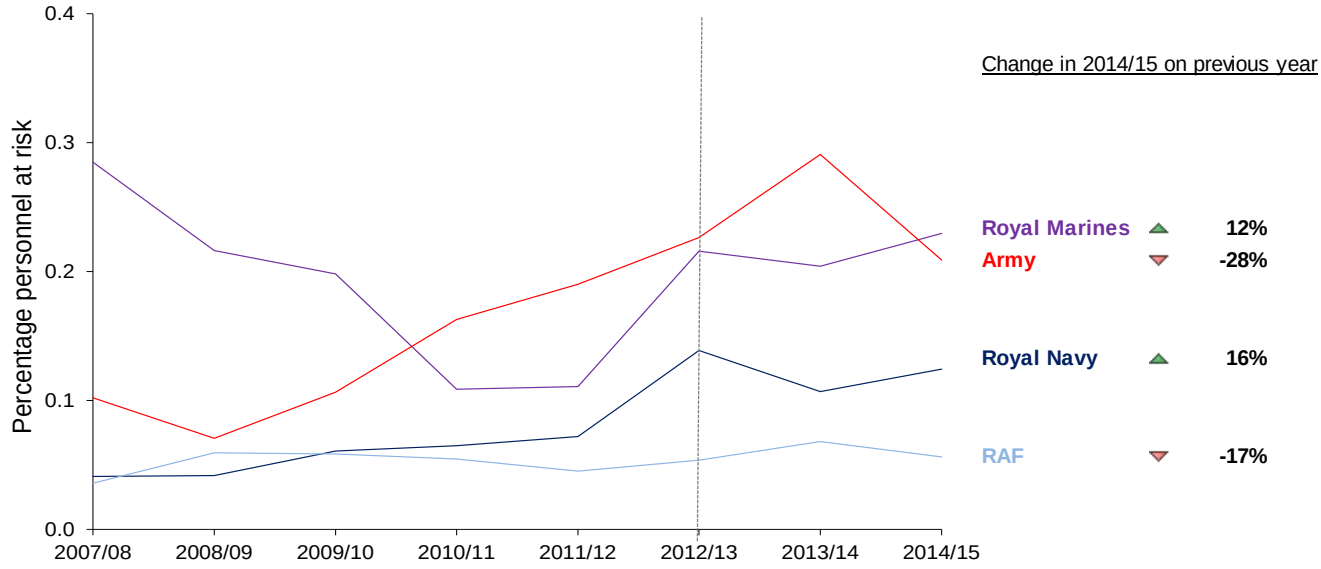


Source : DS Database and DMICP

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74).
3. Excludes personnel where Initial diagnosis was not supplied (See BQR)

34. Despite the overall low number of initial assessments for psychoactive substance misuse due to alcohol, there were differences among each Service over time. Whilst rates for alcohol misuse among Army and RAF personnel were stable throughout the period presented, a different pattern was seen among the Royal Navy and Royal Marines with an upward trend in recent years.

Figure 10 : UK Armed Forces personnel with an initial assessment at the MOD's DCMH, for PTSD by Service, 2007/08 – 2014/15[1], percentage personnel at risk.



Source : DS Database and DMICP

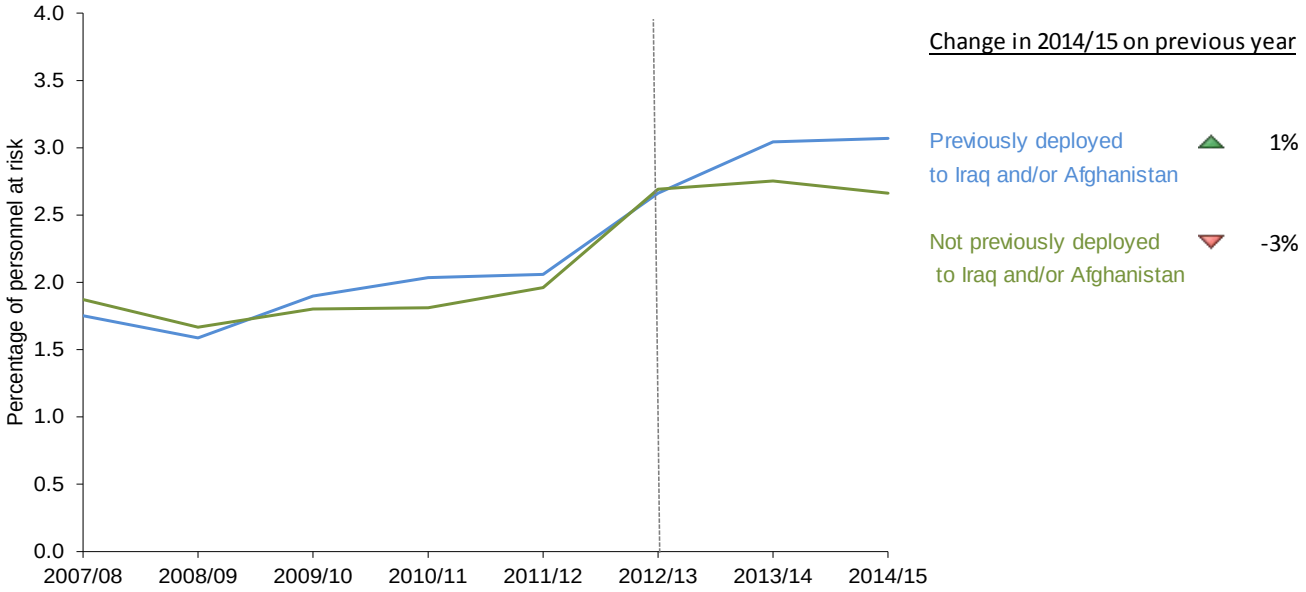
1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74).
3. Excludes personnel where Initial diagnosis was not supplied (See BQR)

35. The Army and Royal Marines had the highest proportion of personnel assessed with PTSD during the eight year period and Figure 12 (later in this report) shows deployment was a key factor for PTSD in the UK Armed Forces. Both Services routinely deployed in large numbers on operations in Iraq and Afghanistan and thus it is reasonable to expect the rate of PTSD to be higher in these Services.

36. The fall in rates of PTSD among the Army in 2014/15 may be partially explained by a potential diagnostic labelling issue among clinician's (paragraph 32). Additionally, the cessation of high intensity operations in Afghanistan may also have influenced this fall.

Results: Differences in mental disorders among those previously deployed to Iraq/Afghanistan compared to those not previously deployed there

Figure 11 : UK Armed Forces personnel assessed with a mental disorder at MOD Specialist Mental Health Services by Deployment Status[2,3], 2007/08 - 2014/15[1], percentage of personnel at risk



Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Deployment to the wider theatre of operation (see BQR)
3. Data for Afghanistan between 1 January 2003 and 14 October 2005 were not available for person level deployment (see BQR).
4. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74).
5. Excludes personnel where Initial diagnosis was not supplied (See BQR)

37. Previous deployment was a predictor for being seen at a MOD Specialist Mental Health Services for a mental health condition for the Armed Forces as a whole in four of the last eight years (2010/11; 2011/12; 2013/14 and 2014/15). In 2014/15, **3.1%** of personnel who had previously deployed to Iraq and/or Afghanistan were assessed with a mental health disorder compared to **2.7%** of personnel who had not previously deployed there. This difference was statistically significant.

38. These differences were driven by mental disorders among Army personnel who had previously deployed to Iraq and/or Afghanistan.

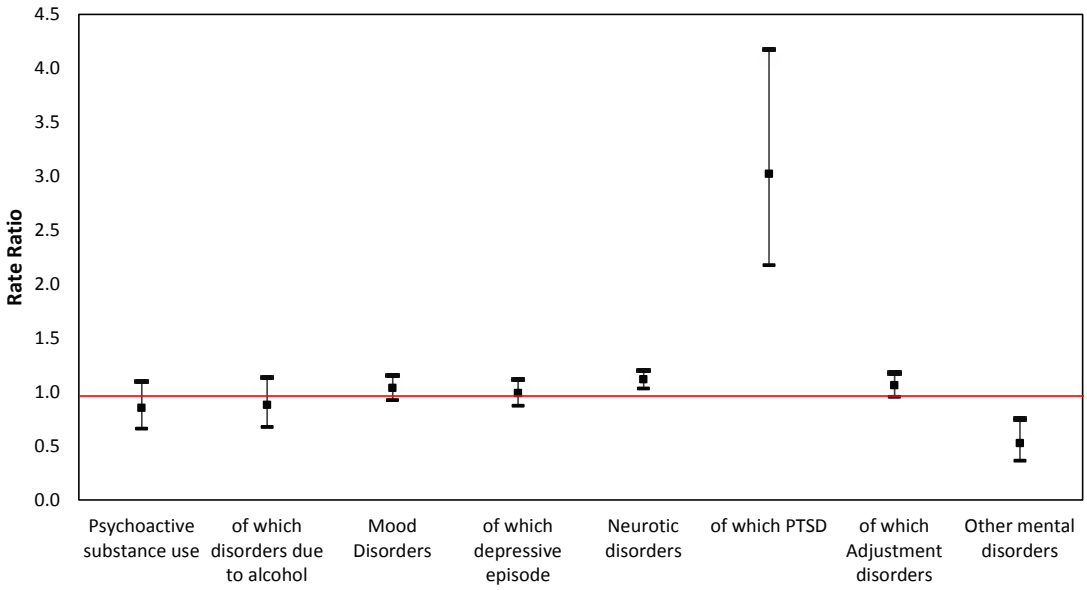
39. There were significant differences in the rate ratios for specific mental disorders. The rate ratios (RR) presented provide a comparison of cases seen between personnel identified as having deployed to a theatre and those who have not been identified as having deployed to either theatre. A rate ratio less than 1 indicates lower rates in those deployed than those not deployed, whereas a rate ratio greater than 1 indicates higher rates in those deployed than those not deployed. If the 95% confidence interval does not encompass the value 1.0, then this difference is statistically significant. When looking at the specific mental disorders in 2014/15, there were some statistically significant differences between those deployed to the Iraq and/or Afghanistan theatres of operation and those not identified as having previously deployed there :

- **Rates of PTSD were higher in those who had previously deployed** to Iraq and/or Afghanistan than those not deployed there. For each separate deployment this represents an increase risk for PTSD of 170%(r) for Service personnel previously deployed to Iraq and 270% for Service personnel previously deployed to Afghanistan (Figure 12).

- **Rates of Adjustment disorder were higher in those who had previously deployed** to Afghanistan than those not deployed there. This represents an increase risk for Adjustment disorder of 20% for Service personnel previously deployed to Afghanistan compared to those not previously deployed (Figure 12).

- **Rates of Other Mental Disorders were significantly lower in those previously deployed** to Iraq and Afghanistan than those not previously deployed there (Figure 12).

Figure 12 : UK Armed Forces personnel seen at the MOD's DCMH's, for Iraq and/or Afghanistan by mental disorder, 2014/15, Rate Ratio, 95% Confidence Interval



Source: DS Database and DMICP

1. Deployment to the wider theatre of operation (see BQR)
2. Data for Afghanistan between 1 January 2003 and 14 October 2005 were not available for person level deployment (see BQR).

40. The rate ratio for Other Mental Disorders (0.5, 95% CI: 0.4-0.8), suggests that personnel with these conditions are less likely to deploy to Iraq and/or Afghanistan.

Results : Number of new episodes of care among UK Armed Forces personnel 2007/08-2014/15

Number of new episodes of care at MOD Specialist Services in 2007/08 - 2014/15

41. Personnel may have more than one episode of care in a year. To understand clinical activity and prevalence of mental health disorders assessed at MOD Specialist Mental Health Services, it is important to present the total number of new episodes of care. This is of particular use to MOD's policy areas and other internal users of this report.

Table 3 : UK Armed Forces new episodes of care at MOD Specialist Mental Health Services by Service provider, initial assessment, 2007/08-2014/15[1], numbers and percentage personnel at risk.

	2007/08	2008/09	2009/10[1]	2010/11	2011/12	2012/13[1]	2013/14	2014/15
Number of new episodes of care								
New episodes of care at MOD Mental Health Services[2]	**5,277**	**4,716**	**5,735**	**5,886**	**5,708**	**7,002**	**7,129**	**6,574**
At a DCMH	5,037	4,418	5,443	5,582	5,404	6,700	6,804	6,210
At a MOD in-patient provider	240	298	292	304	304	302	325	364
Episodes assessed with a mental disorder[3]	3,674	3,272	4,002	4,190	4,261	5,338	5,624	5,246
Episodes assessed without a mental disorder[3]	1,346	1,303	1,662	1,603	1,437	1,649	1,459	1,296
Missing mental disorder information[4]	257	141	71	93	10	15	46	32
Percentage of personnel at risk								
New episodes of care at MOD Mental Health Services[2]	*2.7*	*2.4*	*2.8*	*2.9*	*2.9*	*3.8*	*4.1*	*3.9*
At a DCMH	*2.5*	*2.2*	*2.7*	*2.8*	*2.8*	*3.6*	*3.9*	*3.7*
At a MOD in-patient provider	*0.1*	*0.2*	*0.1*	*0.2*	*0.2*	*0.2*	*0.2*	*0.2*
Episodes assessed with a mental disorder[3]	*1.8*	*1.7*	*2.0*	*2.1*	*2.2*	*2.9*	*3.2*	*3.1*
Episodes assessed without a mental disorder[3]	*0.7*	*0.7*	*0.8*	*0.8*	*0.7*	*0.9*	*0.8*	*0.8*
Missing mental disorder information[4]	*0.1*	*0.1*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*

Source : DS Database, DMICP, SSSFT, BFG

1. Dotted lines represent changes in methodology. April 2007- Jun 2009 new attendances, July 2009 to date new episodes of care and 2012/13 revised methodology to include electronic patient record data source (paragraphs 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74)
3. Clinician's initial assessment based on presenting symptoms (paragraphs 69 and 70)
4. Excludes personnel where Initial diagnosis was not supplied (See BQR)

42. As seen in the rate of personnel presenting for assessment at MOD Specialist Mental Health Services (Table 1), there was a significant 8% rise in the rate of new episodes of care between 2012/13 and 2013/14. The rate then fell by 3% in 2014/15 to 39.4 per 1,000 personnel at risk. Possible explanations for changes over time are the same as described in the first section of this report.

Number of UK Armed Forces personnel assessed at MOD Specialist Services in 2014/15

43. Table 1 and Table 5 show, in 2014/15, **6,059** UK Armed Forces personnel had **6,574** new episodes of care for a mental disorder at MOD Specialist Mental Health Services. There were 6,210 new episodes at MOD DCMH and 364 new episodes at a MOD In-patient providers

44. Breaking this information into initial assessments for mental health disorders at a MOD DCMH during 2014/15, there were :

- 3,067 personnel with 3,151 new episodes of care for Neurotic Disorders.
  - *Of which, 1,604 personnel with 1,633 new episodes of Adjustment Disorder.*

- *Of which, 274 personnel with 281 new episodes of PTSD.*

- 1,373 personnel with 1,402 new episodes of care of Mood Disorder.
  - *Of which, 1,109 personnel with 1,131 episodes of Depressive episodes.*

- 247 personnel with 252 new episodes of Psychoactive Substance Misuse..
  - *Of which, 241 personnel with 246 episodes of Psychoactive Substance Misuse due to alcohol.*

- 118 personnel with 121 new episodes of Other Mental Disorders.

45. More detailed tables presenting episodes of care data and rates per 1,000 personnel at risk and 95% Confidence Intervals are available in Excel tables at https://www.gov.uk/government/collections/defence-mental-health-statistics-index.

Annex A1 : Royal Navy personnel presenting at MOD Specialist Mental Health Services 2007/08-2014/15

46. The overall rate of mental disorders among Royal Navy personnel presenting at MOD Specialist Mental Health Services increased by 7% in 2014/15 (a rate of 25.2 per 1,000 Royal Navy personnel at risk). This is different to the 1% decrease seen in the rate among the UK Armed Forces as a whole.

47. There were statistically significant higher presentations in certain demographic groups in line with the findings for the UK Armed Forces as a whole :

- Females
- Other ranks
- Personnel aged 25-39 years

48. Previous deployment to Iraq or Afghanistan was not a predictor of mental disorders in the Royal Navy.

49. In line with the Armed Forces as a whole, Neurotic Disorders were the most prevalent condition among Royal Naval personnel assessed with a mental disorder.

50. Rates per 1,000 personnel at risk and 95% Confidence Intervals are available in Excel tables at https://www.gov.uk/government/collections/defence-mental-health-statistics-index.

Table A1.1 : Royal Navy personnel assessed at MOD Specialist Mental Health Services, 2007/08 - 2014/15, numbers and percentage personnel at risk.

Royal Navy	Number of initial assessments	*Of which mental disorders*	
		n	%
2007/08	706	461	1.5
2008/09	651	434	1.4
2009/10	638	404	1.3
2010/11	659	394	1.3
2011/12	609	392	1.3
2012/13	836	586	2.1
2013/14	849	617	2.4
2014/15	819	649	2.5

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74).

Table A1.2 : Royal Navy personnel assessed at MOD Specialist Mental Health Services, by gender, 2007/08 - 2014/15, numbers and percentage personnel at risk.

Royal Navy	Male			Female		
	Number of initial assessments	*Of which mental disorders*		Number of initial assessments	*Of which mental disorders*	
		n	%		n	%
2007/08	526	331	1.2	180	130	3.6
2008/09	463	287	1.0	188	147	4.0
2009/10	476	290	1.1	162	114	3.1
2010/11	499	285	1.0	160	109	3.0
2011/12	465	301	1.2	144	91	2.7
2012/13	636	428	1.8	200	158	5.0
2013/14	682	498	2.1	167	119	4.0
2014/15	635	493	2.2	184	156	5.2

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74).

Table A1.3 : Royal Navy personnel assessed at MOD Specialist Mental Health Services, by rank 2007/08 - 2014/15, numbers and percentage personnel at risk.

	Officer			Other Rank		
	Number of initial	*Of which mental disorders*		Number of initial	*Of which mental disorders*	
Royal Navy	assessments	n	%	assessments	n	%
2007/08	66	55	0.8	640	406	1.6
2008/09	80	62	0.9	571	372	1.5
2009/10	71	52	0.8	567	352	1.4
2010/11	76	52	0.8	583	342	1.4
2011/12	77	56	0.8	532	336	1.5
2012/13	105	76	1.2	731	510	2.4
2013/14	109	77	1.2	740	540	2.7
2014/15	120	87	1.4	699	562	2.9

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74).
3. Numbers within rank groups may not sum the total as personnel who have more than one episode of care in a year and change rank group will be counted once in each sub-category.

Table A1.4 : Royal Navy personnel assessed at MOD Specialist Mental Health Services, by Age group, 2007/08 - 2014/15, numbers and percentage personnel at risk.

	2007/08		2008/09		2009/10		2010/11		2011/12		2012/13		2013/14		2014/15	
Royal Navy	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Under 20	40	2.1	27	1.4	26	1.5	20	1.4	8	1.0	8	1.7	~	0.6	8	1.2
20 - 24	127	1.9	126	2.0	109	1.7	103	1.6	81	1.4	139	2.7	106	2.2	105	2.3
25 - 29	99	1.7	87	1.4	97	1.5	92	1.4	108	1.7	150	2.4	172	2.8	193	3.2
30 - 34	59	1.3	65	1.6	53	1.3	53	1.2	63	1.4	108	2.3	138	2.9	127	2.7
35 - 39	82	1.4	78	1.4	58	1.1	67	1.3	63	1.4	76	2.0	91	2.7	91	2.8
40 - 44	36	1.0	32	0.8	41	1.1	41	1.1	45	1.2	73	2.0	63	1.9	74	2.5
45 - 49	~	0.8	~	0.8	15	0.6	16	0.7	21	0.9	25	1.1	38	1.7	42	1.9
50+	~	0.3	~	0.2	7	0.7	5	0.5	5	0.5	8	0.8	~	1.0	13	1.0

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74).
3. Numbers within age groups may not sum the total as personnel who have more than one episode of care in a year and change age group will be counted once in each sub-category.

Table A1.5 : Royal Navy personnel assessed at MOD Specialist Mental Health Services, by Deployment Status[1,2], 2007/08 - 2014/15, numbers and percentage personnel at risk.

	Iraq and/or Afghanistan[1,2]			Iraq			Afghanistan[2]			Neither Operation		
	Number of initial	*Of which mental disorders*		Number of initial	*Of which mental disorders*		Number of initial	*Of which mental disorders*		Number of initial	*Of which mental disorders*	
Royal Navy	**assessments**	**n**	**%**	**assessments**	**n**	**%**	**assessments**	**n**	**%**	**assessments**	**n**	**%**
2007/08	169	121	1.1	156	112	1.1	19	15	0.7	538	341	1.7
2008/09	214	157	1.3	194	140	1.3	49	37	1.3	437	277	1.4
2009/10	211	152	1.3	174	123	1.2	68	52	1.5	427	252	1.3
2010/11	213	137	1.1	178	112	1.1	64	42	1.1	446	257	1.4
2011/12	214	148	1.2	168	117	1.2	83	60	1.3	395	244	1.4
2012/13	259	196	1.7	199	157	1.7	111	85	1.8	579	391	2.4
2013/14	291	225	2.1	221	171	2.1	128	99	2.1	558	392	2.5
2014/15	268	224	2.3	184	151	2.1	145	126	2.7	552	426	2.7

Source : DS Database, DMICP, SSSFT and BFG

1. Deployment to the wider theatre of operation (see BQR)
2. Data for Afghanistan between 1 January 2003 and 14 October 2005 were not available for person level deployment (see BQR).
3. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74)
4. Excludes personnel where Initial diagnosis was not supplied (See BQR)
5. Numbers within deployment groups may not sum the total as personnel who have more than one episode of care in a year and change deployment status will be counted once in each sub-category.

Table A1.6 : Royal Navy personnel seen at the MOD's DCMH by mental disorder, 2007/08 - 2014/15, numbers and percentage personnel at risk.

Royal Navy	**2007/08**		**2008/09**		**2009/101**		**2010/11**		**2011/12**		**2012/132**		**2013/14**		**2014/15**	
ICD-10 description	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
All cases seen by DCMH	**691**	**2.2**	**633**	**2.0**	**627**	**2.0**	**645**	**2.1**	**598**	**2.1**	**829**	**3.0**	**840**	**3.2**	**805**	**3.1**
Cases of Mental Health disorder	**445**	**1.4**	**415**	**1.3**	**394**	**1.3**	**386**	**1.3**	**381**	**1.3**	**577**	**2.1**	**609**	**2.3**	**635**	**2.5**
Psychoactive substance use	85	0.3	73	0.2	47	0.2	47	0.3	32	0.1	36	0.1	43	0.2	49	0.2
of which disorders due to alcohol	*81*	*0.3*	*73*	*0.2*	*44*	*0.1*	*81*	*0.3*	*29*	*0.1*	*35*	*0.1*	*43*	*0.2*	*48*	*0.2*
Mood disorders	123	0.4	115	0.4	131	0.4	123	0.4	121	0.4	207	0.8	211	0.8	218	0.9
of which depressive episode	*116*	*0.4*	*106*	*0.3*	*125*	*0.4*	*116*	*0.4*	*114*	*0.4*	*188*	*0.7*	*197*	*0.8*	*205*	*0.8*
Neurotic disorders	207	0.7	194	0.6	194	0.6	207	0.7	212	0.7	321	1.2	337	1.3	366	1.4
of which PTSD	*13*	*0.0*	*13*	*0.0*	*19*	*0.1*	*13*	*0.0*	*21*	*0.1*	*38*	*0.1*	*28*	*0.1*	*32*	*0.1*
of which adjustment disorders	*133*	*0.4*	*103*	*0.3*	*117*	*0.4*	*133*	*0.4*	*136*	*0.5*	*168*	*0.6*	*186*	*0.7*	*205*	*0.8*
Other mental and behavioural disorders	30	0.1	33	0.1	26	0.1	30	0.1	23	0.1	17	0.1	20	0.1	9	0.0
No mental disorder	**216**	**0.7**	**218**	**0.7**	**239**	**0.8**	**266**	**0.9**	**221**	**0.8**	**256**	**0.9**	**239**	**0.9**	**175**	**0.7**
No Initial assessment provided	30															

Source : DS Database and DMICP

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Please note, an individual may have had contact at both DCMH and In-patient provider.
3. Clinician's initial assessment based on presenting symptoms (paragraphs 69 and 70)
4. Initial diagnosis not available (See BQR)
5. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74)

Annex A2 : Royal Marine personnel presenting at MOD Specialist Mental Health Services 2007/08-2014/15

51. The overall rate of mental disorders among Royal Marine personnel presenting to MOD Specialist Mental Health Services increased by 28% in 2014/15 (a rate of 18.1 per 1,000 Royal Marine personnel at risk). This is different to the 1% decrease seen in the rate among the UK Armed Forces as a whole.

52. The small numbers in each demographic group result in wide confidence intervals around rates of mental disorders among Royal Marines and therefore, interpretation of statistically significant differences must be treated with caution.

53. Previous deployment to Iraq or Afghanistan was a predictor of mental disorders in the Royal Marines in two of the last eight years (2009/10 and 2014/15)

54. Unlike for the overall UK Armed Forces, there was no significant difference among Royal Marines year on year between males and females; rank or age group.

55. In line with the Armed Forces as a whole, Neurotic Disorders were the most prevalent condition among Royal Marines assessed with a mental disorder.

56. Rates per 1,000 personnel at risk and 95% Confidence Intervals are available in Excel tables at https://www.gov.uk/government/collections/defence-mental-health-statistics-index.

Table A2.1 : Royal Marine personnel assessed at MOD Specialist Mental Health Services, 2007/08 - 2013/14, numbers and percentage personnel at risk.

Royal Marines	Number of initial assessments	*Of which mental disorders*	
		n	%
2007/08	124	83	1.1
2008/09	85	65	0.8
2009/10	125	91	1.1
2010/11	100	63	0.8
2011/12	119	79	1.0
2012/13	152	120	1.5
2013/14	165	111	1.4
2014/15	174	142	1.8

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74).

Table A2.2 : Royal Marine personnel assessed at MOD Specialist Mental Health Services, by gender, 2007/08 - 2013/14, numbers and percentage personnel at risk.

	Male			Female		
	Number of initial	*of which mental disorders*		Number of initial	*of which mental disorders*	
Royal Marines	assessments	n	%	assessments	n	%
2007/08	118	~	1.0	6	~	3.3
2008/09	~	~	0.8	~	~	2.2
2009/10	~	~	1.1	~	~	1.1
2010/11	100	63	0.8	0	0	0.0
2011/12	~	~	1.0	~	~	1.0
2012/13	144	113	1.5	8	7	7.0
2013/14	159	~	1.4	6	~	3.8
2014/15	164	133	1.7	10	9	8.2

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74).

Table A2.3 : Royal Marine personnel assessed at MOD Specialist Mental Health Services, by rank, 2007/08 - 2013/14, numbers and percentage personnel at risk.

	Officer			Other Rank		
	Number of initial	*of which mental disorders*		Number of initial	*of which mental disorders*	
Royal Marines	assessments	n	%	assessments	n	%
2007/08	8	7	0.8	116	76	1.1
2008/09	6	6	0.7	79	59	0.8
2009/10	8	7	0.8	117	84	1.2
2010/11	7	~	0.3	93	~	0.8
2011/12	9	~	0.5	110	~	1.0
2012/13	10	10	1.2	142	110	1.6
2013/14	8	5	0.6	157	106	1.5
2014/15	6	6	0.7	168	136	1.9

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74).
3. Numbers within rank groups may not sum the total as personnel who have more than one episode of care in a year and change rank status will be counted once in each sub-category.

Table A2.4 : Royal Marine personnel assessed at MOD mental health Services, by age group, 2007/08 - 2013/14, numbers and percentage personnel at risk.

	2007/08		2008/09		2009/10		2010/11		2011/12		2012/13		2013/14		2014/15	
Royal Marines	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Under 20	~	0.5	~	0.3	26	4.3	~	0.4	0	-	~	1.1	5	1.5[r]	~	0.7[r]
20 - 24	29	1.3	23	1.0	109	4.7	20	0.8	29	1.2	31	1.3	27	1.2	33	1.5
25 - 29	20	1.1	20	1.0	97	4.8	13	0.6	16	0.7	31	1.5	25	1.1	39	1.7
30 - 34	16	1.6	11	1.1	53	5.2	13	1.2	14	1.2	30	2.5	21	1.7	35	2.7
35 - 39	9	0.9	6	0.6	58	6.4	8	0.9	13	1.6	12	1.6	16	2.3	16	2.3
40 - 44	~	0.6	~	0.3	41	6.1	~	0.4	~	1.0	~	1.0	13	2.2	9	1.5
45 - 49	~	0.7	~	0.3	15	4.4	~	1.2	~	0.3	7	2.0	~	1.7	7	1.9
50+	0	-	0	-	7	4.8[r]	0	-	0	-	0	-	~	0.7[r]	~	0.6[r]

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph74).
3. Numbers within age groups may not sum the total as personnel who have more than one episode of care in a year and change age group will be counted once in each sub-category.
4. Table revised and republished due to errors with numbers presented. These numbers can be identified with revision markers ('r').

Table A2.5 : Royal Marine personnel assessed at MOD Specialist Mental Health Services, by Deployment Status[1,2], 2007/08 - 2013/14, numbers and percentage personnel at risk.

	Iraq and/or Afghanistan[1,2]			Iraq			Afghanistan[2]			Neither Operation		
	Number of initial	*of which mental disorders*		Number of initial	*of which mental disorders*		Number of initial	*of which mental disorders*		Number of initial	*of which mental disorders*	
Royal Marines	**assessments**	**n**	**%**	**assessments**	**n**	**%**	**assessments**	**n**	**%**	**assessments**	**n**	**%**
2007/08	79	60	1.3	44	31	1.0	58	44	1.4	45	23	0.8
2008/09	55	44	0.9	29	23	0.8	44	35	0.9	30	21	0.7
2009/10	100	75	1.4	41	32	1.2	91	69	1.6	25	16	0.6
2010/11	73	47	0.9	34	21	0.8	65	43	1.0	27	16	0.5
2011/12	91	65	1.1	32	24	0.9	87	62	1.2	28	14	0.6
2012/13	106	87	1.7	52	42	1.9	95	77	1.7	47	33	1.2
2013/14	113	74	1.5	53	32	1.6	101	68	1.6	52	37	1.2
2014/15	129	104	2.3	43	32	1.8	122	98	2.4	45	38	1.1

Source : DS Database, DMICP, SSSFT and BFG

1. Deployment to the wider theatre of operation (see BQR)
2. Data for Afghanistan between 1 January 2003 and 14 October 2005 were not available for person level deployment (see BQR).
3. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74)
4. Excludes personnel where Initial diagnosis was not supplied (See BQR)
5. Numbers within deployment groups may not sum the total as personnel who have more than one episode of care in a year and change deployment status will be counted once in each sub-category.

Table A2.6 : Royal Marine personnel seen at the MOD's DCMH, by mental disorder, 2008/09 - 2013/14, numbers and percentage personnel at risk.

Royal Marines	2007/08		2008/09		2009/101		2010/11		2011/12		2012/132		2013/14		2014/15	
ICD-10 description	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
All cases seen by DCMH	**124**	**1.6**	**85**	**1.1**	**122**	**1.5**	**98**	**1.2**	**117**	**1.4**	**150**	**1.9**	**161**	**2.1**	**169**	**2.2**
Cases of Mental Health disorder	**83**	**1.1**	**65**	**0.8**	**88**	**1.1**	**62**	**0.7**	**77**	**0.9**	**118**	**1.5**	**108**	**1.4**	**136**	**1.7**
Psychoactive substance use	17	0.2	10	0.1	~	0.1	~	0.0	~	0.1	~	0.2	16	0.2	~	0.2
of which disorders due to alcohol	*16*	*0.2*	*10*	*0.1*	~	*0.1*	~	*0.0*	~	*0.1*	~	*0.2*	*16*	*0.2*	~	*0.2*
Mood disorders	14	0.2	~	0.1	14	0.2	8	0.1	~	0.1	28	0.4	24	0.3	28	0.4
of which depressive episode	*11*	*0.1*	~	*0.1*	*12*	*0.1*	*8*	*0.1*	~	*0.1*	*24*	*0.3*	*20*	*0.3*	*22*	*0.3*
Neurotic disorders	47	0.6	43	0.5	64	0.8	50	0.6	58	0.7	70	0.9	64	0.8	88	1.1
of which PTSD	*22*	*0.3*	*17*	*0.2*	*16*	*0.2*	*9*	*0.1*	*9*	*0.1*	*17*	*0.2*	*16*	*0.2*	*18*	*0.2*
of which adjustment disorders	*18*	*0.2*	*19*	*0.2*	*42*	*0.5*	*38*	*0.5*	*42*	*0.5*	*32*	*0.4*	*36*	*0.5*	*46*	*0.6*
Other mental and behavioural disorders	5	0.1	~	0.0	~	0.0	~	0.0	~	0.0	~	0.1	6	0.1	~	0.0
No mental disorder	**~**	**0.5**	**20**	**0.3**	**34**	**0.4**	**36**	**0.4**	**40**	**0.5**	**34**	**0.4**	**56**	**0.7**	**34**	**0.4**
No Initial assessment provided	~															

Source : DS Database and DMICP

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Please note, an individual may have had contact at both DCMH and In-patient provider.
3. Clinician's initial assessment based on presenting symptoms (paragraphs 69 and 70)
4. Initial diagnosis not available (See BQR)
5. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74)

Annex A3 : Army personnel presenting at MOD Specialist Mental Health Services 2007/08-2014/15

57. The overall rate of mental disorders among Army personnel presenting to MOD Specialist Mental Health Services, fell by 2% in 2014/15 (a rate of 31.3 per 1,000 Army personnel at risk). This is in line with the 1% decrease seen in the rate among the UK Armed Forces as a whole.

58. There were statistically significant higher presentations in certain demographic groups in line with the findings for the UK Armed Forces as a whole :

- Females
- Other ranks
- Those aged between under 20 and 44 years of age
- Previous deployment to Iraq or Afghanistan was a predictor of mental disorders four of the last eight years (2010/11; 2011/12; 2013/14 and 2014/15)

59. In line with the Armed Forces as a whole, Neurotic Disorders were the most prevalent condition among Army personnel assessed with a mental disorder.

60. Rates of initial assessments for PTSD among Army personnel fell by 28% in 2014/15. The reasons for this are unclear, however the drawdown from operations in Afghanistan and a potential diagnostic labelling issue among clinician's (see paragraph 32) may have contributed to this fall.

61. Rates per 1,000 personnel at risk and 95% Confidence Intervals are available in Excel tables at https://www.gov.uk/government/collections/defence-mental-health-statistics-index.

Table A3.1 : Army personnel assessed at MOD Specialist Mental Health Services, 2007/08 - 2014/15, numbers and percentage personnel at risk.

Army	Number of initial assessments	*of which mental disorders* n	%
2007/08	2,987	2,135	1.9
2008/09	2,883	1,998	1.7
2009/10	3,287	2,381	2.0
2010/11	3,422	2,538	2.2
2011/12	3,352	2,556	2.2
2012/13	4,092	3,150	2.8
2013/14	4,146	3,377	3.2
2014/15	3,855	3,057	3.1

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74).

Table A3.2 : Army personnel assessed at MOD Specialist Mental Health Services by gender, 2007/08 - 2014/15, numbers and percentage personnel at risk.

	Male			Female		
	Number of initial	*of which mental disorders*		Number of initial	*of which mental disorders*	
Army	assessments	n	%	assessments	n	%
2007/08	2,601	1,842	1.7	386	293	3.4
2008/09	2,481	1,702	1.6	402	296	3.5
2009/10	2,828	2,016	1.8	459	365	4.1
2010/11	2,986	2,191	2.0	436	347	3.9
2011/12	2,884	2,171	2.0	468	385	4.3
2012/13	3,490	2,643	2.6	602	507	5.7
2013/14	3,538	2,859	3.0	608	518	6.1
2014/15	3,269	2,567	2.9	586	490	6.0

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74).

Table A3.3 : Army personnel assessed at MOD Specialist Mental Health Services by rank, 2007/08 - 2014/15, numbers and percentage personnel at risk.

	Officer			Other Rank		
	Number of initial	*Of which mental disorders*		Number of initial	*Of which mental disorders*	
Army	assessments	n	%	assessments	n	%
2007/08	119	98	0.6	2,868	2,037	2.1
2008/09	145	116	0.7	2,738	1,882	1.9
2009/10	189	156	1.0	3,098	2,225	2.2
2010/11	181	147	0.9	3,241	2,391	2.4
2011/12	208	178	1.1	3,144	2,378	2.4
2012/13	261	221	1.4	3,831	2,929	3.0
2013/14	276	233	1.6	3,870	3,144	3.5
2014/15	249	198	1.4	3,606	2,859	3.4

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74).
3. Numbers within rank groups may not sum the total as personnel who have more than one episode of care in a year and change rank status will be counted once in each sub-category.

Table A3.4 : Army personnel assessed at MOD Specialist Mental Health Services, by age group, 2008/09 - 2014/15, numbers and percentage personnel at risk.

	2007/08		2008/09		2009/10		2010/11		2011/12		2012/13		2013/14		2014/15	
Army	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Under 20	233	1.9	229	1.9	229	1.9	194	2.0	120	1.4	128	1.6	138	1.9	164	2.6
20 - 24	696	2.5	629	2.2	731	2.5	802	2.7	780	2.8	885	3.3	857	3.5	731	3.3
25 - 29	479	1.9	461	1.8	524	2.1	579	2.3	599	2.3	763	3.0	788	3.2	778	3.4
30 - 34	274	1.6	270	1.6	344	1.9	411	2.2	434	2.2	607	3.1	689	3.7	595	3.4
35 - 39	292	1.6	247	1.4	316	1.8	325	2.0	309	2.0	442	3.1	493	3.7	439	3.4
40 - 44	109	1.4	109	1.3	160	1.7	159	1.6	211	2.0	229	2.3	278	3.1	240	3.0
45 - 49	32	0.9	36	0.9	51	1.2	50	1.1	69	1.5	83	1.8	87	1.9	74	1.6
50+	20	0.8	19	0.7	34	1.1	31	1.0	46	1.4	38	1.2	70	2.1	50	1.5

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74).
3. Numbers within age groups may not sum the total as personnel who have more than one episode of care in a year and change age group will be counted once in each sub-category.

Table A3.5 : Army personnel assessed at MOD Specialist Mental Health Services, by Deployment Status[1,2], 2007/08 - 2014/15, numbers and percentage personnel at risk.

	Iraq and/or Afghanistan[1,2]			Iraq			Afghanistan[2]			Neither Operation		
	Number of initial	*Of which mental disorders*		Number of initial	*Of which mental disorders*		Number of initial	*Of which mental disorders*		Number of initial	*Of which mental disorders*	
Army	assessments	n	%	assessments	n	%	assessments	n	%	assessments	n	%
2007/08	1,724	1,301	1.9	1,520	1,156	2.0	399	300	1.5	1,264	835	1.8
2008/09	1,729	1,238	1.7	1,408	994	1.7	664	506	1.7	1,154	760	1.8
2009/10	2,064	1,554	2.0	1,495	1,107	2.0	1,085	851	2.1	1,224	827	2.0
2010/11	2,278	1,777	2.3	1,402	1,104	2.1	1,586	1,241	2.4	1,144	761	2.0
2011/12	2,261	1,798	2.3	1,308	1,061	2.2	1,693	1,341	2.3	1,091	758	2.0
2012/13	2,741	2,192	2.9	1,427	1,159	2.7	2,270	1,814	2.9	1,378	970	2.7
2013/14	2,871	2,428	3.4	1,397	1,204	3.2	2,489	2,088	3.4	1,281	954	2.8
2014/15	2,537	2,133	3.3	1,174	1,017	3.2	2,252	1,887	3.3	1,318	924	2.8

Source : DS Database, DMICP, SSSFT and BFG

1. Deployment to the wider theatre of operation (see BQR)
2. Data for Afghanistan between 1 January 2003 and 14 October 2005 were not available for person level deployment (see BQR).
3. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74)
4. Excludes personnel where Initial diagnosis was not supplied (See BQR)
5. Numbers within deployment groups may not sum the total as personnel who have more than one episode of care in a year and change deployment status will be counted once in each sub-category.

Table A3.6 : Army personnel seen at the MOD's DCMH, by mental disorder, 2007/08 - 2014/15, numbers and percentage personnel at risk.

Army	2007/08		2008/09		2009/101		2010/11		2011/12		2012/132		2013/14		2014/15	
ICD-10 description	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
All cases seen by DCMH	**2,932**	**2.6**	**2,783**	**2.4**	**3,230**	**2.7**	**3,354**	**2.9**	**3,276**	**2.8**	**4,036**	**3.6**	**4,078**	**3.9**	**3,773**	**3.9**
Cases of Mental Health disorder	**2,084**	**1.8**	**1,951**	**1.7**	**2,341**	**2.0**	**2,472**	**2.1**	**2,480**	**2.1**	**3,093**	**2.8**	**3,310**	**3.1**	**2,975**	**3.0**
Psychoactive substance use	236	0.2	228	0.2	220	0.2	231	0.2	209	0.2	225	0.2	170	0.2	153	0.2
of which disorders due to alcohol	*212*	*0.2*	*214*	*0.2*	*206*	*0.2*	*222*	*0.2*	*206*	*0.2*	*213*	*0.2*	*164*	*0.2*	*148*	*0.2*
Mood disorders	477	0.4	408	0.4	518	0.4	549	0.5	561	0.5	828	0.8	948	0.9	824	0.9
of which depressive episode	*377*	*0.3*	*342*	*0.3*	*462*	*0.4*	*508*	*0.4*	*493*	*0.4*	*666*	*0.6*	*768*	*0.7*	*643*	*0.7*
Neurotic disorders	1,224	1.1	1,160	1.0	1,430	1.2	1,537	1.3	1,552	1.3	1,970	1.8	2,140	2.0	1,946	2.0
of which PTSD	*117*	*0.1*	*81*	*0.1*	*126*	*0.1*	*191*	*0.2*	*220*	*0.2*	*254*	*0.2*	*306*	*0.3*	*204*	*0.2*
of which adjustment disorders	*768*	*0.7*	*697*	*0.6*	*895*	*0.8*	*986*	*0.8*	*979*	*0.8*	*1,100*	*1.0*	*1,226*	*1.2*	*1,046*	*1.1*
Other mental and behavioural disorders	147	0.1	155	0.1	198	0.2	199	0.2	180	0.2	117	0.1	116	0.1	90	0.1
No mental disorder	**725**	**0.6**	**832**	**0.7**	**928**	**0.8**	**915**	**0.8**	**831**	**0.7**	**981**	**0.9**	**813**	**0.8**	**848**	**0.9**
No Initial assessment provided	123															

Source : DS Database and DMICP

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Please note, an individual may have had contact at both DCMH and In-patient provider.
3. Clinician's initial assessment based on presenting symptoms (paragraphs 69 and 70)
4. Initial diagnosis not available (See BQR)
5. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74)

Annex A4 RAF personnel presenting at MOD Specialist Mental Health Services 2007/08-2014/15

62. The overall rate of mental disorders among RAF personnel presenting to MOD Specialist Mental Health Services, fell by 1% in 2014/15 (a rate of 28.4 per 1,000 RAF personnel at risk). This is in line with the 1% decrease seen in the rate among the UK Armed Forces as a whole.

63. There were statistically significant higher presentations in certain demographic groups in line with the findings for the UK Armed Forces as a whole :

- Females
- Other ranks

64. Previous deployment to Iraq or Afghanistan was not a predictor of mental disorders among RAF personnel. There were also no specific age groups at risk of mental disorder among the RAF.

65. In line with the Armed Forces as a whole, Neurotic Disorders were the most prevalent condition among RAF personnel assessed with a mental disorder.

66. Rates per 1,000 personnel at risk and 95% Confidence Intervals are available in Excel tables at https://www.gov.uk/government/collections/defence-mental-health-statistics-index.

Table A4.1 : RAF personnel assessed at MOD Specialist Mental Health Services, 2007/08-2014/15, numbers and percentage personnel at risk.

RAF	Number of initial assessments	*of which mental disorders*	
		n	%
2007/08	1,136	775	1.7
2008/09	879	664	1.5
2009/10	1,258	870	2.0
2010/11	1,259	907	2.1
2011/12	1,222	917	2.2
2012/13	1,427	1,096	2.8
2013/14	1,362	1,060	2.9
2014/15	1,211	1,010	2.8

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74).

Table A4.2 : RAF personnel assessed at MOD Specialist Mental Health Services, by gender, 2007/08 - 2013/14, numbers and percentage personnel at risk.

	Male			Female		
	Number of initial	*of which mental disorders*		Number of initial	*of which mental disorders*	
RAF	assessments	n	%	assessments	n	%
2007/08	812	552	1.4	324	223	3.8
2008/09	621	456	1.2	258	208	3.6
2009/10	858	585	1.5	400	285	4.7
2010/11	870	618	1.6	389	289	4.8
2011/12	860	621	1.7	362	296	5.1
2012/13	982	748	2.2	445	348	6.4
2013/14	939	706	2.2	423	354	7.0
2014/15	857	703	2.3	354	307	6.3

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74).

Table A4.3 : RAF personnel assessed at MOD Specialist Mental Health Services, by rank, 2007/08 - 2014/15, numbers and percentage personnel at risk.

	Officer			Other Rank		
	Number of initial	*of which mental disorders*		Number of initial	*of which mental disorders*	
RAF	assessments	n	%	assessments	n	%
2007/08	115	77	0.8	1,021	698	2.0
2008/09	96	77	0.8	783	587	1.7
2009/10	170	138	1.4	1,088	732	2.1
2010/11	178	138	1.4	1,081	769	2.3
2011/12	187	157	1.6	1,035	760	2.3
2012/13	202	157	1.8	1,225	939	3.1
2013/14	205	172	2.1	1,157	888	3.1
2014/15	196	162	2.0	1,015	848	3.1

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74).
3. Numbers within rank groups may not sum the total as personnel who have more than one episode of care in a year and change rank status will be counted once in each sub-category.

Table A4.4 : RAF personnel assessed at MOD Specialist Mental Health Services, by age group, 2007/08 - 2014/15, numbers and percentage personnel at risk.

	2007/08		2008/09		2009/10		2010/11		2011/12		2012/13		2013/14		2014/15	
RAF	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Under 20	42	4.2	23	1.5	32	1.5	32	2.0	29	3.1	8	1.4	8	1.6	17	2.8
20 - 24	169	2.2	118	1.6	151	2.0	143	1.9	148	2.1	162	2.6	182	3.2	128	2.5
25 - 29	150	1.6	159	1.7	184	2.0	194	2.1	195	2.2	264	3.1	223	2.8	241	3.1
30 - 34	117	1.8	102	1.7	150	2.3	158	2.2	175	2.4	228	3.1	235	3.2	230	3.3
35 - 39	163	1.8	148	1.8	167	2.2	180	2.7	138	2.3	158	3.0	175	3.6	175	3.4
40 - 44	70	1.2	62	1.1	103	1.8	126	2.1	126	2.2	166	3.1	143	3.0	124	2.9
45 - 49	40	1.2	42	1.2	58	1.6	58	1.6	77	2.2	73	2.1	64	1.9	64	1.9
50+	24	1.2	11	0.6	27	1.3	25	1.1	33	1.4	44	1.9	39	1.7	32	1.4

Source : DS Database, DMICP, SSSFT and BFG

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See paragraph 74).
3. Numbers within age groups may not sum the total as personnel who have more than one episode of care in a year and change age group will be counted once in each sub-category.

Table A4.5 : RAF personnel assessed at MOD Specialist Mental Health Services, by Deployment Status, 2007/08 - 2014/15, numbers and percentage personnel at risk.

	Iraq and/or Afghanistan[1,2]			Iraq			Afghanistan[2]			Neither Operation		
	Number of initial	*of which mental disorders*		Number of initial	*of which mental disorders*		Number of initial	*of which mental disorders*		Number of initial	*of which mental disorders*	
RAF	**assessments**	**n**	**%**	**assessments**	**n**	**%**	**assessments**	**n**	**%**	**assessments**	**n**	**%**
2007/08	496	352	1.5	451	322	1.5	116	82	1.0	640	423	2.0
2008/09	467	365	1.5	403	317	1.5	185	146	1.4	412	299	1.6
2009/10	632	486	1.9	529	412	1.9	300	226	1.8	626	384	2.1
2010/11	686	536	2.0	528	418	2.0	370	286	1.8	573	371	2.2
2011/12	702	530	1.9	517	388	1.9	469	361	1.9	520	387	2.6
2012/13	892	707	2.7	591	477	2.7	661	526	2.6	542	394	3.1
2013/14	906	700	2.7	558	437	2.7	722	550	2.6	456	360	3.3
2014/15	844	718	2.9	464	403	2.8	735	621	2.9	368	293	2.8

Source : DS Database, DMICP, SSSFT and BFG

1. Deployment to the wider theatre of operation (see BQR)
2. Data for Afghanistan between 1 January 2003 and 14 October 2005 were not available for person level deployment (see BQR).
3. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74)
4. Excludes personnel where Initial diagnosis was not supplied (See BQR)
5. Numbers within deployment groups may not sum the total as personnel who have more than one episode of care in a year and change deployment status will be counted once in each sub-category.

Table A4.6 : RAF personnel seen at the MOD's DCMH, by mental disorder, 2007/08 - 2014/15, numbers and percentage personnel at risk.

RAF	2007/08		2008/09		2009/101		2010/11		2011/12		2012/132		2013/14		2014/15	
ICD-10 description	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
All cases seen by DCMH	**1,121**	**2.5**	**859**	**2.0**	**859**	**1.9**	**1,242**	**2.8**	**1,252**	**3.0**	**1,214**	**3.1**	**1,419**	**3.9**	**1,351**	**3.8**
Cases of Mental Health disorder	**760**	**1.7**	**649**	**1.5**	**853**	**1.9**	**902**	**2.1**	**910**	**2.2**	**1,088**	**2.8**	**1,050**	**2.9**	**995**	**2.8**
Psychoactive substance use	38	0.1	21	0.0	28	0.1	36	0.1	31	0.1	22	0.1	31	0.1	27	0.1
of which disorders due to alcohol	*37*	*0.1*	*20*	*0.0*	*28*	*0.1*	*36*	*0.1*	*29*	*0.1*	*22*	*0.1*	*31*	*0.1*	*27*	*0.1*
Mood disorders	181	0.4	158	0.4	230	0.5	202	0.5	256	0.6	339	0.9	328	0.9	303	0.9
of which depressive episode	*160*	*0.4*	*142*	*0.3*	*216*	*0.5*	*191*	*0.4*	*243*	*0.6*	*230*	*0.6*	*262*	*0.7*	*239*	*0.7*
Neurotic disorders	507	1.1	426	1.0	547	1.2	599	1.4	562	1.3	704	1.8	681	1.9	667	1.9
of which PTSD	*16*	*0.0*	*26*	*0.1*	*26*	*0.1*	*24*	*0.1*	*19*	*0.0*	*21*	*0.1*	*25*	*0.1*	*20*	*0.1*
of which adjustment disorders	*276*	*0.6*	*259*	*0.6*	*352*	*0.8*	*411*	*0.9*	*379*	*0.9*	*442*	*1.1*	*379*	*1.0*	*307*	*0.9*
Other mental and behavioural disorders	34	0.1	44	0.1	57	0.1	75	0.2	74	0.2	38	0.1	26	0.1	16	0.0
No mental disorder	**290**	**0.6**	**210**	**0.5**	**405**	**0.9**	**364**	**0.8**	**318**	**0.8**	**353**	**0.9**	**327**	**0.9**	**210**	**0.6**
No Initial assessment provided	290															

Source : DS Database and DMICP

1. Dotted lines represent 2012/13 revised methodology to include electronic patient record data source (paragraph 71).
2. Please note, an individual may have had contact at both DCMH and In-patient provider.
3. Clinician's initial assessment based on presenting symptoms (paragraphs 69 and 70)
4. Initial diagnosis not available (See BQR)
5. Percentages are based on the calculation of the absolute number and are presented to 1dp (paragraph 74)

Glossary

Admissions In-patient admissions to the MOD mental health in-patient care providers.

Army The British Army consists of the General Staff and the deployable Field Army and the Regional Forces that support them, as well as Joint elements that work with the Royal Navy and Royal Air Force. Its primary task is to help defend the interests of the UK.

Assessed without a mental disorder A number of patients present to DCMH with symptoms that require the treatment skills of DCMH staff, whilst not necessarily having a specific and identifiable mental disorder as defined under ICD-10.

Defence Medical Information Capability Programme (DMICP) is the MOD electronic primary health care patient record.

Department for Community Mental Health (DCMH) DCMH are specialised psychiatric services based on community mental health teams closely located with primary care service at sites in the UK and abroad.

FTRS (**Full-Time Reserve Service**) are personnel who fill Service posts for a set period on a full-time basis while being a member of one of the Reserve Services, either as an ex-regular or as a volunteer. An FTRS reservist on:
Full Commitment (FC) fulfils the same range of duties and deployment liability as a regular Service person;
Limited Commitment (LC) serves at one location but can be detached for up to 35 days a year;
Home Commitment (HC) is employed at one location and cannot be detached elsewhere.

Each Service uses FTRS personnel differently:

- The Naval Service predominantly uses FTRS to backfill gapped regular posts. However, they do have a small number of FTRS personnel that are not deployable for operations overseas. There is no distinction made in terms of fulfilling baseline liability posts between FTRS Full Commitment (FC), Limited Commitment (LC) and Home Commitment (HC).
- The Army employ FTRS(FC) and FTRS(LC) to fill Regular Army Liability (RAL) posts as a substitute for regular personnel for set periods of time. FTRS(HC) personnel cannot be deployed to operations and are not counted against RAL.
- The RAF consider that FTRS(FC) can fill Regular RAF Liability posts but have identified separate liabilities for FTRS(LC) and FTRS(HC).

Gurkhas are recruited and employed in the British and Indian Armies under the terms of the 1947 Tri-Partite Agreement (TPA) on a broadly comparable basis. They remain Nepalese citizens but in all other respects are full members of HM Forces. Since 2008, Gurkhas are entitled to join the UK Regular Forces after 5 years of service and apply for British citizenship.

Joint Personnel Administration (JPA) is the system used by the Armed Forces to deal with matters of pay, leave and other personnel administrative tasks. JPA replaced a number of single-Service IT systems and was implemented in April 2006 for RAF, November 2006 for Naval Service and April 2007 for Army.

International Statistical Classification of Diseases and Health-Related Disorders 10th edition (ICD-10) is the standard diagnostic tool for epidemiology, health management and clinical purposes. The following ICD 10 Chapters have been included in this report :

- **F10 - F19 Mental and behavioural disorders due to psychoactive substance misuse, including alcohol**. A wide variety of disorders that differ in severity (from uncomplicated intoxication and harmful use to obvious psychotic disorders and dementia), but that are all attributable to the use of one or more psychoactive substances (which may or may not have been medically prescribed).

- **F30 - F39 Mood affective disorders, including depressive episodes.** Disorders in which the fundamental disturbance is a change in affect or mood to depression (with or without associated anxiety) or to elation. The mood change is usually accompanied by a change in the overall level of activity; most of the other symptoms are either secondary to, or easily understood in the context of, the change in mood and activity. Most of these disorders tend to be recurrent and the onset of individual episodes can often be related to stressful events or situations.

- **F40 - F49 Neurotic Stress related and somatoform disorders, including PTSD and Adjustment disorders.** This includes mental disorders characterized by anxiety and avoidance behaviour, with symptoms distressing to the patient, intact reality testing, no violations of gross social norms, and no apparent organic aetiology.

- **F00 - F09**, **F20 - F29 and F50 - F99 are presented as 'Other mental health disorders'.** This includes, disorders grouped together on the basis of their having in common a demonstrable etiology in cerebral disease, brain injury, or other insult leading to cerebral dysfunction; schizophrenia and eating disorders.

In-patient services are provided through eight NHS trusts in the UK which are part of a consortium headed by the South Staffordshire and Shropshire NHS Foundation Trust (SSSFT) and at Gilhead IV Hospital, Bielefield, Germany under a contract with Guys and St Thomas Hospital in the UK up until April 2013 and from this date the Soldiers, Sailors, Airmen and Families Association (SSAFA) through the Limited Liability Partnership.

Mental disorder Patients assessed by clinicians at a MOD DCMH or in-patient provider with a mental and behavioural disorder categorised under Chapter V in ICD-10.

Military Provost Guard Service (MPGS) provides trained professional soldiers to meet defence armed security requirements in units of all three Services based in Great Britain. MPGS provide armed guard protection of units, responsible for control of entry, foot and mobile patrols and armed response to attacks on their unit.

Ministry of Defence The Ministry of Defence (MOD) is the United Kingdom government department responsible for the development and implementation of government defence policy and is the headquarters of the British Armed Forces. The principal objective of the MOD is to defend the United Kingdom and its interests. The MOD also manages day to day running of the armed forces, contingency planning and defence procurement.

Mobilised Reservists are Volunteer or Regular Reserves who have been called into permanent service with the Regular Forces on military operations under the powers outlined in the Reserve Forces Act 1996. Call-out orders will be for a specific amount of time and subject to limits (e.g. under a call-out for warlike operations (Section 54), call-out periods should not exceed 12 months, unless extended.)

MOD Specialist Mental Health Services encompass the delivery of care through MOD's DCMH for outpatient care, and all admissions to the MOD's in-patient care contractor. It does not cover mental health care for patients treated wholly in the primary care setting by GPs.

New episodes of care New patients; or patients who have been seen at a DCMH but were discharged from care and have been referred again. This represents the level of clinical activity/prevalence and does not represent the number of personnel assessed as an individual may have more than one episode of care.

Non Regular Permanent Staff (NRPS) are members of the Army Volunteer Reserve Force employed on a full time basis. The NRPS comprises Commissioned Officers, Warrant Officers, Non Commissioned Officers and soldiers posted to units to assist with the training, administrative and special duties within the Army Reserve. Typical jobs are Permanent Staff Administration Officer and Regimental Administration Officer. Since 2010, these contracts are being discontinued in favour of FTRS (Home Commitment) contracts. NRPS are not included in the Future Reserves 2020 Volunteer Reserve population as they have no liability for call out.

Number of Personnel represents the number of individuals with an initial assessment at MOD Specialist Services. An individual may have more than one episode of care but the individual will only be counted once in the number of personnel.

Officer An officer is a member of the Armed Forces holding the Queen's Commission to lead and command elements of the forces. Officers form the middle and senior management of the Armed Forces. This includes ranks from Sub-Lt/2nd Lt/Pilot Officer up to Admiral of the Fleet/Field Marshal/Marshal of the Royal Air Force, but excludes Non-Commissioned Officers.

Operation HERRICK is the name for UK operations in Afghanistan which started in April 2006. UK Forces are deployed to Afghanistan in support of the UN authorised, NATO led International Security Assistance Force (IASF) mission and as part of the US-led Operation Enduring Freedom (OEF).

Operation TELIC is the name for UK operations in Iraq which started in March 2003 and finished on 21 May 2011. UK Forces were deployed to support the Government's objective to remove the threat that Saddam Hussein posed to his neighbours and his people and, based on evidence available at the time, disarm him of his weapons of mass destruction. The Government also undertook to support the Iraqi people in their desire for peace, prosperity and freedom.

OPLOC was the single Service Operation Location Tracking system used to identify personnel deployed to Iraq and Afghanistan prior to April 2007.

Other Ranks Other ranks are members of the Royal Marines, Army and Royal Air Force who are not officers but Other Ranks include Non-Commissioned Officers.

Personnel at Risk is defined as the number of serving UK Armed Forces personnel eligible for mental healthcare. This includes regular UK Armed Forces personnel, Ghurkhas, Military Provost Guard Staff, mobilised reservists, Full Time Reserve Service personnel and Non-regular Permanent Staff.

Rate Ratio (RR) provides a comparison of cases seen between personnel identified as having deployed to a theatre and those who have not been identified as having deployed to either theatre.

Routine Referrals from a GP or Medical Officer (MO) are seen at a DCMH within 20 working days of referral.

Royal Air Force (RAF). The Royal Air Force (RAF) is the aerial defence force of the UK.

Royal Marines (RM) Royal Marines are sea-going soldiers who are part of the Naval Service. RM officer ranks were aligned with those of the Army on 1 July 1999.

Royal Navy (RN) The sea-going defence forces of the UK but excludes the Royal Marines and the Royal Fleet Auxiliary Service (RFA).

SSAFA is the Soldiers, Sailors, Airmen and Families Association providing in-patient care through the Limited Liability Partnership to personnel from British Forces Germany.

SSSFT is the South Staffordshire and Shropshire NHS Foundation Trust which heads up the consortium providing in-patient care through eight NHS trusts in the UK.

Strength is defined as the number of serving UK Armed Forces personnel.

UK Regulars are full time Service personnel, including Nursing Services, but excluding FTRS personnel, Gurkhas, Naval activated Reservists, mobilised Reservists, Military Provost Guarding Service (MPGS) and Non Regular Permanent Service (NRPS). Unless otherwise stated, includes trained and untrained personnel.

Urgent Referrals from a GP or Medical Officer (MO) are seen at a DCMH within one working day of referral.

Data, Definitions and Methods

Data Sources

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

DCMH

- Between 01 January 2007 and 30 June 2014, the report captures data 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 Bilefield have submitted relevant in patient records.

Data Coverage

68. The data in this report include regular UK Armed Forces personnel, Ghurkhas, Military Provost Guard Staff, mobilised reservists, Full Time Reserve Service personnel and Non-regular Permanent Staff as all of these individuals are eligible for assessment at a DCMH.

69. 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 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).

70. A number of patients present to DCMH with symptoms that require the treatment skills of DCMH staff, whilst not necessarily having a specific and identifiable mental disorder. In the Results section, these cases are referred to as "assessed without a mental disorder".

Methodology

71. Due to the methodology changes implemented in July 2009 and in July 2013, when looking at trends over time for new episodes of care across the series of published reports, it is advisable to note :

- Prior to 2009/10, only an individual's first attendance at a DCMH or an in-patient provider were included in the data submitted by DCMHs to Defence Statistics.
- Since 2009/10, the report captures all new episodes of care provided by DCMH to Defence Statistics in monthly returns.
- Since 2012/13, the report captures all new episodes of care recorded in the MOD patient electronic record in addition to monthly submissions provided by DCMH to Defence Statistics.

72. Changes made to the methodology in July 2009 and July 2013 can be read in more detail in the Background Quality Report (BQR) published at www.gov.uk/government/publications/mod-national-and-official-statistics-by-topic.

Rates

73. Rates enable comparisons between groups and over time, taking account of the number of personnel in a group (personnel at risk) at a particular point in time**. The number of events (ie. mental disorders) is then divided by the number of personnel at risk per annum and multiplied by 1,000 to calculate the rate per 1,000 personnel at risk.**

Percentage

74. Previous publications of this report have provided rates alongside numbers to provide context and comparison between groups. This information is still available in the Excel file accompanying the release of this report, however, due to user feedback, this publication now provides a focus on the percentage of the population at risk. This is calculated in the same way as the rate per 1,000 but multiplying by 100 instead of 1000, ie **The number of events (ie. mental disorders) is then divided by the number of personnel at risk per annum and multiplied by 100 to calculate the percentage of personnel affected.**

75. The information presented in this publication has been structured to release information into the public domain in a way that contributes to the MOD accountability to the British public but which doesn't risk breaching individual's rights to medical confidentiality. In line with Defence Statistics' rounding policy for health statistics (May 2009), and in keeping with the Office for National Statistics Guidelines, all numbers less than five have been suppressed and presented as '~' to prevent the inadvertent disclosure of individual identities. Where there is only one cell in a row or column that is less than five, the next smallest number (or numbers where there are tied values) has also been suppressed so that numbers cannot simply be derived from totals.

Strengths and weaknesses of the data presented in this report

76. A key strength of this report is the presentation of the number of Service personnel who have been seen for a new episode of care at a DCMH or in-patient facility, as reported by clinician's. The inclusion in this report of new episodes of care direct from the legal electronic patient record improves the robustness and integrity of the underlying data. As the data is held in a pseudo-anonymised format in the DMICP data warehouse, patient consent is not an issue. A further strength is the use of the pseudo-anonymised patient identifier to enable DS to validate data therefore improving accuracy and enabling linkage to deployment records to identify any effect of deployment on mental health in the Armed Forces. In addition, the tables in this report have been scrutinised to ensure individual identities have not been revealed inadvertently.

77. Users should be aware that this report does not include information on patients seen only by their GP or Medical Officer. Mental disorder types reported here are the clinician's initial assessment during a patient's first appointment at a DCMH, based on presenting complaints, therefore final diagnosis may differ as some patients do not show full range of symptoms, signs or clinical history during their first appointment. It should also be noted that the clinician's primary diagnosis is reported here, however patients can present with more than one disorder. Changes in methodology in 2009/10 and 2012/13 also make it difficult to compare new episodes of care data over time. A further weakness of data in this report is that with any new data collection system, there is a training burden; user inexperience with the new mental health templates in DMICP may have affected coverage and accuracy. In addition, DMICP is a live system and extracts for this report are taken six weeks after the end of the reporting period. Therefore any amendments to records or late data entries may be excluded from this report.

78. More detailed information on the data, definitions and methods used to create this report can be found in the Background Quality Report (BQR) published at www.gov.uk/government/publications/mod-national-and-official-statistics-by-topic.

References

a) http://www.mind.org.uk/mental_health_a-z/8105_mental_health_facts_and_statistics. [Accessed 03/10/2013]

b) Sundin J., Jones N., Greenberg N., Rona R., Hotopf M., Wessely S., and Fear N. (2010) Mental Health among commando, airborne and other UK Infantry personnel Occupational Medicine, 60, 552-559.

c) Singleton N, Lewis G (2003). Better or Worse: A longitudinal study of the mental health of adults living in private households in Great Britain, *Her Majesty's Stationery Office (HMSO): London*.

d) Meltzer H, Singleton N, Lee A et al (2002). The social and economic circumstances of adults with mental disorders, *Her Majesty's Stationery Office (HMSO): London*.

Further Information

Symbols

~ Numbers fewer than 5 have been suppressed in accordance with the Defence Statistics rounding policy (2008)

Revisions

There are no planned revisions of this bulletin. Amendments to figures for earlier reports may be identified during the quarterly and/or annual compilation of this bulletin. This will be addressed in one of two ways:

i. Where number of figures updated in a table is small, figures will be updated and those which have been revised will be identified with the symbol “r”. An explanation for the revision will be given in the footnotes to the table.

ii. Where the number of figures updated in a table is substantial, the revisions to the table, toghether with the reason for the revisions will be identified in the commentary at the beginning of the revelevant chapter / section, and in the commentary above the affected tables. Revisions will not be identified by the symbol “r” since where there are a large number of revisions in a table this could make them more difficult to read.

June 2017 revision

2014/15 and 2015/16 rate ratios of mental disorders for personnel previously deployed to Iraq

An error was identified in 2014/15 and 2015/16 published rate ratios of mental disorders for personnel deployed to Iraq compared to personnel who had not previously deployed to Iraq or Afghanistan.

Extent of Error

a. In 2014/15 the increased risk of UK Armed Forces personnel developing PTSD if previously deployed to Iraq was **170%** and not **40%** as originally published. (Quoted in paragraph 39 of ‘UK

Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/08 - 2014/15' and Table 12 in the supplementary People Excel files).

b. In 2015/16 the increased risk of UK Armed Forces personnel developing PTSD if previously deployed to Iraq was **230%** and not **80%** as originally quoted. (Quoted in paragraph 43 of 'UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/08 - 2015/16' and Table 12 in the supplementary People Excel files).

Impact

c. This revisions to the rate ratios for mental disorders does not change the overall finding that rates of PTSD were significantly higher in 2014/15 and 2015/16 among those previously deployed to Iraq compared to those not previously deployed to Iraq and/or Afghanistan. The impact is on the extent of this increased risk among a sub population of UK Armed Forces personnel which is of high interest.

Cause of error

d. The numbers of mental disorders among personnel previously deployed to Iraq presented in the published supplementary People Excel files were correct, however the problem occurred due to a processing error where the incorrect strength was used to calculate the rate ratios.

e. A review of quality procedures will now be carried out to mitigate risk of future errors.

2014/15 and 2015/16 Royal Marine Age Rates

a) The error affects information provided in the 2014/15 and 2015/16 bulletins in Table A2.4 and the equivalent table within the supplementary excel tables for 'People' published alongside the reports.

b) The 2009/10; 2013/14 and 2014/15 rates of mental disorder among Royal Marines aged over 50 years of age and to the 2013/14 and 2014/15 rates of mental disorder among Royal Marines aged under 20 years have been revised.

c) The revisions are minor and do not impact the significance findings of the report.

d) The errors occurred due to a processing error within the workings files in Microsoft excel where the incorrect strength was used to calculate the rates for these age groups.

Contact Us

Defence Statistics welcome feedback on our statistical products. If you have any comments or questions about this publication or about our statistics in general, you can contact us as follows:

Defence Statistics (Health) Telephone: 030 6798 4423
Email: **DefStrat-Stat-Health-Hd@mod.uk**

If you require information which is not available within this or other available publications, you may wish to submit a Request for Information under the Freedom of Information Act 2000 to the Ministry of Defence. For more information, see:
https://www.gov.uk/make-a-freedom-of-information-request/the-freedom-of-information-act

Other contact points within Defence Statistics are:

Defence Expenditure Analysis 030 6793 4531 *DefStrat-Econ-ESES-DEA-Hd@mod.uk*

Price Indices	030 6793 2100	*DefStrat-Econ-ESES-PI-Hd@mod.uk*
Naval Service Manpower	023 9254 7426	*DefStrat-Stat-Navy-Hd@mod.uk*
Army Manpower	01264 886175	*DefStrat-Stat-Army-Hd@mod.uk*
RAF Manpower	01494 496822	*DefStrat-Stat-Air-Hd@mod.uk*
Tri-Service Manpower	020 7807 8896	*DefStrat-Stat-Tri-Hd@mod.uk*
Civilian Manpower	020 7218 1359	*DefStrat-Stat-Civ-Hd@mod.uk*

Please note that these email addresses may change later in the year.

If you wish to correspond by mail, our postal address is:

Defence Statistics (Health)
Ministry of Defence, Abbey Wood (North)
#6028, Oak, 0, West
Bristol
BS34 8JH

For general MOD enquiries, please call: 020 7218 9000