



# Ministry of Defence

## Ad Hoc Statistical Bulletin

UK Armed Forces Mental Health Care delivered in the Primary Healthcare Setting 2013/14 – 2015/16  
AFCS awards for Service attributable Mental Health 6 April 2005 – 31 March 2017

Date 8 March 2018

### Overview

In January 2018, the House of Commons Defence Committee (HCDC) announced a new inquiry into Armed Forces and Veterans Mental Health

<https://www.parliament.uk/business/committees/committees-a-z/commons-select/defence-committee/inquiries/parliament-2017/inquiry8/>. This bulletin has been developed to enable the provision of data to the committee and to ensure the public has equal access to the information and supports the MOD's commitment to release information where possible.

This is the first-time information has been released relating to servicing UK Armed Forces personnel assessed with a mental disorder in primary health care (General Practitioner (GP) level) and veterans who have made a successful claim for compensation under the Armed Forces and Reserve Forces Compensation Scheme (AFCS) for Service-attributable mental disorders.

This ad hoc statistical bulletin provides the number of UK Armed Forces personnel who were assessed in primary health care for a mental disorder, looking to further understand how many of these were seen solely within primary health care and how many were referred to MOD Department of Community Mental Health (DCMH) or in-patient provider for specialist mental health treatment.

The bulletin also provides the number of UK Armed Forces veterans who have made a successful claim for compensation under the Armed Forces and Reserve Forces Compensation Scheme (AFCS) for Service-attributable mental disorders. Defence Statistics publish annual AFCS statistics including all successful claims for mental disorders since the start of the scheme. However, statistics on specific cohorts of claimants, including current veterans who have made a claim after leaving the Armed Forces (post-Service claim), are not routinely published.

### Key points

- The percentage of UK Armed Forces personnel assessed with a mental health disorder in primary health care has increased each year between 2013/14 and 2015/16, from **2.4%** in 2013/14 to **3.5%** in 2015/16. This is in line with the rise seen in UK Armed Forces personnel assessed with a mental disorder at MOD DCMH and the rise in mental health in the UK general population.
- In 2015/16, **8.4%** of personnel assessed with a mental health disorder in primary care were treated solely in primary health care with **91.6%** also being seen at a DCMH as well as in primary health care.
- Over the 12-year period 6 April 2005 to 31 March 2017, 3,201 separate mental health awards were made under the AFCS to a total of **3,134** UK Armed Forces personnel and veterans with a Service attributable mental health disorder. Of these:
  - 2,289 mental health awards were made to 2,227 personnel whilst still serving in the UK Armed Forces
  - 912 mental health awards were made to 907 veterans who made their claim after leaving the Armed Forces (post Service claim).

Issued by: Head of Defence Statistics Health | MoD | Abbey Wood | Oak 0 West | Bristol | BS34 8JH  
Telephone: 030679 84423 Email: - DefStrat-Stat-Health-PQ-FOI@mod.gov.uk

Press office: 020721 83253

Link to statistics: <https://www.gov.uk/government/publications/mod-national-and-official-statistics-by-topic/mod-national-and-official-statistics-by-topic>

## Results - UK Armed Forces personnel receiving mental health treatment in primary health care

Assessment and care-management within the UK 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) (equivalent to a NHS GP).
- 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).

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 UK Armed Forces Mental Health Official Statistic, which can be found at:

<https://www.gov.uk/government/collections/defence-mental-health-statistics-index>, presents information on those assessed in MOD Specialist Mental Health Services (DCMH and In-Patient Service Provider) only. This bulletin provides an estimate of the proportion of mental health care that is delivered in primary health care to better understand the totality of mental health in the UK Armed Forces.

**Figure 1** presents the number and percentage of UK Armed Forces personnel who were assessed with a mental health disorder in primary health care, by financial year. The percentage of UK Armed Forces personnel assessed with a mental health disorder in primary health care has increased each year between 2013/14 and 2015/16, from **2.4%** in 2013/14 to **3.5%** in 2015/16. A similar increase has been seen in the percentage of personnel having an initial assessment at MOD Specialist Mental Health Services<sup>a</sup>. It is believed the rise may be due to the successful effect of campaigns run by the MOD to reduce stigma resulting in an increase in mental health awareness among UK Armed Forces personnel, Commanding Officers and clinician's in the primary care setting leading to personnel being more comfortable to present with mental health issues. It is also in line with a rise in the UK general population<sup>b</sup>.

**Figure 2** presents the number and proportion of UK Armed Forces personnel in 2015/16 who were assessed with a mental health disorder in primary health care by where they received care (Primary care only or Primary care and at a DCMH or in-patient provider).

Of those UK Armed Forces personnel who were assessed with a mental health disorder in primary health care in 2015/16, **8.4%** were treated solely in primary health care with **91.6%** also being seen at a DCMH as well as in primary health care. Findings were similar across each year analysed.

The unique role of the Armed Forces, particularly with personnel deploying and having access to weapons, is likely to be a factor in primary health care clinicians referring personnel presenting with mental disorders for specialist mental health care at DCMH.

Please note, the numbers seen at a DCMH in **Figure 2** will differ from those published in the UK Armed Forces Mental Health Official Statistic<sup>a</sup> as this bulletin only includes those seen at a DCMH who were assessed with a mental health disorder in primary health care. Some patients who are referred to a DCMH may only be assessed in primary health care with signs or

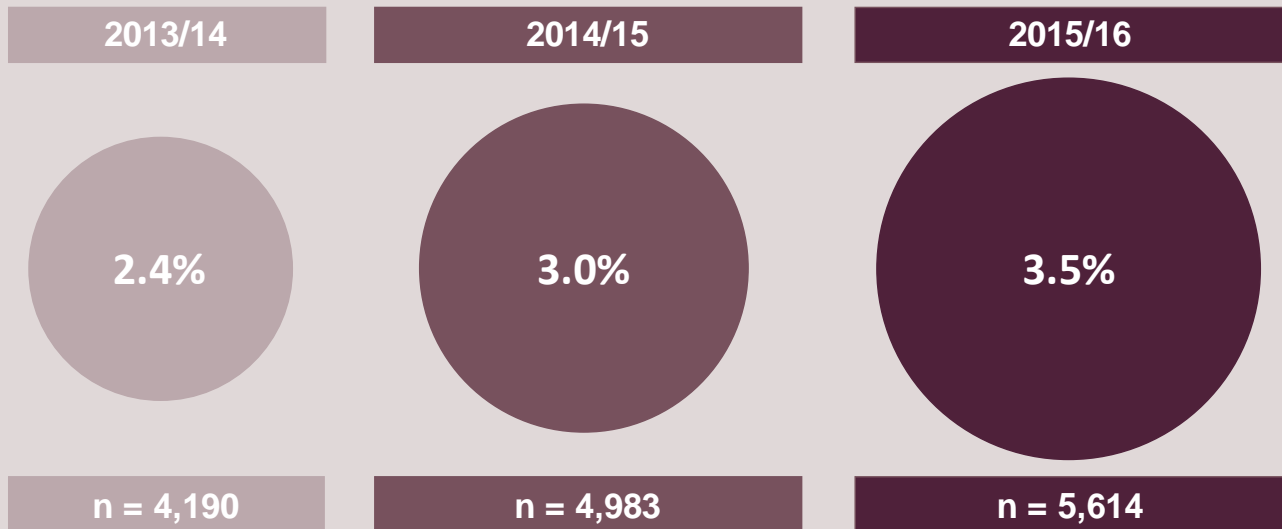
<sup>a</sup> <https://www.gov.uk/government/collections/defence-mental-health-statistics-index>

<sup>b</sup> <sup>1</sup> UK general population aged 16-59 years accessing NHS secondary mental health services Source: <http://content.digital.nhs.uk/mhsds>

symptoms of ill-mental health and not formally diagnosed, only getting a formal mental health disorder diagnosis once they have been seen by a specialist mental health clinician at a DCMH. Therefore, the numbers presented in Figure 1 are a minimum.

**Figure 1: UK Armed Forces Personnel with a mental health assessment at primary health care, by year. Number and percentage of personnel at risk<sup>1</sup>.**

2013/14 - 2015/16

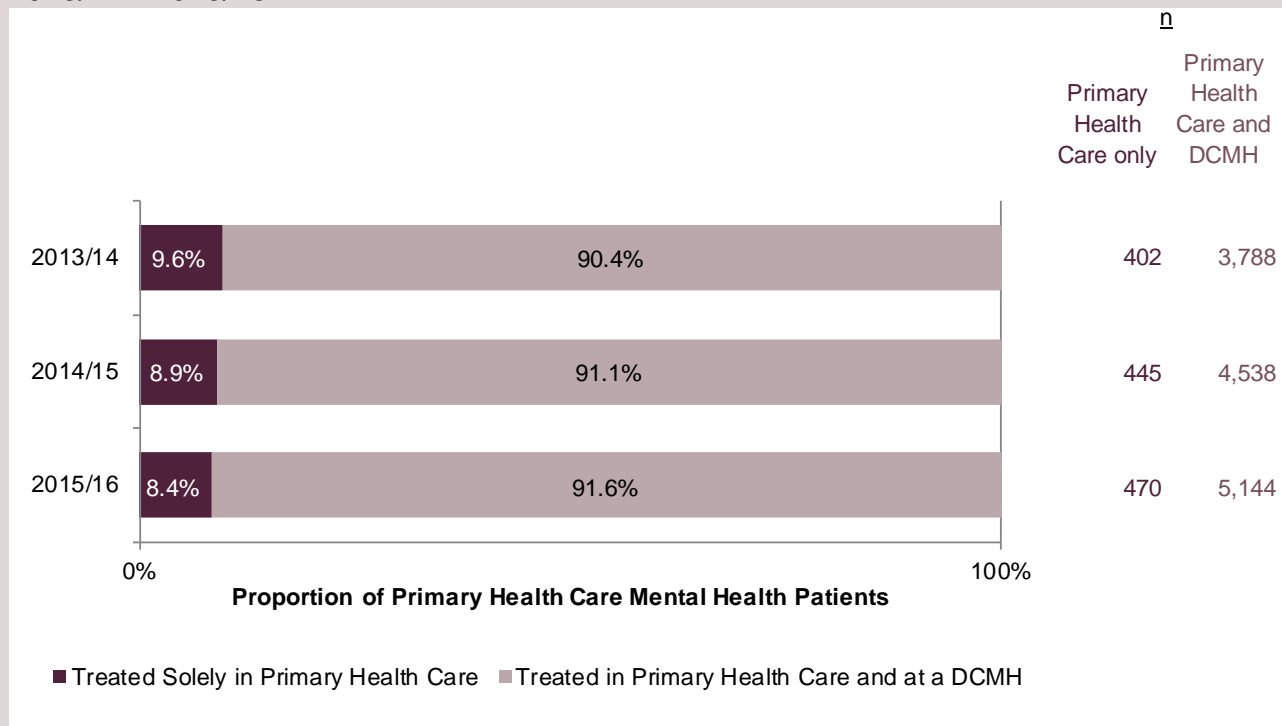


Source: DMICP

1. As a percentage of all UK Armed Forces personnel at risk during each year

**Figure 2: UK Armed Forces Personnel with a mental health assessment in primary health care, by year and type of care received. Number and proportion of all with a mental health assessment in primary health care.**

2013/14 - 2015/16



Source: DMICP

MOD's submission to HCDC also provided information to help the committee understand the extent current statistics accurately reflect the level of Post-Traumatic Stress Disorder (PTSD) in serving Armed Forces personnel and veterans. The rates of serving personnel assessed with PTSD by a specialist mental health clinician at a DCMH remain low at 0.2% of UK Armed Forces personnel in 2016/17<sup>a</sup>. Current published studies show that, following deployment, the overall prevalence for PTSD is 4%, broadly comparable to the general population, although it is higher in combat troops, at around 7%<sup>c</sup>. These data derive from a robust epidemiological methodology and examined the consequences of deployment to Iraq and Afghanistan on the mental health of UK Armed Forces from 2003 to 2009. However, academic studies determine prevalence across the whole population by studying a representative sample; and in many such studies, conditions are assessed through self-report questionnaires, leading to a 'probable' diagnosis, rather than a clinical one made by a specialist.

---

<sup>a</sup> Fear N, Jones M, Murphy D, Hull L. What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK Armed Forces? A cohort study. *Lancet* 2010; 375: 1783 – 1797.

## Results – UK Armed Forces personnel and Veterans awarded compensation under the AFCS for Service attributable mental health disorders

As part of the inquiry, HCDC requested information on Service attributable mental health disorders among veterans. The Armed Forces and Reserve Forces Compensation Scheme (AFCS) came into force on 6 April 2005 to pay compensation for injury, illness or death attributable to Service that occurred on or after that date.

Under the AFCS, claimants can claim and be awarded for multiple mental health conditions and therefore the figures provided below cover the number of people awarded and the number of awards for mental disorders made to these people.

Over the 12 year period 6 April 2005 to 31 March 2017, 3,201 separate awards for mental health disorders were made under the AFCS to a total of **3,134** UK Armed Forces personnel and veterans with a Service attributable mental health disorder. Awards for mental health disorders made up 5% of all conditions awarded under the scheme. Of these:

- 2,289 awards were made to 2,227 personnel whilst still serving in the UK Armed Forces
- 912 awards were made to 907 veterans who made their claim after leaving the Armed Forces (post-Service claim).

Please note that the figures provided for awards for Service-attributable mental health disorders under the AFCS should be treated as a minimum. There may be other Service personnel and veterans with a Service-attributable mental health disorder who have not yet claimed for compensation, or who were awaiting a decision on their claim when the statistics were compiled. There is a seven-year time limit to claim for compensation under the AFCS from the onset of an illness (with extensions to this in some mental health cases) and therefore trends in annual statistics are unlikely to reflect any current morbidity statistics.

The AFCS figures provided should not be used to estimate the number of Service personnel and veterans currently suffering from a mental health disorder. Over 85% of AFCS compensation awards for mental health disorders have been in the form of a one-off lump sum payment only (where any mental health disorder is not expected to affect long-term loss of earnings). It is not possible to determine how many are currently still suffering from a mental disorder.

## Limitations

### UK Armed Forces personnel receiving mental health treatment in primary health care

This analysis is intended to provide a broad overview of mental health care delivered to *help seekers* in the primary health care setting. Some personnel may choose to access alternative service providers (such as the Combat Stress 24-hour helpline, which is partially funded by MOD). As such, the measures given in this bulletin should be regarded as simple indicators of the prevalence of mental health care and not representative of the totality of prevalence of mental health in the Armed Forces.

Mental health care pathways of UK Armed Forces personnel are complex and unique. Aspects of these pathways that are not accounted for in this analysis include the type of care delivered, care received by the patient outside of the considered time period, length of time spent in primary

health care, and those seen in primary health care with signs and symptoms of mental health but who were not assessed as having a mental health disorder. See **Data Sources** to see which mental health disorder read codes entered in the patient electronic health primary care record were included in this analysis. Other mental health related read codes exist but the majority of these are symptom based codes, these were not included in the analysis as it is unclear whether these indicate a mental health disorder.

### UK Armed Forces personnel and veterans awarded compensation under the AFCS for Service attributable mental health disorders

The AFCS analysis provides a summary of the number of Service personnel and veterans who have been awarded compensation under the AFCS for Service-attributable mental health disorders since 6 April 2005. This analysis however does not give the full picture of all Service personnel and veterans with mental health problems.

This analysis excludes veterans with a mental health disorder considered attributable to Service in the UK Armed Forces prior to 6 April 2005, and awarded compensation under the War Pension Scheme (WPS). Note that personnel are unable to claim compensation under the WPS until they have left the UK Armed Forces and therefore all WPS claimants are veterans. Veterans UK, who administer the scheme, would have to manually search paper records for over 100,000 War Pension recipients to determine those awarded a War Pension for a mental health disorder, since it is not possible to determine, from electronically held data, the injuries/illnesses for which War Pension recipients have been awarded compensation.

This analysis also excludes all Service personnel and veterans diagnosed with a non-Service attributable mental health disorder. Veterans who have claimed for compensation under the WPS and Service personnel or veterans who have claimed for compensation under the AFCS for a non-Service-attributable mental disorder will have had their claim rejected alongside those who claimed for compensation but had no clinical diagnosis. It is not possible to identify this cohort from electronically held data.

## Background notes

This ad hoc statistical bulletin has been released in response to the House of Commons Defence Committee (HCDC) announcing a new inquiry into Armed Forces and Veterans Mental Health. The information presented here was provided in the written evidence to the Inquiry in support to the following questions from HCDC :

- *To what extent do current statistics accurately reflect the level of mental health issues in serving armed forces personnel and veterans, including PTSD?*
- *What proportion of mental health issues in veterans is attributable to service in the Armed Forces and how well is this measured and understood?*

Details of the full Inquiry can be found at:

<https://www.parliament.uk/business/committees/committees-a-z/commons-select/defence-committee/inquiries/parliament-2017/inquiry8/>

This statistical bulletin ensures MOD is open and transparent about the methodology and quality of any statistics and that equal access is given to all, as required by the Code of Practice for Official Statistics.

### ***Mental Health care in the UK Armed Forces***

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

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

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.

Data used in this response covers those assessed in primary health care and at a DCMH with a mental health disorder which has been recorded in the patient electronic primary health care record on Defence Medical Information Capability Programme (DMICP) and include regular UK Armed Forces personnel, Ghurkhas, Military Provost Guard Staff, mobilised reservists, Full Time Reserve Service personnel and Non-regular Permanent Staff.

### ***Compensation for Service-attributable mental health disorders***

The Armed Forces and Reserve Forces Compensation Scheme (AFCS) came into force on 6 April 2005 to pay compensation for injury, illness or death attributable to Service that occurred on or after that date. It replaced the previous compensation arrangements provided by the War Pensions Scheme (WPS) and the attributable elements of the Armed Forces and Reserve Forces Pensions Scheme. Defence Statistics publish an annual National Statistic on claims and awards under the WPS<sup>d</sup> and an annual National Statistic on claims and awards under the AFCS<sup>e</sup>.

## **Data sources**

### ***Defence Medical Information Capability Program (DMICP)***

DMICP is the MOD electronic integrated primary health care record for UK Armed Forces personnel. DMICP was rolled out in 2007 and legacy medical data for currently serving personnel was migrated across during rollout.

Mental health disorders, as captured on DMICP were used to compile the response where the following read codes were entered; Eu0, Eu1, Eu101, Eu102, Eu2, Eu31, Eu32, Eu33, Eu3y, Eu4, Eu431, Eu432, Eu50, Eu6.

Please note other mental health related read codes are in DMICP but were not included in the analysis. Many of these other read codes are symptom related, so it remains unclear if they indicate a mental health disorder.

DMICP is a live system and therefore subject to change. Date of extract was 11 July 2017.

### ***Compensation and Pension System (CAPS)***

AFCS data is sourced from the Compensation and Pension System (CAPS) which is administrated and managed by Defence Business Services (DBS) Veterans UK. The CAPS is

<sup>d</sup> <https://www.gov.uk/government/collections/war-pension-recipients-index>

<sup>e</sup> <https://www.gov.uk/government/collections/armed-forces-compensation-scheme-statistics-index>

the system used to record and process claims made under the Armed Forces Compensation Scheme.

Data were extracted from the CAPS as at 31 March 2017 to inform the latest published National Statistics, as published on the Gov.uk website<sup>6</sup>. The next update is due to be published in June 2018 (as at 31 March 2018).

### ***Joint Personnel Administration (JPA) System***

The JPA system is used by the UK Armed Forces to record all matters of pay, leave and other personnel administrative tasks and was used to identify the number of serving personnel on strength.

## **Methodology**

All diagnostic mental health read codes listed in **Data Sources** were extracted from DMICP for the period 1 April 2012 to 31 March 2017. A clinician's role and the practice where the assessment took place as indicated on DMICP were used to determine if an assessment took place in primary health care or at a DCMH.

For each financial year between 2012/13 and 2016/17, UK Armed Forces personnel with a diagnostic mental health read code recorded in primary health care were categorised as having had a mental health assessment in primary health care. They were categorised as having also received specialist care at a MOD DCMH if they had at least one diagnostic mental health read code recorded at MOD DCMH in the previous financial year, the same financial year, or the following financial year. Note 2012/13 and 2016/17 data are not included in the analysis. This is because at the time of analysis data on read codes recorded on DMICP for 2011/12 and 2017/18 were not available to calculate the results.

### ***Percentages***

Percentages enable comparisons 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 (i.e. mental health assessment) is divided by the number of personnel at risk and multiplied by 100 to calculate the percentage.

In order to calculate the rates in this bulletin, an estimate of person at risk was required for the denominator. The estimate was calculated by using the average number of personnel serving in a 13 month period (e.g. the number of personnel serving at the first of every month between April 2015 and April 2016 divided by thirteen for FY 2015/16).

### ***Armed Forces Compensation Scheme data***

Claimants' injuries/illnesses considered to be Service-attributable are awarded compensation under the AFCS in line with one of nine tariff of injury tables, which each cover the legislation surrounding the payment of compensation: Table 1 - Burns; Table 2 - Injury, Wounds and Scarring; Table 3 - Mental Disorders; Table 4 - Physical Disorders; Table 5 - Amputations; Table 6 - Neurological Disorders; Table 7 - Senses; Table 8 - Fractures and Dislocations; and Table 9 - Musculoskeletal Disorders.

The information supplied in this Ad Hoc Statistical Bulletin refers to all AFCS awards made under Table 3 – Mental Disorders.



There is a seven-year time limit to claim for compensation under the AFCS from onset of illness (with extensions to this in some mental health cases). Therefore, successful claimants may have made their claim for compensation after leaving the Services. All successful AFCS claimants awarded for a mental disorder were linked to JPA data to determine whether their claim was registered whilst they were still serving in the UK Armed Forces or after they had left the Services. Veterans were identified as those who did not appear on the latest JPA strengths data as at 1 February 2018.

## Glossary

**Armed Forces and Reserve Forces Compensation Scheme (AFCS)** - Compensation scheme for all members of the regular and reserve forces. It provides compensation for all injuries, ill-health and death attributable to service where the cause occurred on or after 6 April 2005.

**Compensation and Pension System (CAPS)** - Administrative system used to capture electronic information on the AFPS and AFCS.

**Defence Medical Information Capability Programme (DMICP)** - The DMICP programme commenced during 2007 and comprises an integrated primary Health Record (iHR) for clinical use and a pseudo-anonymised central data warehouse.

**Joint Personnel Administration (JPA) System** - Administrative system is used by the UK Armed Forces to record all matters of pay, leave and other personnel administrative tasks.

**MOD Specialist Mental Health Services** - encompass the delivery of care through MOD's Department for Community Mental Health (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.

**Personnel at Risk** - defined as the number of serving UK Armed Forces personnel.

**Primary Health Care** - provide the first point of contact in the healthcare system. Primary care includes general practice, pharmacy, dental, and optometry (eye health) services.

**Tariff Levels** - The AFCS Tariff has 15 levels from 1 (most severe) to 15 (least severe). Each tariff level has a corresponding level of lump sum payment.

**UK Armed Forces** - are full time Service personnel, including Nursing Services and Gurkhas, Naval activated Reservists, mobilised Reservists, Military Provost Guarding Service (MPGS), Non Regular Permanent Service (NRPS) and reservist personnel. Unless otherwise stated, includes trained and untrained personnel.

**Veterans** - for the purposes of these statistics veterans are individuals who did not appear on the UK Armed forces strengths data held on the Joint Personnel Administration (JPA) System as at 1 February 2018.

**Veterans UK** - Veterans UK administer the armed forces pension schemes and compensation payments for those injured or bereaved through service.

## Further information

### 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: 030679 84423

Email: [DefStrat-Stat-Health-PQ-FOI@mod.gov.uk](mailto:DefStrat-Stat-Health-PQ-FOI@mod.gov.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	030 679 34531	<a href="mailto:DefStrat-Econ-ESES-PQFOI@mod.gov.uk">DefStrat-Econ-ESES-PQFOI@mod.gov.uk</a>
Price Indices	030 679 32100	<a href="mailto:Defstrat-econ-eses-pi-hd@mod.gov.uk">Defstrat-econ-eses-pi-hd@mod.gov.uk</a>
Naval Service Manpower	023 9254 7426	<a href="mailto:DefStrat-Stat-Navy@mod.uk">DefStrat-Stat-Navy@mod.uk</a>
Army Manpower	01264 886175	<a href="mailto:DefStrat-Stat-Army-Enquiries@mod.uk">DefStrat-Stat-Army-Enquiries@mod.uk</a>
RAF Manpower	01494 496822	<a href="mailto:Defstrat-stat-air@mod.gov.uk">Defstrat-stat-air@mod.gov.uk</a>
Tri-Service Manpower	020 7807 8896	<a href="mailto:DefStrat-Stat-Tri-Enquiries@mod.gov.uk">DefStrat-Stat-Tri-Enquiries@mod.gov.uk</a>
Civilian Manpower	020 7218 1359	<a href="mailto:DefStrat-Stat-CivEnquiries@mod.gov.uk">DefStrat-Stat-CivEnquiries@mod.gov.uk</a>
Health Information	030 6798 4423	<a href="mailto:Defstrat-stat-health-pq-foi@mod.gov.uk">Defstrat-stat-health-pq-foi@mod.gov.uk</a>

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

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

For general MOD enquiries, please call: 020 7218 9000