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Dear

Thank you for your email of 10 June 2019 requesting the following information:

"Please tell me how many personnel from the Army, Royal Navy and RAF have been discharged over the last three years for sleepwalking and suffering night terrors.

Please breakdown the figures for each year, service and ailment."

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

A search for the information has now been completed within the Ministry of Defence, and I can confirm that information in scope of your request is held on UK Regular Armed Forces personnel. Some of the information falls entirely within the scope of the absolute exemptions provided for at section 40 (Personal Data) and section 44 (Prohibitions on Disclosure) of the FOIA and has been withheld.

Section 40(2) has been applied to some of the information to protect personal information as governed by the Data Protection Act 2018 and GDPR. In line with JSP200 Statistics Disclosure Guidance, numbers fewer than five are suppressed to reduce the possible inadvertent disclosure of individual identities; secondary suppression has been applied so numbers cannot be derived. Section 40 is an absolute exemption and there is therefore no requirement to consider the public interest in making a decision to withhold the information.

Between 1 April 2015 and 31 March 2018, **11** UK Regular Armed Forces personnel were medically discharged with a principal or contributory cause of sleepwalking and/or night terrors. By Service:

- **Eight** personnel were in the Royal Navy.
- No personnel were in the Royal Marines.
- **Fewer than five** personnel were in the Army.
- Fewer than five personnel were in the RAF.

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

Medical discharges were identified as personnel who were medically discharged with a principal or contributory cause of discharge coded as the following in the International Statistical Classification of Diseases and Related Health Problems Tenth Revision (ICD-10):

- Sleepwalking: F513 (sleepwalking) and F448 (hysterical sleepwalking).
- Night terrors: F514 (night terrors).

The principal condition of discharge is the first principal ICD-10 code on the medical discharge documents. Contributory causes of medical discharge are all other principal conditions and any

contributory conditions on the medical discharge documents. Both principal and contributory causes have been included to give a better understanding as to the prevalence of medical discharges.

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

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

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

Joint Personnel Administration is the most accurate source for demographic information for UK Armed Forces personnel and is used to gather information on a person's service.

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.gov.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, http://www.ico.gov.uk.

Yours sincerely

Defence Statistics Health