



Ministry  
of Defence

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2 June 2020

Dear [REDACTED]

Thank you for your email dated 04 May 2020 requesting the following information:

“Please could you provide me with the details of how many suicides by serving personnel there have been so far in 2020 - broken down into how many fatal and how many attempted and also any details of regiments.”

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

A search for the information has now been completed within the Ministry of Defence, and I can confirm that the information in scope of your request is held. Section 40(2) has been applied to some of the information by regiment in order to protect personal information as governed by the Data Protection Act and General Data Protection Regulation (GDPR) 2018. This is also in line with JSP200 Statistics Disclosure Guidelines. Numbers fewer than five have been suppressed in order to reduce the possible inadvertent disclosure of individual identities. Section 40 is an absolute exemption and there is therefore no requirement to consider the public interest in making a decision to withhold the information.

Between 1 January 2020 and 20 May 2020 there have been **no** coroner confirmed suicides among UK regular Armed Forces personnel. Please note, the suicide information provided is in line with the definition used by the Office for National Statistics in the publication of National Statistics. There is an obligation for all accidental deaths, and those resulting from violent action, to be referred to coroners in England and Wales and in Northern Ireland, and the Procurator Fiscal in Scotland for investigation. Inquests are usually held within a few months of the death, but occasionally a few years may elapse.

Between 1 January 2020 and 31 March 2020 (latest data available), **193** UK Armed Forces personnel had an incident of deliberate self-harm (DSH) recorded using the initial Notification of Casualty (NOTICAS) reporting system and/or primary care data, as captured on the Defence Medical Information Capability Programme (DMICP). **Please note Defence Statistics Health do not differentiate between levels of self-harm and therefore this analysis includes all incidents of self-injury and self-poisoning as well as attempted suicides.**

Of the 193 UK Armed Forces personnel:

- **24** were Naval Service personnel
- **144** were Army personnel
- **25** were RAF personnel

Further details can be found in Tables 1-3 below.

**Table 1: Incidents of DSH among Naval Service<sup>1</sup> personnel<sup>2</sup> by branch, numbers**  
1 January 2020 to 31 March 2020

All	24
RN Engineer Fleet Air Arm	~
RN Engineer General Service	~
RN Engineer Submarine	~
RN Logistics General Service	5
RN Logistics Submarine	~
RN Warfare General Service	~
Royal Marines Band Service	~
Royal Marines General Service	~

Source: Initial NOTICAS and DMICP

1. Includes Royal Navy and Royal Marines personnel

2. Regular and reservist personnel.

~ Numbers fewer than five have been suppressed to prevent the inadvertent disclosure of individual identities

**Table 2: Incidents of DSH among Army personnel<sup>1</sup> by regiment, numbers**  
1 January 2020 to 31 March 2020

All	144
Household Cavalry/Royal Armoured Corps	8
Royal Regiment of Artillery	15
Corps of Royal Engineers	6
Royal Corps of Signals	13
Infantry	41
Army Air Corps	~
The Royal Logistic Corps	19
Royal Army Medical Corps	9
Corps of Royal Electrical and Mechanical Engineers	13
Adjutant General's Corps	9
Royal Army Veterinary Corps	~
Intelligence Corps	~
Queen Alexandra's Royal Army Nursing Corps	~
Corps of Army Music	~
Other	~

Source: Initial NOTICAS and DMICP

1. Regular and reservist personnel.

~ Numbers fewer than five have been suppressed to prevent the inadvertent disclosure of individual identities

**Table 3: Incidents of DSH among RAF personnel<sup>1</sup> by branch/trade, numbers**  
1 January 2020 to 31 March 2020

All	25
Air Operation Systems	~
Trade Group 1 Aircraft Engineering	5
Trade Group 4 Information & Communications Technology	~
Trade Group 5 General Engineering	~
Trade Group 6 Logistics (Driver)	5
Trade Group 7 Non-Commissioned Control	~
Trade Group 8 Security	~
Trade Group 10 General Service	~
Trade Group 18 Logistics (Mover & Supplier)	~
Trade Group 19 Logistics (AGS & Chef)	~

Source: Initial NOTICAS and DMICP

1. Regular and reservist personnel.

~ Numbers fewer than five have been suppressed to prevent the inadvertent disclosure of individual identities

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

### **Suicide Data**

Defence Statistics Health compiles the Department's authoritative deaths database for all UK Armed Forces personnel who died whilst in Service going back to 1984. Information is compiled from several internal and external sources from which we release a number of internal analyses and external National Statistics Notices. The information presented has been compiled from data held by Defence Statistics on 21 May 2020.

When providing statistics on suicides, Defence Statistics Health rely exclusively on the information provided by coroners in England and Wales and in Northern Ireland, and the Procurator Fiscal in Scotland. This ensures the Department's objectivity, as all accidental deaths and those resulting from violent action have to be referred to these officials for investigation. For sake of brevity these sources of information have been labelled collectively as "coroner's verdicts". There is an obligation for all accidental deaths, and those resulting from violent action, to be referred to these officials. Inquests are usually held within a few months of the death, but occasionally a few years may elapse, therefore some recent deaths may not have clearly defined causal information. In these cases, deaths are identified as waiting verdicts and are not included in this response.

The information presented includes both coroner-confirmed suicides in line with the definition used by the Office for National Statistics (ONS) in the publication of National Statistics. The National Statistics definition of suicide includes deaths given an underlying cause of intentional self-harm or an injury/poisoning of undetermined intent. In England and Wales, it has been customary to assume that most injuries and poisonings of undetermined intent are cases where the harm was self-inflicted, but there was insufficient evidence to prove that the deceased deliberately intended to kill themselves and thus given an open or narrative verdict by the coroner.

All deaths are coded to the International Classification of Diseases 10th edition (ICD-10) which is produced by the World Health Organisation (WHO). Information held in death certificates is analysed and assigned the appropriate ICD code to ensure that deaths included are only those which meet the National Statistics definition of Suicide and these may be a suicide, open verdict or narrative verdict conclusion from the Coroner. The ICD-10 codes are what define suicides and are : ICD-10 codes : X60-X84: intentional self harm; Y10-Y34d: injury or poisoning of undetermined intent; Y87.0 and Y87.2e : sequelae of intentional self harm, injury or poisoning of undetermined intent.

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

Defence Statistics Health produce an annual National Statistic on Suicide in the UK Armed Forces which is released at the end of March every year and available at the link below.

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

### **Deliberate Self Harm Data**

The definition for DSH is a deliberate intent to inflict damage or alter oneself which does not result in death. This includes incidents of self-injury and self-poisoning but excludes those with thoughts of self-harm or suicidal ideation.

Data presented in this analysis are records of deliberate self-harm identified through the initial notification of casualty (NOTICAS) reporting system and read codes entered in the Defence Medical Information Capability Program (DMICP).

From the available data it is not possible to differentiate between new episodes and the on-going treatment of a DSH episode, thus this response presents the number of personnel who had at least one DSH record in the specified period.

There are known difficulties in accurately capturing DSH episodes common to the UK general population and military populations. The reporting of DSH is dependent on when the DSH is

identified and brought to the attention of the appropriate parties either by the individual themselves seeking help or if discovered by a third party. Potential barriers to seeking care include:

- The associated stigma relating to DSH
- The mechanism they use to self-harm some of which may not be visible

It may be possible for the individual to treat themselves at home (for example cuts)<sup>1</sup>.

### **Initial Notification of Casualty (NOTICAS)**

Notification of Casualty (or "NOTICAS") is the name for the formalised system of reporting casualties within the UK Armed Forces. The NOTICAS reports raised for casualties contain information on how seriously medical staff judge their condition to be. They are not strictly medical categories but are designed to give an indication of the severity of the injury or illness to inform what the individual's next of kin are told.

Initial NOTICAS casualty reporting system data was used as it covers incidents where personnel have been admitted to an NHS Emergency Department and where the next of kin has been informed.

Information supplied by the Defence Business Services, Knowledge and Information Management Information Centre of Excellence (DBS KI MICOE) highlighted incidents where the DSH box was ticked. In addition to these, NOTICAS incidents where a free text search of the comments section highlighted it was a DSH related incident was also included. Free text search included the words 'Deliberate', 'Self Harm', 'Deliberate Self Harm' and 'DSH'.

### **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. In April 2013, DMICP templates began to capture detailed information about the DSH event, prior to this there were no means of identifying separate DSH events/episodes among personnel.

Primary care data, as captured on DMICP were used to compile the response where the following DSH related read codes were entered; DMS4691, DMS4692, DMS4693, DMS4698, DMS4707, DMS4708, DMS4710, DMS4711, DMS4713, DMS4714, DMS4716, DMS4717, DMS4719, DMS4720, DMS4722, DMS4723, DMS4725, DMS4726, DMS4729, EMISCSE4TK-1, TK-2, TK-4, TK-5, TK60, TK601, TRIQQIN7, U2, U200, U200-1, U200-2, U201U202-1, U204-3, U208, U20B, U21, U2-1, U22, U2-3, U29, U290, U2B, U2C, U2D, U2E and U2y.

Please note if the DSH incident were recorded as free text only in the patient medical record the information does not transfer into the central data warehouse, thus was not available for analysis. It would require many hours of a clinician's time to review the patient records to code the information and thus make the information centrally available; in the timeframe required to provide the analysis, this was deemed to be disproportionate effort.

There has been no audit of the clinical accuracy of the DMICP data entered in the patient record and no validation of the patient record with data held in the data warehouse.

### **Personnel Data**

Joint Personnel Administration (JPA) system is the most accurate source for demographic information on UK Armed Forces personnel.

A service persons arm/service/branch/trade was identified using the field 'regt corps' in a search of JPA.

If you have any queries regarding the content of this letter, please contact this office in the first instance.

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<sup>1</sup> McAllister, M. (2003). Multiple meanings of self-harm: A critical review. *International Journal of Mental Health Nursing*, 12, 177-185.

If you wish to complain about the handling of your request, or the content of this response, you can request 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](mailto:CIO-FOI-IR@mod.gov.uk)). Please note that any request for an internal review should be made within 40 working days of the date of this response.

If you remain dissatisfied following an internal review, you may raise your complaint directly to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not normally investigate your case until the MOD internal review process has been completed. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website at <https://ico.org.uk/>.

Yours sincerely

Defence Statistics Health