



# Ministry of Defence

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

Telephone [MOD]: **+44 (0)30679 84423**  
E-mail: **Analysis-Health-PQ-FOI@mod.gov.uk**

Reference: **FOI 2022/03668**

Date: **14 April 2022**

Dear [REDACTED],

Thank you for your email of 16 March 2022 requesting the following information:

- “- How many Armed Forces personnel have been referred to DCMH but are still on a waiting list for treatment?  
- What is the average waiting time for psychological services from DCMH as of 2020/2021?  
- How does this wait time compare to 2017/2018?  
- What is the average length of medical downgrade for personnel affected by adjustment disorder?  
- What is the breakdown of this across the Royal Navy, Royal Marines, RAF and Army?”

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.

Section 40(2) has been applied to the information in order to protect personal information as governed by the Data Protection Act 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.

## Waiting Lists

Waiting list information is not held in central electronic records, therefore this response is based on identifying those personnel seen at a MOD Department of Community Mental Health (DCMH) who do not have a mental health intervention coded in their electronic medical record.

Between 1 January 2021 and 30 September 2021, **3,147** UK Armed Forces personnel had an initial assessment at a DCMH. Of which, **200** did not have a mental health treatment recorded in their electronic medical record at 29 March 2022. Please note some personnel may have been seen by a specialist mental health clinician in a DCMH but no formal mental health treatment was recorded. **Table 1** presents this information by service.

**Table 1: UK Armed Forces personnel with an initial assessment<sup>1</sup> at a MOD DCMH with no treatment recorded in their electronic patient record<sup>2</sup>, by service. Number.**

1 January 2021 to 30 September 2021

Service	All Referrals	No record of treatment <sup>2</sup>
<b>All</b>	<b>3,147</b>	<b>200</b>
<b>Royal Navy</b>	497	~
<b>Royal Marines</b>	67	~
<b>Army</b>	1,919	149
<b>RAF</b>	664	31

Source: DMICP

1. Those with an initial assessment whose referral date was between 1 January 2021 and 30 September 2021

2. No record of treatment entered in their electronic medical record as at 29 March 2022

3. Initial assessments for all mental disorders not only adjustment disorders

~ In line with disclosure control, figures less than 5 have been suppressed. Secondary suppression has been applied where the next smallest number has also been suppressed so that numbers cannot be derived from the total

### Waiting Times

The average time from referral date to first recorded treatment for patients with an initial assessment at a DCMH in 2020/21<sup>1</sup> was **29 days**<sup>2</sup>.

The average time from referral date to first recorded treatment for patients with an initial assessment at a DCMH in 2017/18<sup>3</sup> was **47 days**<sup>2</sup>. Please note the coded recording of treatments delivered in the electronic patient record began in 2017. As with any new data collection system, there is a training burden and user inexperience may have affected data coverage and accuracy; therefore care should be taken when interpreting these results. **Table 2** presents this information by service.

**Table 2: UK Armed Forces personnel average waiting time<sup>1,2,3</sup> to DCMH treatment, number of days.**

2017/18 and 2020/21

Service	Average wait time to treatment <sup>1,2,3</sup>	
	2017/18 <sup>4</sup>	2020/21 <sup>5</sup>
<b>All</b>	<b>47</b>	<b>29</b>
<b>Royal Navy</b>	70	57
<b>Royal Marines</b>	56	36
<b>Army</b>	43	26
<b>RAF</b>	41	29

Source: DMICP

1. Time to treatment is calculated from DCMH referral date to the first date a mental health treatment was recorded by a DCMH in the patients' care pathway

2. Calendar days

3. Median used for the average

4. Those with an initial assessment whose referral date was between 1 April 2017 to 31 March 2018

5. Those with an initial assessment whose referral date was between 1 April 2020 to 31 March 2021

### Downgrading

Of the UK Armed Forces personnel medically downgraded with a principal cause of Adjustment Disorder at 1 January 2020, the average (median) length of medical downgrading was **1 year and 4 months**.

The average length by Service were as follows:

- Royal Navy – 1 year and 1 month
- Royal Marines – 1 year and 3 months
- Army – 1 year and 5 months
- RAF – 1 year and 6 months

Please note, 87 personnel still had an ongoing medical downgrading at 1 March 2022. Adjustment Disorder may no longer have been the principal cause of downgrading for these personnel and their ongoing downgrading may be due to another cause.

<sup>1</sup> Those with an initial assessment whose referral date was between 1 April 2020 to 31 March 2021

<sup>2</sup> Calendar days. Median used for the average.

<sup>3</sup> Those with an initial assessment whose referral date was between 1 April 2017 to 31 March 2018

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

MOD produce an annual official statistic on the mental health of the UK Armed Forces which can be found here:

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

## Background Notes

### DCMH Treatment Data

Once an individual is referred to a DCMH and accepted on to that DCMH's caseload they will receive an initial assessment. The DCMH referral date is recorded in the electronic patient record at this initial assessment, therefore this analysis only includes patients that had an initial assessment recorded in the electronic patient record.

Following the initial assessment patients will attend review sessions where mental health treatments are delivered and recorded in the electronic patient record.

Please note some patients may have been discharged from the care of the DCMH without receiving any formal mental health treatment, these cases have been excluded from the analysis.

Please note some patients may have been seen by the DCMH for a review session but no formal mental health treatment was recorded.

The time from DCMH referral date to the first date a mental health treatment was recorded at a DCMH review session in the patients care pathway was used as the wait time to treatment.

The average wait time is only calculated for those that have had a treatment recorded. Those that have been referred to a DCMH but have yet to have any form of treatment recorded as at 29 March 2022 have not been included in the average wait time calculations. Therefore, averages may change once more data is collected.

Please note the facility for DCMH's to be able to record in the electronic patient record what treatments they deliver began in 2017. As with any new data collection system, there is a training burden; user inexperience may have affected coverage and accuracy therefore care should be taken when interpreting the 2017/18 results.

DCMH are specialised psychiatric services based on community mental health teams closely located with primary care services at MOD sites in the UK and abroad.

This response includes regular UK Armed Forces personnel, Ghurkhas, Military Provost Guard Staff, mobilised reservists, Full Time Reserve Service personnel and Non-regular Permanent Staff as all these individuals are eligible for assessment at a DCMH.

### Length of Downgrading

Personnel includes all full time trained (Royal Navy and RAF), and full time trade trained (Army) serving against requirement. This does not include reserves, entitled or non-entitled civilians, foreign service or non-UK military.

Service personnel with medical conditions or fitness issues which affect their ability to perform their duties will generally be referred to a medical board for a medical examination and review of their medical grading. The patient may be downgraded, to allow for treatment, recovery and rehabilitation. The definitions of Medical Deployment Status (MDS) categories are as follows:

- Medically Fully Deployable (MFD): Personnel medically fit for duty with no employment limitations.
- Medically Limited Deployable (MLD): Personnel medically fit for duty with minor employment limitations. MLD personnel may have a medical condition or functional limitation that prevents the meeting of all Medically Fully Deployable (MFD) requirements.



- Medically Not Deployable (MND): Personnel medically fit for duty with major employment limitations. MND personnel are not fit to deploy on Operations but may be deployable on UK based exercises and should be able to work effectively for at least 32.5 hours per week.

To calculate length of downgrading, a cohort of personnel were identified who were medically downgraded at 1 January 2020. To identify service personnel who had been medically downgraded due to Adjustment Disorder, medical boards/grading templates were identified where the principal cause Read code and description was coded to F432 in the International Classification of Diseases and Related Health Problems Tenth Revision (ICD-10). Please note, it is possible to have Adjustment Disorder cited as a contributory cause of downgrading, however these personnel have been excluded from this analysis.

The length of downgrading was calculated in months as the difference between their downgrading date, and the end of their downgrading. The end of their medical downgrading episode was identified as either returning to medically fully deployable, or leaving service (medical discharge or other exit). If a person's principal cause of downgrading subsequently changed to something other than Adjustment Disorder during the period of downgrading, the length of downgrading has been calculated on the entire episode of downgrading, regardless of cause.

### Data Sources

The Defence Medical Information Capability programme (DMICP) was used to obtain information on DCMH data and medical downgrading data.

DMICP has a centralised data warehouse of coded information. It is the source of electronic, integrated medical records for primary healthcare and some MOD specialist care providers. It was rolled out in 2007 and is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers.

The following Read codes were used to identify a mental health treatment:

<b>Read code description</b>	<b>Code</b>
Alcohol detoxification	8BA8
Alcohol education - brief	DMSMAEDB
EMDR (Eye movement desensitisation and reprocessing) therapy	EMISNQEM14
Follow-up psych. assessment	6654
Group psychotherapy	8G51
IAPT (Improvins Access Psych Therapies) high intensity therapy	8GR
IAPT (Improvins Access Psych Therapies) low intensity therapy	8GQ
Mental health self-help advice given	DMSMTR2
Other psychotherapy NOS	8G9Z
Psychiatric social worker	03AJ
Psychoeducation	67X
Seen by consultant psychiatrist	9N1a1
Seen by psychologist	9N2W
Supportive Counselling	DMSMPSSC
Trauma-focused cognitive-behaviour therapy	EMISNQTR30

Medical board templates were updated in May 2014 to include information relating to the cause of downgrading (diagnosis). Prior to this, cause information was recorded elsewhere in the patient electronic record but was not available for analysis in connection with a medical board grading. All data entered through a template is stored as a Read code in the DMICP data warehouse

Every instance of template use for a downgrading has been included in the data; therefore, this analysis includes both templates completed at initial downgrading and those completed during reviews of downgrading status. Any cause information not entered on a template has not been included within the analysis.

Joint Personnel Administration (JPA) is the most accurate source for demographic information on UK Armed Forces personnel and was used to gather information on a persons service at the time of their DCMH referral and at the point of medical downgrading.

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

Would you like to be added to our contact list, so that we can inform you about updates to statistics and consult you if we are thinking of making changes? You can subscribe to updates by emailing [Analysis-Health-PQ-FOI@mod.gov.uk](mailto:Analysis-Health-PQ-FOI@mod.gov.uk) .

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/>.

I hope this is helpful.

Yours sincerely

Defence Statistics Health