Annual Medical Discharges in the UK Regular Armed Forces

Ministry of Defence

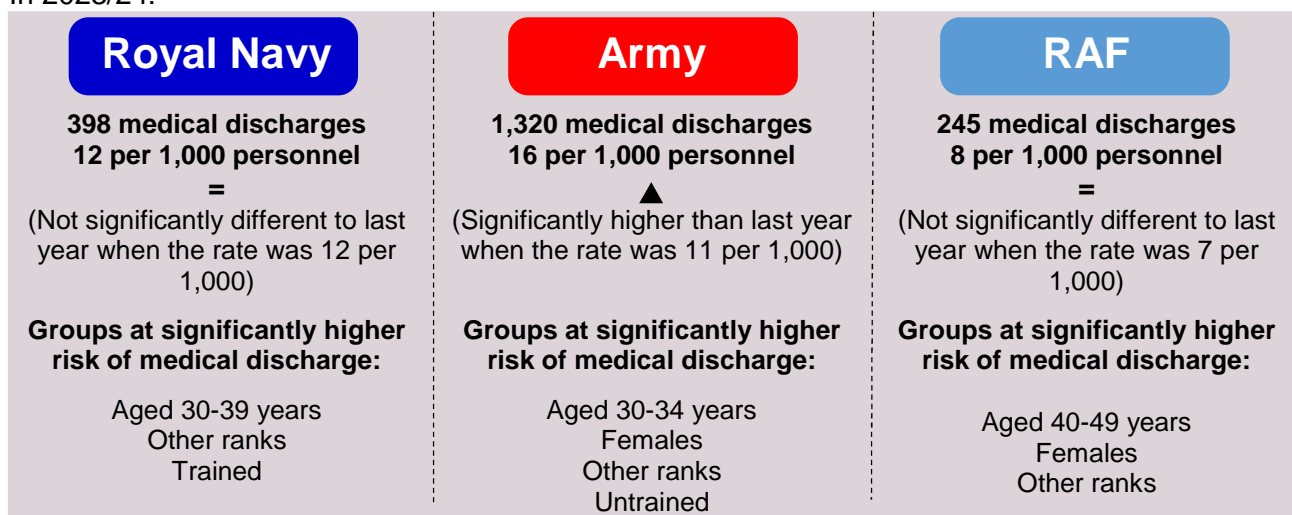**1 April 2019 to 31 March 2024**
Published 18 July 2024

This official statistic provides information on medical discharges among UK regular service personnel. The bulletin focuses on medical discharges within the most recent financial year including demographic factors and the medical causes leading to the discharge, as well as providing time trends for the last ten years.

When a medical condition or fitness issue affects a member of the UK armed forces, their ability to perform their duties is assessed. If they are unable to perform their duties and alternative employment within the armed forces is not available, personnel may be medically discharged. Medically discharged personnel leave the armed forces prior to the completion of their contract and may be entitled to additional payments as part of their military pension.
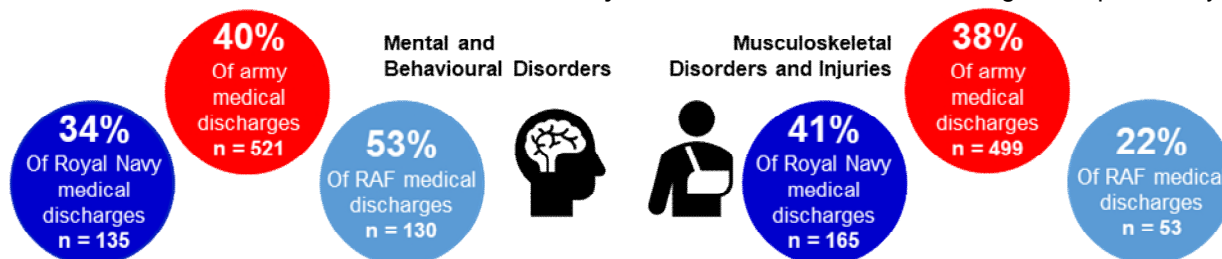
The medical reason for the discharge is recorded and categorised. It is possible for personnel to be medically discharged for multiple reasons.

Key Points and Trends

In 2023/24:

Royal Navy	Army	RAF
398 medical discharges **12 per 1,000 personnel**	**1,320 medical discharges** **16 per 1,000 personnel**	**245 medical discharges** **8 per 1,000 personnel**
=	▲	=
(Not significantly different to last year when the rate was 12 per 1,000)	(Significantly higher than last year when the rate was 11 per 1,000)	(Not significantly different to last year when the rate was 7 per 1,000)
Groups at significantly higher risk of medical discharge:	**Groups at significantly higher risk of medical discharge:**	**Groups at significantly higher risk of medical discharge:**
Aged 30-39 years Other ranks Trained	Aged 30-34 years Females Other ranks Untrained	Aged 40-49 years Females Other ranks

For all three services, the most common principal cause of medical discharge were *Mental and Behavioural Disorders* and *Musculoskeletal Disorders and Injuries*. This was in line with findings from previous years.

Mental and Behavioural Disorders: 34% Of Royal Navy medical discharges n = 135; 40% Of army medical discharges n = 521; 53% Of RAF medical discharges n = 130

Musculoskeletal Disorders and Injuries: 41% Of Royal Navy medical discharges n = 165; 38% Of army medical discharges n = 499; 22% Of RAF medical discharges n = 53

Around **half** (44%) of all medical discharges were the result of more than one medical condition.

Contents

Past publications and supplementary tables containing all data presented in this publication can be found at*:
https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index*.

Introduction

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. In clear cut cases where the individual's fitness falls below the service employment and retention standards the board will recommend a medical discharge; as laid down in the medical policy and/or the single services retention standards for their career group. In many cases however, the patient will first be downgraded to allow for treatment, recovery, and rehabilitation. For personnel who do not make a total recovery, the board may recommend the patient is retained as permanently downgraded with limited duties, or they may recommend a medical discharge. The recommendation is then forwarded to personnel administration units or an employment board for ratification or decision and action.

This report provides the Ministry of Defence (MOD), the general public, and the media with information on medical discharges in the UK regular armed forces. In addition, this information is used to prioritise resources used for the rehabilitation and reintegration of personnel leaving the armed forces for medical reasons and to help inform discussions on injury prevention in the armed forces. Each of the three services are presented separately as comparisons between the services are considered invalid. This is because practices and protocols for recommending and awarding a medical discharge differ. This is particularly true for untrained personnel.

Please note that this report focuses exclusively on medical discharges that have occurred; personnel who exit the forces for any other reason[1] or medically downgraded personnel who are retained in service are excluded. In addition, as these statistics relate only to the population of personnel who medically discharged, the proportions of medical reasons leading to discharge are not necessarily indicative of the prevalence of such conditions in the entire UK armed forces population. It is possible for personnel to be medically discharged for multiple reasons; this document focuses on principal cause of medical discharge and information on principal and contributory cause can be found in the supplementary tables.

This official statistic includes medical discharges of regular UK armed forces personnel only and excludes all reservist personnel. This is because the medical discharge process and medical record information for reservist personnel is not comparable to that of regular personnel. Most reserve personnel do not receive their primary medical care from MOD, but instead receive their primary medical care from the NHS. Therefore, Defence Statistics Health are unable to verify the quality of information relating to the discharge of reservist personnel and it has not been deemed appropriate to include information on this population until further understanding is gained.

Since 2019/20, the primary source of the cause of medical discharge is the electronic medical record (DMICP), supplemented by paperwork in the form of FMed 23s. Please see the methodology (page 34) and the annual medical discharges in the UK regular armed forces background quality report for further information[2].

Main Points

Between 1 April 2023 to 31 March 2024 (2023/24), of the UK regular armed forces population:

Royal Navy
398 Royal Navy/Royal Marines personnel were medically discharged, a rate of **12 per 1,000 personnel**. The rate was not significantly different than last year (12 per 1,000 personnel).

Army
1,320 army personnel were medically discharged, a rate of **16 per 1,000 personnel**. The rate was significantly **higher** than last year (11 per 1,000 personnel).

RAF
245 RAF personnel were medically discharged, a rate of **8 per 1,000 personnel**. The rate was not significantly different than last year (7 per 1,000 personnel).

A total of **1,963 medical discharges** occurred in 2023/24, representing approximately 5 UK regular armed forces personnel medically discharged each day.

The rate of medical discharges was statistically significantly higher in the army in 2023/24 compared to the previous year. There was no significant difference in the rates among Royal Navy/Marines and the RAF compared to 2022/23. Any changes in rates do not necessarily reflect prevalence of injury and/or illness, and instead may reflect changes in medical boarding practices, retention policies or changes to employment standards.

When looking at trends, caution should be taken when comparing rates of medical discharges over the last five years. As a result of the COVID-19 pandemic, there was a reduction in some routine and training activities. This, along with temporary amendments to medical employment policy, to reduce the pressure on the military medical chain and the NHS, may have resulted in fewer medical discharges in 2020/21 and had subsequent impact in the years following the pandemic. In 2023/24, rates of Royal Navy/Royal Marines medical discharges were not significantly different to the rate prior to the pandemic, whilst army and RAF rates were significantly higher.

In 2023/24 the following demographic groups were significantly more likely to medically discharge:

- **Other ranks** in all services.
- **Females** in the army and RAF.
- **Trained** personnel in the Royal Navy/ Royal Marines.
- **Untrained** personnel in the army.

- Royal Navy/Royal Marines aged **30-39 years**.
- Army aged **30-34 years**.
- RAF aged **40-49 years.**

The demographic groups with higher rates of discharge were broadly consistent with the results from previous reports. Higher rates of injury in the armed forces were reported among other ranks and untrained personnel[3] and in females[3,4]. Higher rates of mental ill-health among female personnel compared to males were also seen in military mental healthcare[5].

Mental and Behavioural Disorders and **Musculoskeletal Disorders and Injuries** were the two most common principal causes of medical discharge for each service. This finding is likely to be due to the physical demands of the UK armed forces; the challenges in retaining personnel with severe or enduring mental ill-health given the nature of their role and access to weapons, as well as the commonality of these conditions among the general population. The United States Army[6] and Canadian military[7] also report these two causes as the most common reasons for medical release.

Prior to 2019/20, Musculoskeletal Disorders and Injuries was the most common principal cause of medical discharge across all three services. Since 2019/20 for the RAF and 2020/21 for the army, the proportion of medical discharges as a result of Mental and Behavioural Disorders, has been higher than that of Musculoskeletal Disorders and Injuries. In the army, this change could be the result of temporary amendments introduced to medical employment policy and restricted clinical activity in rehabilitation services due to COVID-19, which may have led to more deferrals for discharge for Musculoskeletal Disorders and Injuries than Mental and Behavioural Disorders. Additionally, the reduction in some military activities may have led to fewer Musculoskeletal Disorders and Injuries, and thus fewer medical discharges in the following years. In 2023/24, discharges due to Musculoskeletal Disorders and Injuries have returned to pre-COVID levels. The increasing proportion of Mental and Behavioural Disorders discharges may also be due to MOD led anti-stigma campaigns, improving awareness and detection of mental ill-health among personnel.

Royal Navy/Royal Marines

Trends in Medical Discharges

In 2023/24, there were **398** medical discharges from the Royal Navy/Royal Marines; a rate of **12 per 1,000** personnel. This rate was not significantly different than last year.

The rates of medical discharge by demographic groups can be found for the Royal Navy and Royal Marines as individual populations in **Annex A** (pages 38 to 41).

Figure 1 shows the number and rate of Royal Navy/Royal Marines medical discharges over time from 2014/15 to 2023/24.

Figure 1: UK Regular Royal Navy/Royal Marines medical discharges by financial year, numbers and rates per 1,000 personnel
1 April 2013 to 31 March 2024
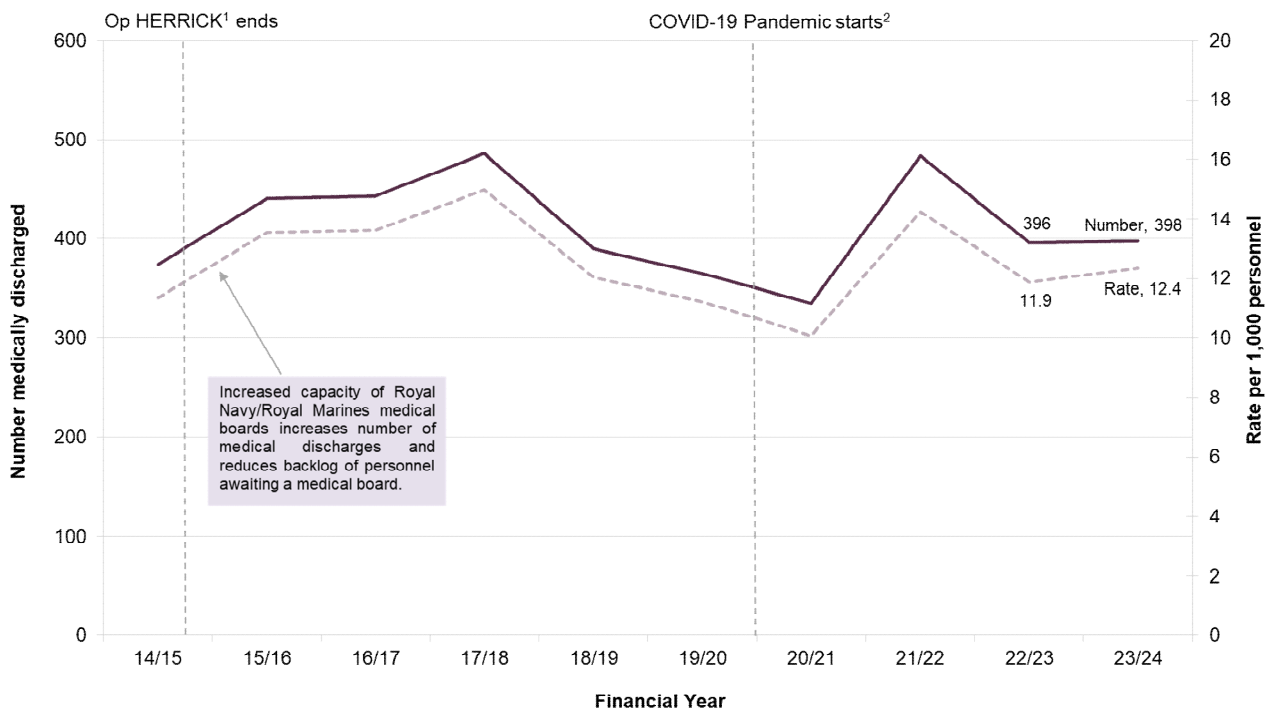
Source: DMICP, FMed 23 and JPA
[1] Operation HERRICK is the name for UK operations in Afghanistan which began 1 April 2006 and ended on 30 November 2014.
[2] March 2020 - start of COVID-19 pandemic; Defence, in line with the rest of the country followed guidance on restrictions from the UK Government and devolved administrations.

▲ The rate of medical discharges rose from 11.3 per 1,000 at the beginning of the reporting period to 15.0 per 1,000 in 2017/18. The rise may in part have been due to an increase in the capacity of Royal Navy/Royal Marines medical boards. Increased capacity meant that the medical boards could reduce any backlog of personnel awaiting a formal medical board following the reduction in the capacity during 2013/14 due to a lack of administrative support.

▼ The rate of medical discharges fell between 2017/18 and 2020/21 from 15.0 to 10.1 per 1,000. The reasons for this are unclear, however the fall in 2020/21 may partially be explained by COVID-19 restrictions on routine and clinical activity, and a deferral of discharges to minimise burden on the NHS.

▲ The rate of medical discharges significantly increased in 2021/22 to 14.2 in 1,000. This rise may in part have been due to a review of the management and retention of long-term downgraded personnel.

▼ The rate of medical discharges has since fallen to 11.9 per 1,000 in 2022/23 and remained stable at 12.4 per 1,000 in 2023/24.

Royal Navy/Royal Marines Continued

Demographic Risk Groups

In 2023/24, the rate of medical discharge was significantly higher for regular **Royal Navy/Royal Marines** personnel within the following demographic groups (Table 1):

- Aged 30-39 years
- Other ranks
- Trained

Royal Navy personnel only:
- Aged 30-39 years
- Other ranks
- Trained

Royal Marines personnel only:
- Aged 30-34 years
- Other ranks
- Untrained

Table 1: UK Regular Royal Navy/Royal Marines medical discharges by demographics[1], numbers and rates per 1,000 personnel
1 April 2023 to 31 March 2024

	n	rate	Rate of UK Regular Royal Navy/Royal Marines personnel medically discharged
Number of UK regular Royal Navy/Royal Marines personnel medically discharged	**398**	**12.4**	
Age			
Aged under 20[-]	6	4.0	
Aged 20-24	75	10.7	
Aged 25-29	81	12.1	
Aged 30-34[+]	90	17.1	
Aged 35-39[+]	78	16.9	
Aged 40-44	37	11.1	
Aged 45-49	18	9.7	
Aged 50 and over[-]	13	6.8	
Gender			
Male	346	12.0	
Female	52	15.0	
Rank			
Officer	30	4.3	
Other Rank*	368	14.6	
Training Status			
Trained*	369	12.9	
Untrained	29	8.2	
Service			
Royal Navy	310	12.0	
Royal Marines	88	13.7	

Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[+/-] Age groups found to be at a statistically significantly higher (+) or lower (-) risk than the remaining age groups combined using a z-test for a single proportion at a 95% confidence level.
* Groups found to be at a statistically significantly higher risk using a z-test for proportions at a 95% confidence level

Royal Navy/Royal Marines Continued

Figures 2 to **6** present the Royal Navy/Royal Marines medical discharges by demographic group from 2019/20 to 2023/24 with possible explanations for the differences observed.

The rates of medical discharge by demographic groups can be found for the Royal Navy and Royal Marines as individual populations in **Annex A** (pages 38 to 41).

Figure 2: UK Regular Royal Navy/Royal Marines medical discharges by age group[1] and financial year[2], rates per 1,000 personnel
1 April 2019 to 31 March 2024

○ Indicates the age group is significantly higher or lower than the remaining age groups combined for the year.

– – The dashed line represents the **overall rate** of medical discharges per year
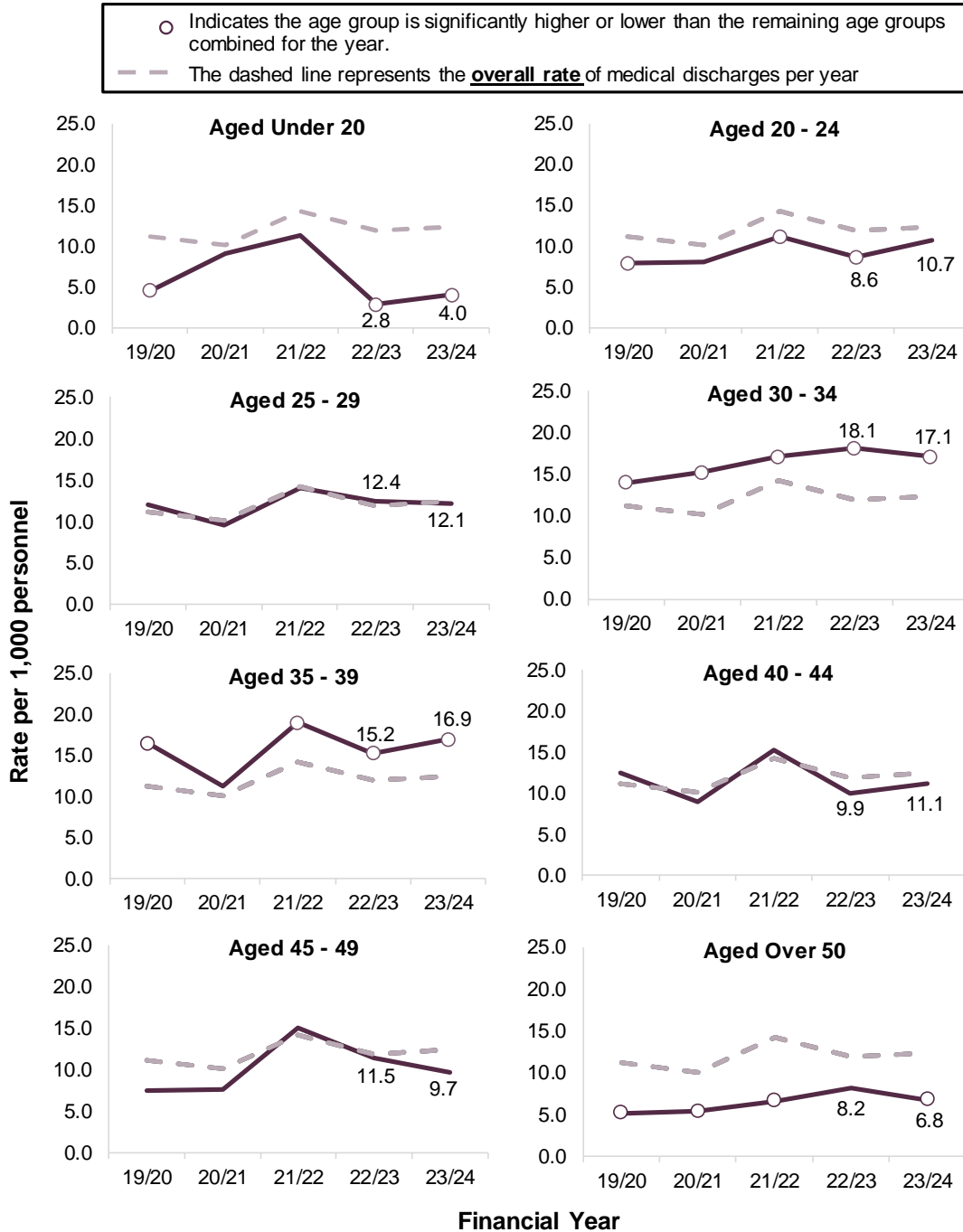
In 2023/24, the rate of medical discharge for personnel **aged 30-34 years** and **aged 35-39 years** were **significantly higher** than other age groups and the rate for those **aged under 20 years** and **aged over 50 years** were **significantly lower** compared to other age groups.

Royal Navy/Royal Marines Continued

Figure 3: UK Regular Royal Navy/Royal Marines medical discharges by gender[1] and financial year, rates per 1,000 personnel
1 April 2019 to 31 March 2024

The rate of medical discharges in females has been higher than males for all years presented.

The higher rate of medical discharges in female personnel may be due to their higher risk of sustaining Musculoskeletal Disorders and Injuries[4], reporting injury[3] and higher presentation of mental health disorders[5].

Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] March 2020 - start of COVID-19 pandemic.

Figure 4: UK Regular Royal Navy/Royal Marines medical discharges by rank[1] and financial year, rates per 1,000 personnel
1 April 2019 to 31 March 2024

The rate of medical discharge among **other ranks was significantly higher** than officers throughout the period presented. The reason for this is unclear, however it may in part be due to role requirements. Officers may have more opportunities to be placed in an ashore role where it is easier to deliver medical care and assess treatment. There are complexities of retaining personnel with medical needs in roles on-board ship.

Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] March 2020 - start of COVID-19 pandemic.

Royal Navy/Royal Marines Continued

Figure 5: UK Regular Royal Navy/Royal Marines medical discharges by training status[1] and financial year, rates per 1,000 personnel
1 April 2019 to 31 March 2024

Source: DMICP, FMed 23 and JPA
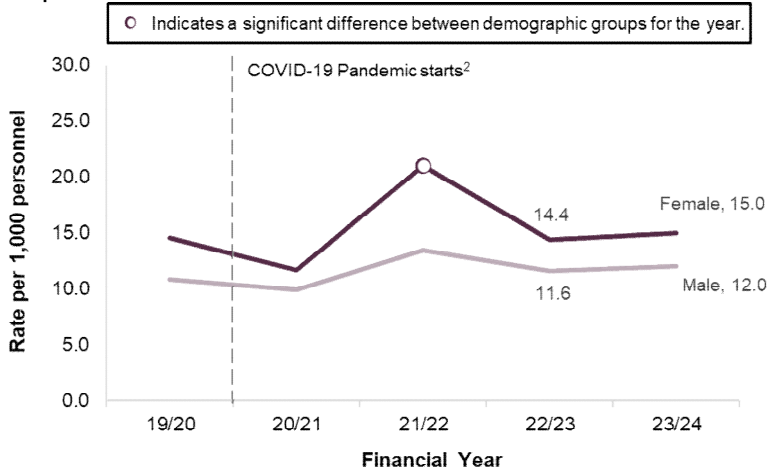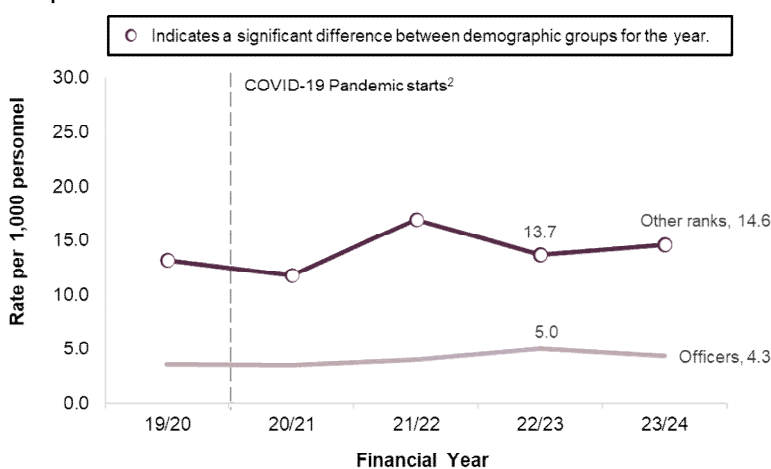[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] March 2020 - start of COVID-19 pandemic.

The rate of medical discharge was **significantly higher** among **trained personnel for Royal Navy/Royal Marines** combined.

When considering the Royal Navy and Royal Marines separately; the rate of medical discharge was **significantly higher** among **trained Royal Navy** personnel and **untrained Royal Marines** throughout the period presented.

The higher rate of medical discharges among untrained Royal Marines may be due to the intensive nature of the training programme.

In the last two years, rates of medical discharge for untrained Royal Marines have fallen, driven by a reduction of medical discharges due to musculoskeletal injuries.

Additionally, where the standard of physical fitness associated with training and deployment is not met in the Royal Marines, personnel are given the option to transfer to the Royal Navy provided they meet the Royal Navy standard.

Figure 6: UK Regular Royal Navy/Royal Marines medical discharges by service[1] and financial year, rates per 1,000 personnel
1 April 2019 to 31 March 2024
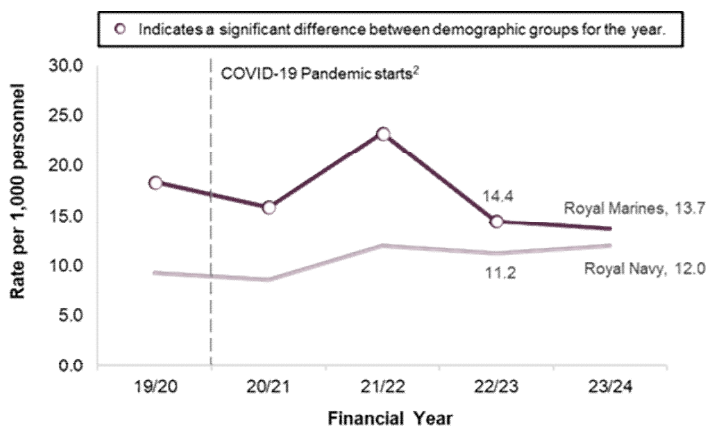
Source: DMICP, FMed 23 and JPA
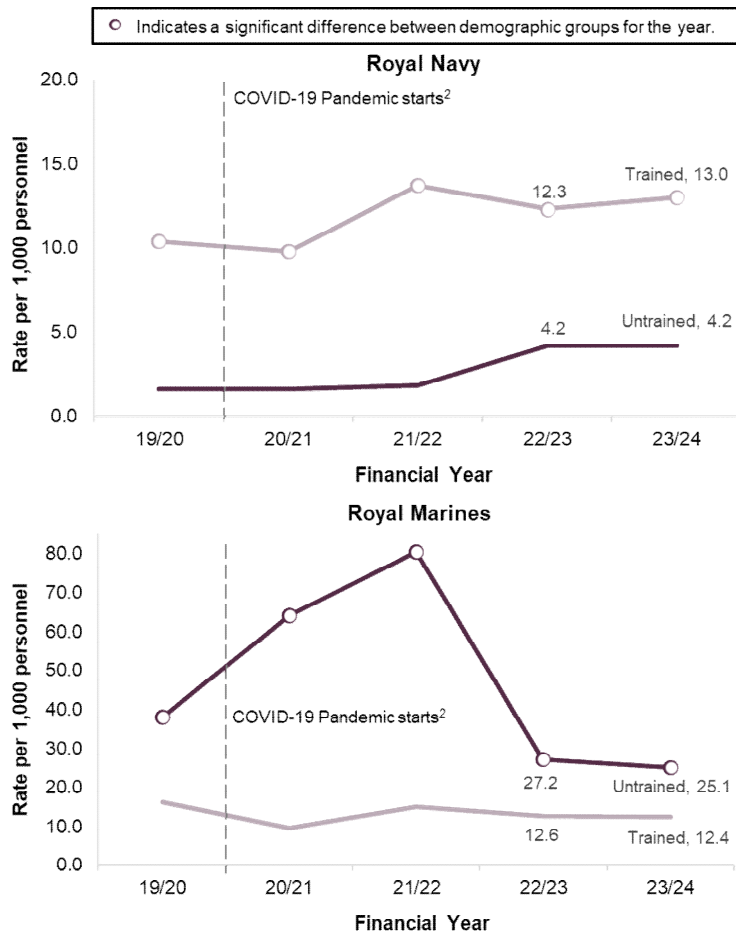[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] March 2020 - start of COVID-19 pandemic.

There was no significant difference in the rate of medical discharges among **Royal Marines** compared to the **Royal Navy** in 2023/24. In all previous years presented, the rate of Royal Marine medical discharges was significantly higher than the Royal Navy.

Royal Navy/Royal Marines Continued

Causes of Medical Discharge

When UK armed forces personnel are medically discharged, the medical reason for the discharge is recorded and categorised using a coding system known as ICD-10 (see glossary). **Principal cause** is the main medical cause of the discharge. **Contributory causes** include any other conditions identified that would result in a medical discharge. All further information presented in the cause of medical discharge section will be relating to principal cause of discharge only.

In 2023/24, the two most common principal causes of medical discharges in the Royal Navy/Royal Marines were Musculoskeletal Disorders and Injuries and Mental and Behavioural Disorders.

41% of medical discharges (approx. 2 in 5) were due to **Musculoskeletal Disorders and Injuries**.

34% of medical discharges (approx. 1 in 3) were due to **Mental and Behavioural Disorders**.

Royal Navy personnel only:
- **34%** of medical discharges were due to Musculoskeletal Disorders and Injuries.
- **40%** of medical discharges were due to Mental and Behavioural Disorders.

Royal Marines personnel only:
- **69%** of medical discharges were due to Musculoskeletal Disorders and Injuries.
- **13%** of medical discharges were due to Mental and Behavioural Disorders.

Table 2 presents Royal Navy/Royal Marines medical discharges by principal ICD-10 cause code group (the chapter within which the condition is categorised) for 2023/24 and the total for the latest five year period, 2019/20 to 2023/24. The five year total is provided as a comparator for the cause group percentages in the latest year. For a breakdown of each of the five years, please see the supplementary tables (Table 3).

Royal Navy/Royal Marines Continued

Table 2: UK Regular Royal Navy/Royal Marines medical discharges by principal ICD-10 cause code group[1] and financial year, numbers and percentages[2]
1 April 2019 to 31 March 2024

	5 Year Total 2019/20-2023/24		2023/24	
	n	%	n	%
All medical discharges	**1,978**		**398**	
All cause coded medical discharges	**1,977**	**100**	**398**	**100**
Infectious and parasitic diseases	~	<1	~	1
Neoplasms	28	1	~	1
Blood disorders	5	<1	~	<1
Endocrine, nutritional and metabolic diseases	38	2	~	<1
- Of which diabetes	28	1	0	0
- Of which insulin-dependent	15	<1	0	0
- Of which non-insulin-dependent	10	<1	0	0
Mental and behavioural disorders	540	27	135	34
- Of which mood disorders	165	8	48	12
- Of which depression	148	7	45	11
- Of which neurotic, stress related and somatoform	319	16	73	18
- Of which post-traumatic stress disorder (PTSD)	141	7	27	7
- Of which adjustment disorder	35	2	12	3
Nervous system disorders	84	4	17	4
- Of which epilepsy	11	<1	0	0
Eye and adnexa diseases	18	<1	6	2
- Of which blindness, low vision and visual disturbance	~	<1	~	<1
Ear and mastoid process diseases	59	3	8	2
- Of which hearing loss	46	2	5	1
- Of which noise-induced hearing loss	9	<1	~	<1
- Of which tinnitus	6	<1	~	<1
Circulatory system disorders	62	3	15	4
Respiratory system disorders	25	1	~	<1
- Of which asthma	19	<1	~	<1
Digestive system disorders	54	3	10	3
Skin and subcutaneous tissue diseases	46	2	9	2
Musculoskeletal disorders and injuries	911	46	165	41
- Of which injuries and disorders of the knee	237	12	47	12
- Of which knee pain	103	5	19	5
- Of which back pain	175	9	28	7
- Of which low back pain	157	8	24	6
- Of which injuries and disorders of the ankle and foot	118	6	21	5
- Of which heat injury	5	<1	0	0
- Of which cold injury	16	<1	~	<1
Genitourinary system diseases	16	<1	~	1
Pregnancy, childbirth and puerperium	0	0	0	0
Congenital malformations	7	<1	~	<1
Clinical and laboratory findings[3]	55	3	11	3
External causes of morbidity and mortality	~	<1	~	<1
Factors influencing health status	21	1	~	<1
No details held on principal condition for medical boarding	1		0	
Withheld consent	0		0	

Source: DMICP, FMed 23 and JPA
[1] Each cause of discharge category has been compiled using ICD-10 codes, please see the supplementary tables for specific codes.
[2] Percentages are calculated from the total of all cause-coded medical discharges. Data presented as "<1%" represent a percentage greater than 0% but smaller than 1%.
[3] Clinical and laboratory findings include symptoms and abnormal clinical findings - such as irregular heartbeat and abdominal pain - which are ill-defined and may not have a diagnosis that can be elsewhere classified
~ In line with JSP 200 on statistical disclosure, figures fewer than five have been suppressed. Where there was only one cell in a row or column that was fewer than five, the next smallest number has also been suppressed so that numbers cannot simply be derived from totals.

Royal Navy/Royal Marines Continued

Figure 7 shows the main principal cause coded medical discharges between 2019/20 and 2023/24.

Musculoskeletal Disorders and Injuries was the largest principal cause of Royal Navy/Royal Marines medical discharges over the last five years, accounting for approximately 2 in 5 of all discharges (41%). The proportion of Musculoskeletal Disorders and Injuries discharges over the last five years was higher among Royal Marines personnel (69%) than Royal Navy personnel (34%), which may be due to the physically intensive nature of many of the roles within this service.

Mental and Behavioural Disorders remained the second largest principal cause of Royal Navy/Royal Marines medical discharges across the reporting period and the proportion of medical discharges for these disorders increased between 2020/21 and 2023/24. This increase was driven by discharges in the Royal Navy, with numbers of Royal Marine discharges for Mental and Behavioural Disorders being consistently lower over the last five years. Rates of personnel seen in any military healthcare setting for a mental health related reason[5] were also significantly lower among Royal Marines compared to the Royal Navy and the other services (army and RAF); this may be attributed to their selection processes, tight unit cohesion and high levels of preparedness.

Nervous System Disorders was the third largest principal cause of Royal Navy/Royal Marines medical discharges over the last five years, accounting for around 4% of all medical discharges since 2019/20.

Please note that each medical discharge can only have one principal condition, and a decrease in one cause code group may appear as an increase in another. Therefore, it is important to consider all cause code groups when looking at trends over time.

Figure 7: UK Regular Royal Navy/Royal Marines medical discharges by principal ICD-10 cause code group and financial year, percentages[1,2]
1 April 2019 to 31 March 2024
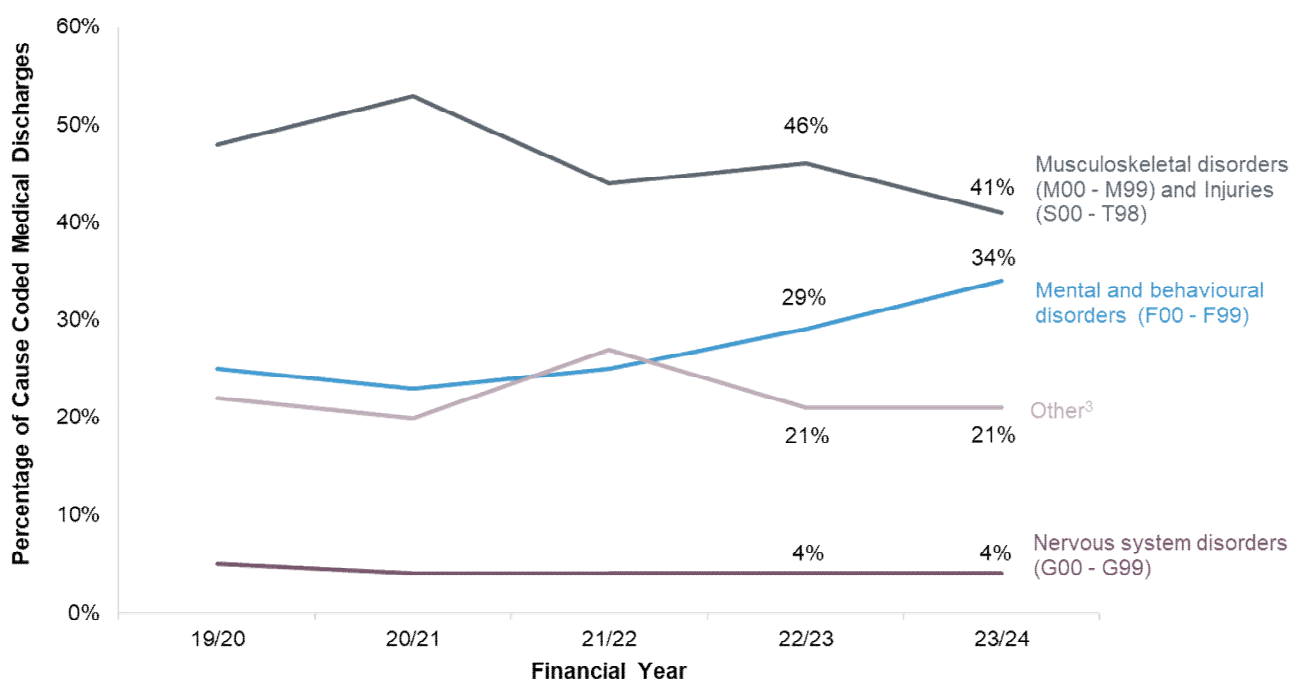
Source: DMICP, FMed 23 and JPA
[1] Percentages are calculated from the total of all cause-coded medical discharges.
[2] Due to rounding, percentages might not add to 100%.
[3] Includes 15 cause code groups; each accounting for a maximum of 3% of all Royal Navy/Royal Marines cause coded medical discharges.

Royal Navy/Royal Marines Continued

Figure 8 shows the proportions of cause coded medical discharges by principal ICD-10 cause code groups in 2023/24.

Over half of the medical discharges as a result of Musculoskeletal Disorders and Injuries in 2023/24 were linked to injuries and disorders of the knee, ankle and foot, as well as back pain (n = 96, 58%). The high numbers of medical discharges for these conditions is likely due to the physical activity required in many areas of the Royal Navy/Royal Marines; training on uneven ground carrying heavy loads, adopting firing positions, climbing ladders and working on a moving platform aboard ship. Back pain is also the leading cause of global disability[8].

The remaining medical discharges due to Musculoskeletal Disorders and Injuries (n = 69, 42%) were distributed across a wide range of disorders and injuries, with no large numbers of discharges in one particular body region or medical condition.

The majority of medical discharges as a result of Mental and Behavioural Disorders in 2023/24 were due to Neurotic (including Adjustment, PTSD and Anxiety), Stress and Somatoform Disorders (n = 73, 54%), and Mood Disorders (including Depression) (n = 48, 36%). Neurotic Disorders were the most prevalent mental disorders assessed at MOD Specialist Mental Health services (DCMHs) in 2023/24[5].

In 2023/24, Post-Traumatic Stress Disorder (PTSD) accounted for approximately 1 in 5 Mental and Behavioural Disorder medical discharges whereas PTSD only accounted for approximately 1 in 8 initial assessments by MOD specialist mental health clinicians[5] for Royal Navy/Royal Marines personnel. This difference may reflect the severity of PTSD and the impact that a continued role in the military may have on the individual's condition.

Figure 8: UK Regular Royal Navy/Royal Marines medical discharges by principal ICD-10 cause code group, numbers and percentages[1]
1 April 2023 to 31 March 2024
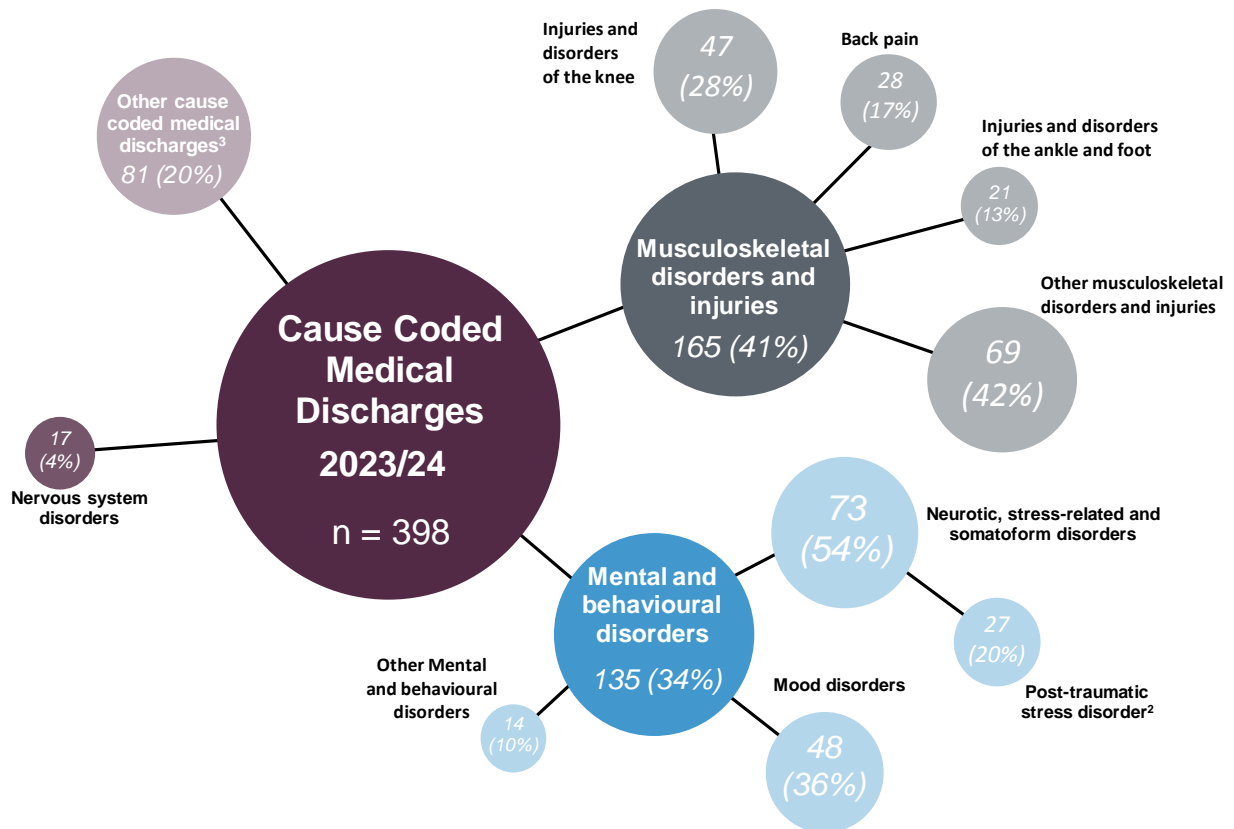
Source: DMICP, FMed 23 and JPA
[1] Due to rounding, percentages might not add to 100%.
[2] Post-traumatic stress disorder discharges are shown as a percentage of Mental and Behavioural Disorders and not Neurotic Stress-related and Somatoform Disorders.
[3] Includes 15 cause code groups; each accounting for a maximum of 4% of all Royal Navy/Royal Marines cause coded medical discharges.

Royal Navy/Royal Marines Continued

When considering both the principal and contributory causes of discharge in the Royal Navy/Royal Marines in 2023/24:

- Musculoskeletal Disorders and Injuries were present in over half of discharges (n = 223, 56%).
- Mental and Behavioural Disorders were present in just under half of discharges (n = 167, 42%).
- Whilst the top two principal and contributory causes of discharge were consistent in both the Royal Navy and Royal Marines, the third most common causes differed:
    - In the Royal Navy, Circulatory system disorders were the third most common cause (n = 22, 7%).
    - In the Royal Marines, Ear and Mastoid Process Diseases were the third most common cause (n = 10, 11%).

Further information on the principal and contributory causes of medical discharge in the UK regular Royal Navy/Royal Marines can be found in the supplementary tables to this report (**Table 4, 15, and 18**).

Army

Trends in Medical Discharges

In 2023/24, there were **1,320** medical discharges from the army; a rate of **16 per 1,000** personnel. This rate was **significantly higher** than last year.

Figure 9 shows the number and rate of army medical discharges over time from 2014/15 to 2023/24. In 2021/22 rates increased for the first time since 2016/17. Rates of medical discharge in 2023/24 have returned to a level seen prior to the COVID-19 pandemic.

Figure 9: UK Regular army medical discharges by financial year, numbers and rates per 1,000 personnel
1 April 2014 to 31 March 2024
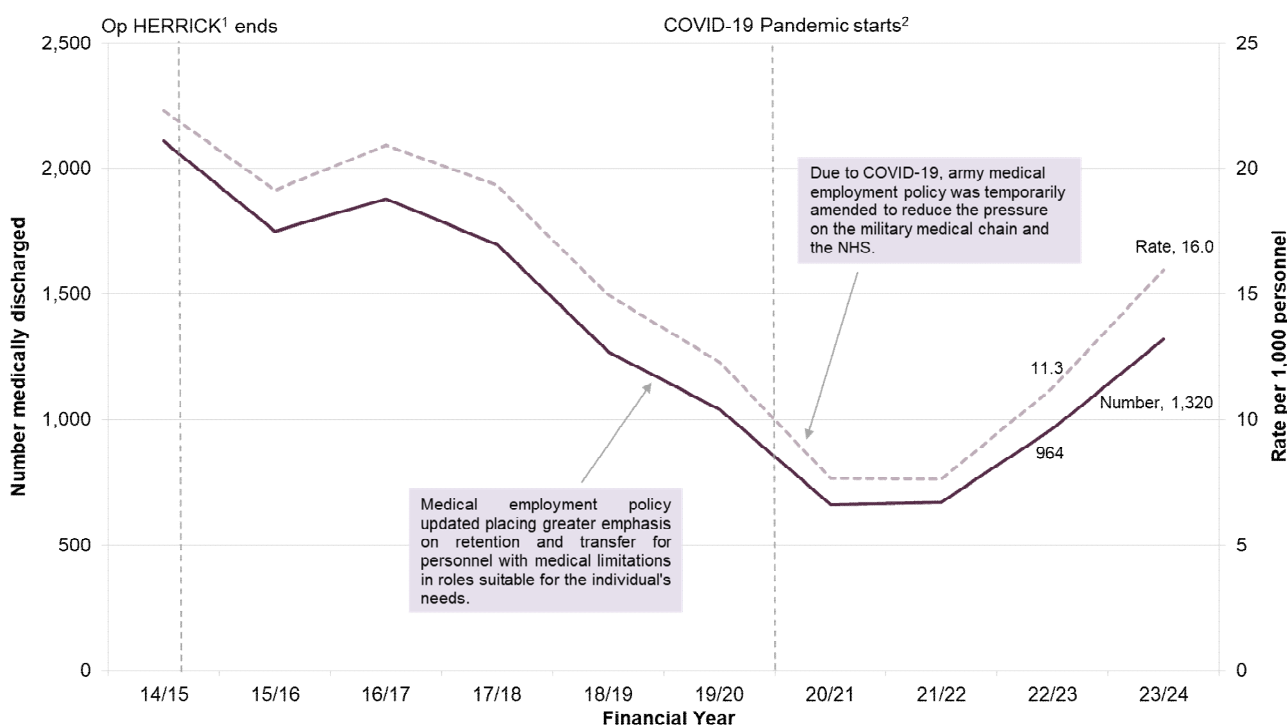
Source: DMICP, FMed 23 and JPA
[1] Operation HERRICK is the name for UK operations in Afghanistan which began 1 April 2006 and ended on 30 November 2014.
[2] March 2020 - start of COVID-19 pandemic; Defence, in line with the rest of the country followed guidance on restrictions from the UK Government and devolved administrations.

▼ The rate of medical discharges fell between 2016/17 and 2021/22 from 20.9 per 1,000 to 7.6 per 1,000. This may be due to an increased availability of roles suitable for personnel with medical restrictions. In 2019/20, the army updated their medical employment policy placing greater emphasis on retention and transfer for personnel with medical limitations into roles suitable for their individual needs, thus retaining personnel who may previously have been medically discharged.

▶ Between 2020/21 and 2021/22, as a result of COVID-19, army medical employment policy was temporarily amended to reduce the pressure on the military medical chain and the NHS. Changes included medical extensions and deferrals of a person's last day of service. Additionally, a reduction in some routine and training activities may have resulted in fewer injuries and subsequently impacted the number of discharges in these years.

▲ Between 2021/22 and 2023/24 the rate of medical discharges increased for the first time since 2016/17, and in the latest year the rate has returned to a level last seen prior to the COVID-19 pandemic. The reasons for this are unclear but may be influenced by a number of factors including a return to pre covid routine and training activities, increased capacity of medical boards to review personnel recommended for discharge, and a change in the definition for how those who choose not to accept an alternative employment offer are categorised.

Army Continued

Demographic Risk Groups

In 2023/24, the rate of medical discharge was significantly higher for regular army personnel within the following demographic groups (**Table 3**):
- Aged 30-34 years
- Females
- Other ranks
- Untrained

Table 3: UK Regular Army medical discharges by demographics[1], numbers and rates per 1,000 personnel
1 April 2023 to 31 March 2024

	n	rate	Rate of UK Regular Army personnel medically discharged
Number of UK regular army personnel medically discharged	**1,320**	**16.0**	
Age			
Aged under 20[-]	53	10.6	
Aged 20-24	284	17.0	
Aged 25-29	259	15.7	
Aged 30-34[+]	266	18.3	
Aged 35-39[-]	185	14.0	
Aged 40-44	152	16.9	
Aged 45-49	68	15.8	
Aged 50 and over	53	16.7	
Gender			
Male	1,135	15.2	
Female*	185	23.5	
Rank			
Officer	105	8.0	
Other Rank*	1,215	17.5	
Training Status			
Trade Trained[2]	1,188	15.6	
Untrained*	132	20.1	

Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] Army personnel are considered trade trained when they have completed both phase 1 and 2 training.
[+/-] Age groups found to be at a statistically significantly higher (+) or lower (-) risk than the remaining age groups combined using a z-test for a single proportion at a 95% confidence level.
* Groups found to be at a statistically significantly higher risk using a z-test for proportions at a 95% confidence level.

The higher rates of presentation among the demographic groups seen in Table 3 were broadly consistent to those seen in previous years. **Figures 10** to **13** present the army medical discharges by demographic group over time, with possible explanations for the differences observed.

Army Continued

Figures 10 to 13 present the Army medical discharges by demographic group from 2019/20 to 2023/24 with possible explanations for the differences observed.

Figure 10: UK Regular Army medical discharges by age group[1] and financial year[2], rates per 1,000 personnel
1 April 2019 to 31 March 2024
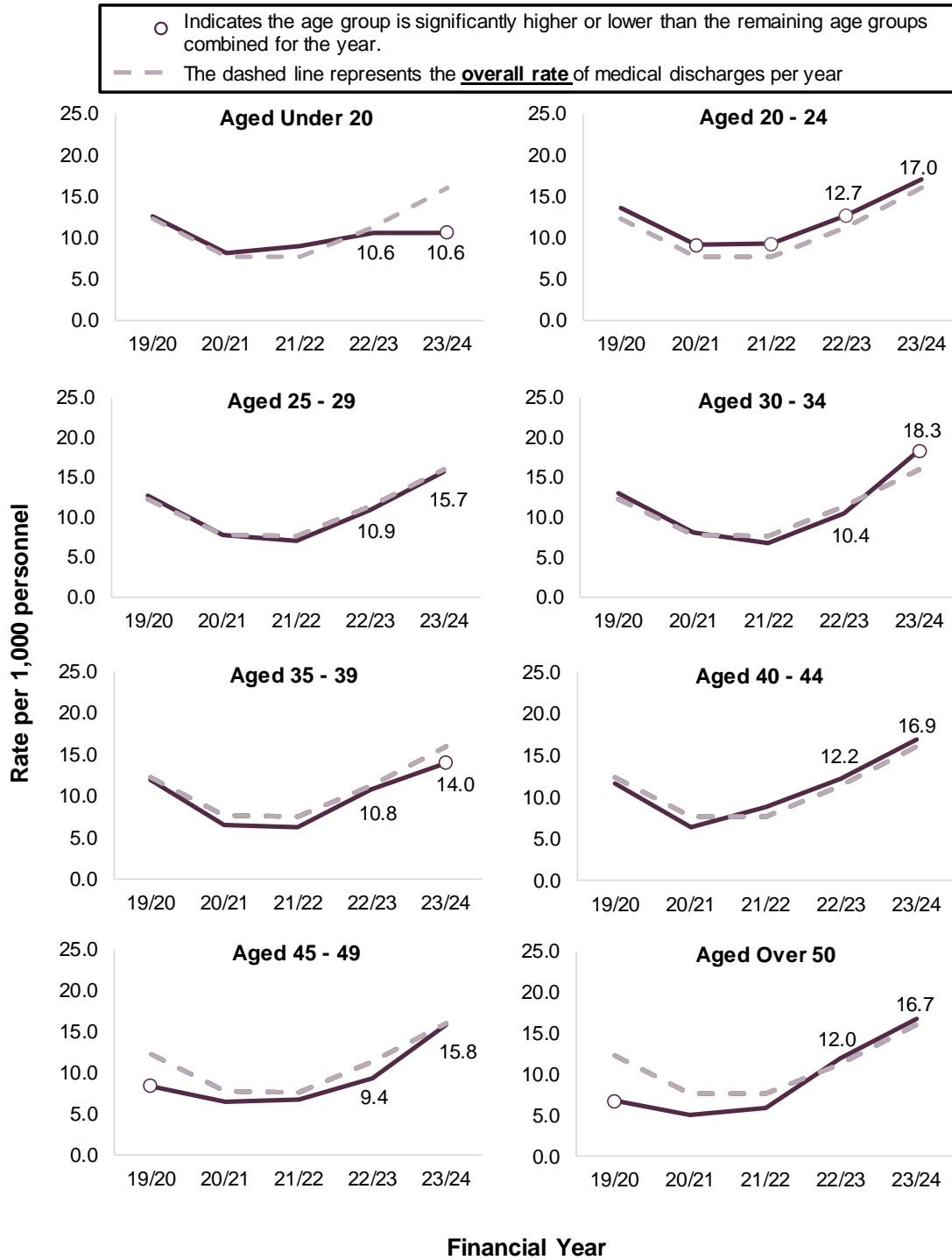
Source: DMICP, FMed 23 and JPA
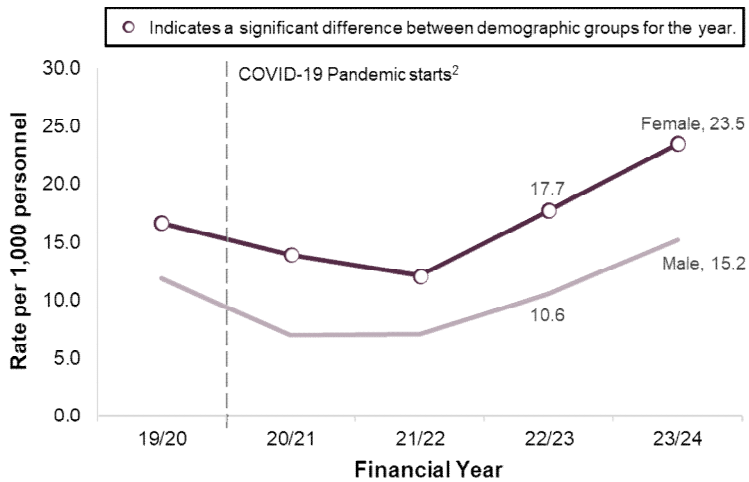[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] March 2020 - start of COVID-19 pandemic.

In 2023/24, the rate of medical discharge for personnel **aged under 20** and **aged 35-39 years** were **significantly lower** than the remaining age groups and the rate of medical discharge for personnel **aged 30-34 years** was **significantly higher.**

Army Continued

Figure 11: UK Regular Army medical discharges by gender[1] and financial year, rates per 1,000 personnel
1 April 2019 to 31 March 2024

Army **females** had **significantly higher rates** of medical discharge than males throughout the period presented.

The higher rate of medical discharges in female personnel may be due to their higher risk of sustaining Musculoskeletal Disorders and Injuries[4], and higher presentation of mental health disorders[5] (the leading two causes of medical discharge).

Source: DMICP, FMed 23 and JPA
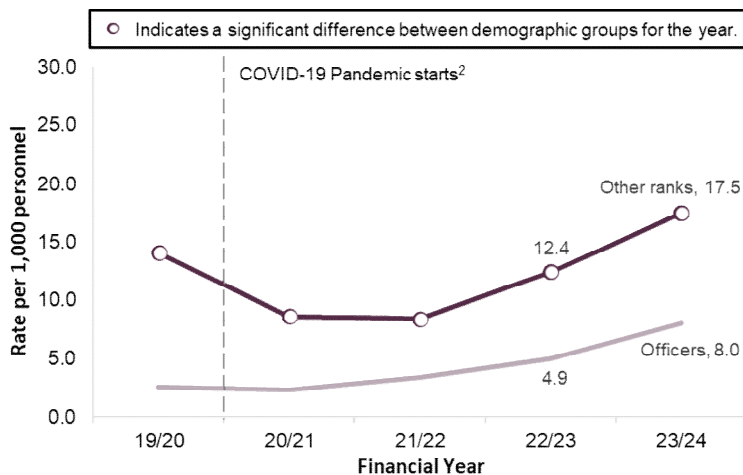[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] March 2020 - start of COVID-19 pandemic.

Figure 12: UK Regular Army medical discharges by rank[1] and financial year, rates per 1,000 personnel
1 April 2019 to 31 March 2024

The rates of medical discharge among **other ranks** were **significantly higher** than for officers throughout the period presented.

Officers are more likely to be employed in office-based roles than other ranks and are more likely to be employed in or can be reassigned to duties that are compatible with their individual medical limitations.

Source: DMICP, FMed 23 and JPA
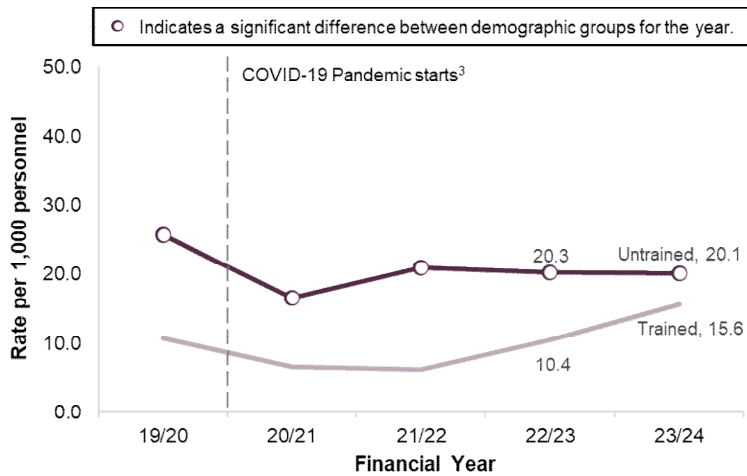[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] March 2020 - start of COVID-19 pandemic.

Army Continued

Figure 13: UK Regular Army medical discharges by training status[1,2] and financial year, rates per 1,000 personnel
1 April 2019 to 31 March 2024

The rate of medical discharge among **untrained personnel** remained **significantly higher** than trade trained personnel throughout the period presented. The rates of medical discharges were also higher among untrained Royal Marines which may be due to the similarly intensive nature of the army and Royal Marines training programmes.

Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] Army personnel are considered trade trained when they have completed both phase 1 and 2 training.
[3] March 2020 - start of COVID-19 pandemic.

Army Continued

Causes of Medical Discharges

When UK armed forces personnel are medically discharged, the medical reason for the discharge is recorded and categorised using a coding system known as ICD-10 (see glossary). **Principal cause** is the main medical cause of the discharge. **Contributory causes** include any other conditions identified that would result in a medical discharge. All information presented in the cause of medical discharge section will be relating to principal cause of discharge only.

In 2023/24, the two most common principal causes of medical discharges in the army were Mental and Behavioural Disorders and Musculoskeletal Disorders and Injuries.

40% of medical discharges (approx. 2 in 5) were due to **Mental and Behavioural Disorders**.

38% of medical discharges (approx. 2 in 5) were due to **Musculoskeletal Disorders and Injuries**.

Table 4 presents army medical discharges by principal ICD-10 cause code group (the chapter within which the condition is categorised) for 2023/24 and the total for the latest five year period, 2019/20 to 2023/24. The five year total is provided as a comparator for the cause group percentages in the latest year. For a breakdown of each of the five years, please see the supplementary tables (Table 7).

Army Continued

Table 4: UK Regular Army medical discharges by principal ICD-10 cause code group[1] and financial year, numbers and percentages[2]

1 April 2019 to 31 March 2024

	5 Year Total 2019/20-2023/24		2023/24	
	n	%	n	%
All medical discharges	**4,657**		**1,320**	
All cause coded medical discharges	**4,577**	**100**	**1,308**	**100**
Infectious and parasitic diseases	22	<1	10	<1
Neoplasms	52	1	18	1
Blood disorders	14	<1	7	<1
Endocrine, nutritional and metabolic diseases	35	<1	10	<1
- Of which diabetes	20	<1	7	<1
- Of which insulin-dependent	10	<1	~	<1
- Of which non-insulin-dependent	7	<1	~	<1
Mental and behavioural disorders	1,862	41	521	40
- Of which mood disorders	718	16	193	15
- Of which depression	602	13	159	12
- Of which neurotic, stress related and somatoform	1,020	22	286	22
- Of which post-traumatic stress disorder (PTSD)	657	14	175	13
- Of which adjustment disorder	153	3	46	4
Nervous system disorders	108	2	29	2
- Of which epilepsy	28	<1	7	<1
Eye and adnexa diseases	19	<1	6	<1
- Of which blindness, low vision and visual disturbance	~	<1	~	<1
Ear and mastoid process diseases	142	3	53	4
- Of which hearing loss	106	2	41	3
- Of which noise-induced hearing loss	25	<1	11	<1
- Of which tinnitus	20	<1	9	<1
Circulatory system disorders	88	2	26	2
Respiratory system disorders	26	<1	9	<1
- Of which asthma	19	<1	7	<1
Digestive system disorders	72	2	31	2
Skin and subcutaneous tissue diseases	45	<1	15	1
Musculoskeletal disorders and injuries	1,861	41	499	38
- Of which injuries and disorders of the knee	474	10	129	10
- Of which knee pain	243	5	78	6
- Of which back pain	276	6	86	7
- Of which low back pain	245	5	77	6
- Of which injuries and disorders of the ankle and foot	237	5	61	5
- Of which heat injury	11	<1	8	<1
- Of which cold injury	74	2	10	<1
Genitourinary system diseases	17	<1	~	<1
Pregnancy, childbirth and puerperium	0	0	0	0
Congenital malformations	~	<1	~	<1
Clinical and laboratory findings[3]	168	4	55	4
External causes of morbidity and mortality	~	<1	0	0
Factors influencing health status	36	<1	13	<1
No details held on principal condition for medical boarding	79		12	
Withheld consent	1		0	

Source: DMICP, FMed 23 and JPA

[1] Each cause of discharge category has been compiled using ICD-10 codes, please see the supplementary tables for specific codes.

[2] Percentages are calculated from the total of all cause-coded medical discharges. Data presented as "<1%" represent a percentage greater than 0% but smaller than 1%.

[3] Clinical and laboratory findings include symptoms and abnormal clinical findings - such as irregular heartbeat and abdominal pain - which are ill-defined and may not have a diagnosis that can be elsewhere classified.

~ In line with JSP 200 on statistical disclosure, figures fewer than five have been suppressed. Where there was only one cell in a row or column that was fewer than five, the next smallest number has also been suppressed so numbers cannot simply be derived from totals.

Army Continued

Figure 14 shows the main principal cause coded medical discharges between 2019/20 and 2023/24.

In the last five years Musculoskeletal Disorders and Injuries and Mental and Behavioural Disorders were the leading principal causes, accounting for four out of five of army medical discharges. This finding is in line with the United States[6] and Canadian Militaries[7] who also reported these causes as the two most common reasons for medical release.

In 2019/20, Musculoskeletal Disorders and Injuries was the largest principal cause of army medical discharges. However, since 2020/21, Mental and Behavioural Disorders was the largest principal cause. This could be the result of the temporary amendments to the army medical employment policy and restricted clinical activity in rehabilitation services due to COVID-19, which may have led to more discharge deferrals for personnel with Musculoskeletal Disorders and Injuries than Mental and Behavioural Disorders. Numbers of medical discharges due to Musculoskeletal Disorders and Injuries have since returned to pre-COVID levels. Since 2022/23, the proportion of Mental and Behavioural Disorders and Musculoskeletal Disorders and Injuries discharges have been similar, each accounting for around 40% of medical discharges.

Please note that each medical discharge can only have one principal condition and a percentage decrease reduction in one cause code group may appear as an increase in another. Therefore, it is important to consider all cause code groups when looking at trends over time.

Figure 14: UK Regular Army medical discharges by principal ICD-10 cause code group and financial year, percentages[1,2]
1 April 2019 to 31 March 2024
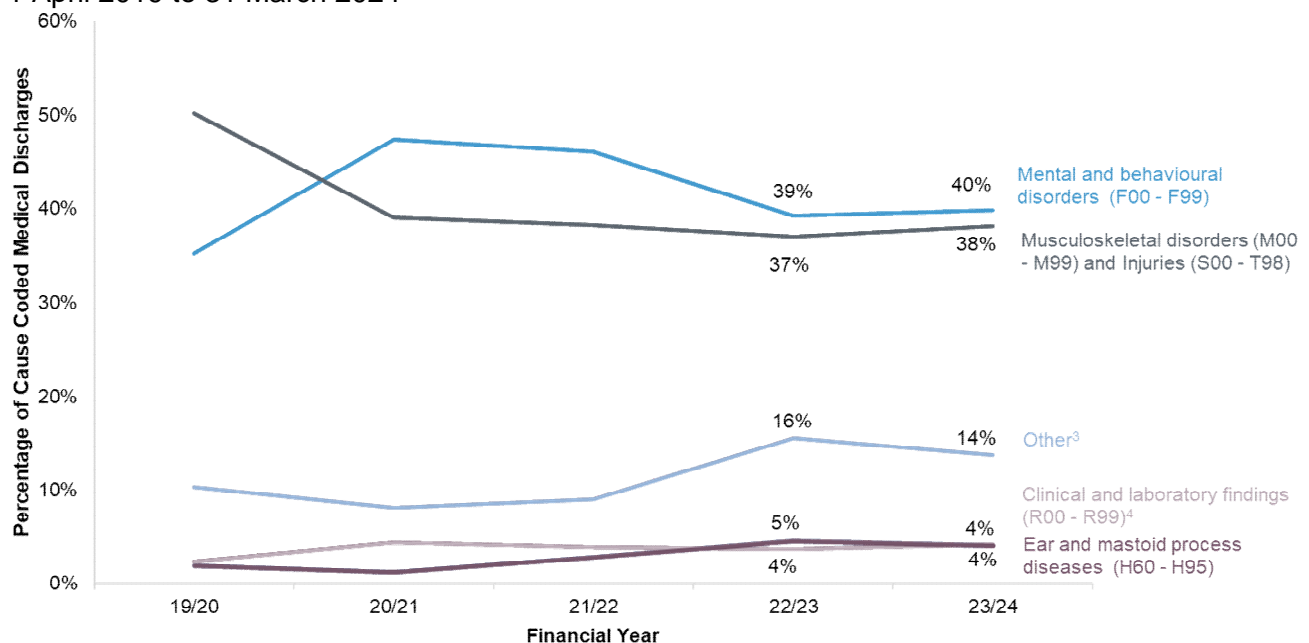
Source: DMICP, FMed 23 and JPA
[1] Percentages are calculated from the total of all cause-coded medical discharges.
[2] Due to rounding, percentages might not add to 100%
[3] Includes 15 cause code groups; each accounting for a maximum of 5%
[4] Clinical and laboratory findings include symptoms and abnormal clinical findings - such as irregular heartbeat and abdominal pain - which are ill-defined and may not have a diagnosis that can be elsewhere classified

Figure 15 presents the proportions of cause coded medical discharges by principal ICD-10 cause code groups in 2023/24.

In 2023/24, just over half of the medical discharges as a result of Musculoskeletal Disorders and Injuries were linked to injuries and disorders of the knee, ankle and foot, as well as back pain (n = 276, 55%). Injuries to the knee, ankle and foot may be the result of the physical activity required of many army personnel, such as training on hard ground carrying heavy loads, marching and assuming fire positions. Back pain is also the leading cause of global disability[8].

Army Continued

The remaining half of medical discharges due to Musculoskeletal Disorders and Injuries (n = 223 45%) were distributed across a wide range of disorders and injuries, with no large numbers in one particular body region or medical condition.

The majority of medical discharges due to Mental and Behavioural Disorders in 2023/24 were the result of Neurotic (including Adjustment, PTSD and Anxiety), Stress Related and Somatoform Disorders (n = 286, 55%), and Mood Disorders (including Depression) (n = 193, 37%). Neurotic Disorders were the most prevalent mental disorders assessed at MOD specialist health services (DCMHs) in 2023/24[5].

Post-Traumatic Stress Disorder (PTSD) accounted for approximately a third of Mental and Behavioural Disorder medical discharges, whereas PTSD only accounted for approximately 1 in 8 assessments seen at MOD specialist mental health services[5] for the Army. This difference may reflect the severity of PTSD and the impact that a continued role in the military may have on the individual's condition.

Figure 15: UK Regular Army medical discharges by principal ICD-10 cause code group, numbers and percentages[1]
1 April 2023 to 31 March 2024
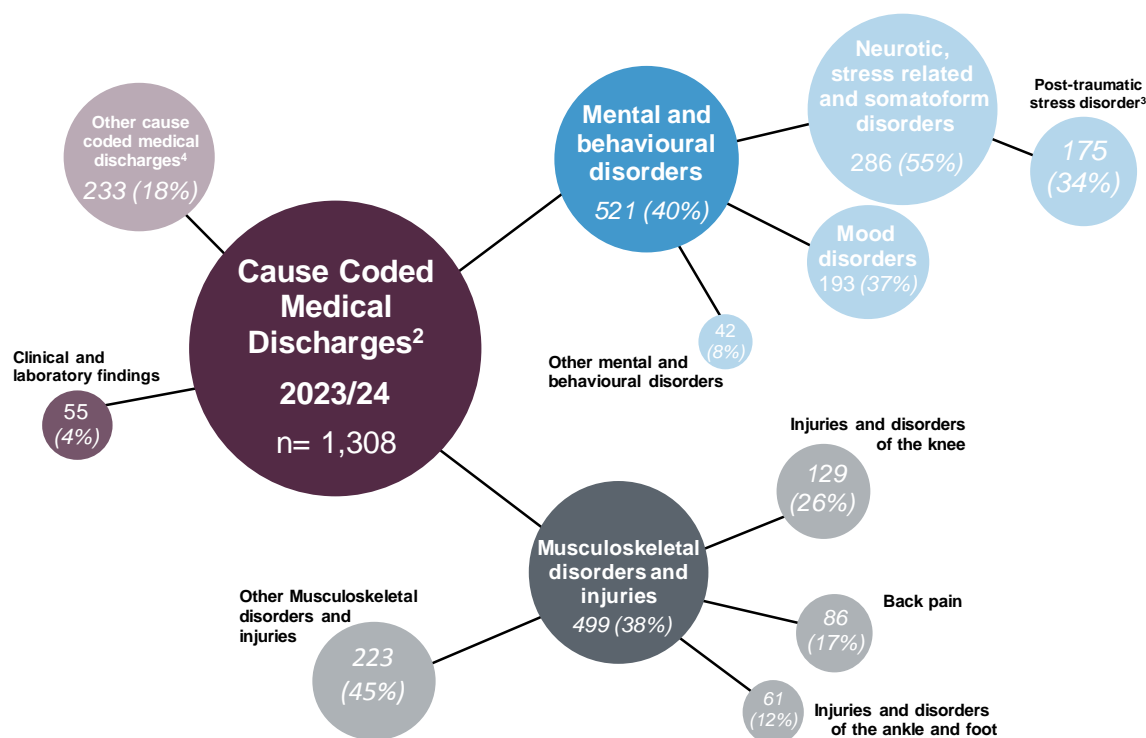
Source: DMICP, FMed 23 and JPA
[1] Due to rounding, percentages might not add to 100%.
[2] Total number of army discharges were 1,320, however 12 personnel had no details on principal condition for medical discharge.
[3] Post-traumatic stress disorder discharges are shown as a percentage of Mental and Behavioural Disorders and not Neurotic Stress-related and Somatoform Disorders.
[4] Includes 14 cause code groups; each accounting for a maximum of 4% of all regular army cause coded medical discharges.

When considering both the principal and contributory cause of discharge in 2023/24:

- Musculoskeletal Disorders and Injuries were present in over half of discharges (n = 700, 54%).
- Mental and Behavioural Disorders were present in half of all discharges (n = 642, 49%).
- Ear and Mastoid Process Diseases were the third most prevalent cause (n = 116, 9%).

Further information on the principal and contributory causes of medical discharge in the UK regular army can be found in the supplementary tables to this report (**Table 8**).

RAF

Trends in Medical Discharges

In 2023/24, there were **245** medical discharges from the RAF; a rate of **8 per 1,000** personnel. This rate was not significantly different compared to last year.

Figure 16 shows the number and rates of RAF medical discharges over time from 2014/15 to 2023/24. In 2023/24 the rate was the highest it had been in the reporting period presented.

Figure 16: UK Regular RAF medical discharges by financial year, numbers and rates per 1,000 personnel
1 April 2014 to 31 March 2024
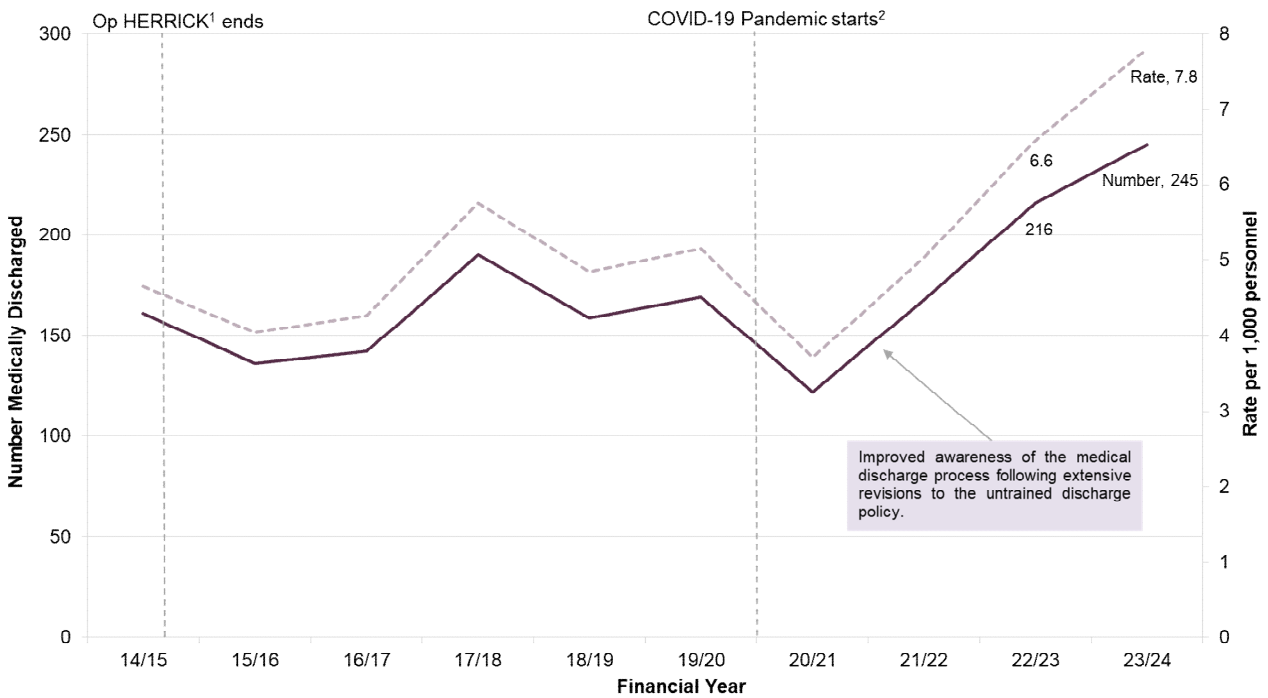
Source: DMICP, FMed 23 and JPA
[1] Operation HERRICK is the name for UK operations in Afghanistan which began 1 April 2006 and ended on 30 November 2014.
[2] March 2020 - start of COVID-19 pandemic; Defence, in line with the rest of the country followed guidance on restrictions from the UK Government and devolved administrations.

▲ The rate of medical discharge rose from 2016/17 and 2017/18. This may have been due to an increase in the capacity of RAF medical boards where the medical boards were clearing a backlog of medical boards from the previous year.

▼ The rate of medical discharge fell from 5.2 in 2019/20 to 3.7 per 1,000 in 2020/21. The reason for this is unclear, however may in part be due to COVID-19 restrictions which led to a reduction in some routine and training activities and may have resulted in fewer injuries. A deferral of discharges to minimise burden on the NHS may also be a potential reason for the fall.

▲ The rate of medical discharge has since risen to 7.8 per 1,000 in 2023/24, in line with the upward trend in RAF overall outflow[1] since 2020/21. During this time, the RAF revised their discharge policy for untrained personnel, improving awareness of the discharge process at Phase 2 training establishments, which may, in part, have contributed to the rise in medical discharges (See Figure 20). Personnel being medically discharged who had previously had their date of discharge deferred during the COVID-19 pandemic may also partially account for this rise.

RAF Continued
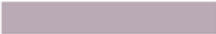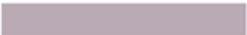
Demographic Risk Groups

In 2023/24, the rate of medical discharge was significantly higher for regular RAF personnel within the following demographic groups (**Table 5**):
- Aged 40-49 years
- Females
- Other ranks

Table 5: UK Regular RAF medical discharges by demographics[1], numbers[2] and rates per 1,000 personnel
1 April 2023 to 31 March 2024

	n	rate	Rate of UK Regular RAF personnel medically discharged
Number of UK regular RAF personnel medically discharged	**245**	**7.8**	
Age			
Aged under 20	5	5.0	
Aged 20-24	45	8.2	
Aged 25-29	35	6.1	
Aged 30-34	32	6.2	
Aged 35-39	32	6.2	
Aged 40-44+	50	11.7	
Aged 45-49+	26	11.8	
Aged 50 and over	20	8.4	
Gender			
Male	184	7.0	
Female*	61	12.3	
Rank			
Officer	23	2.9	
Other Rank*	222	9.4	
Training Status			
Trained	223	7.8	
Untrained	22	7.6	

Source: DMICP, FMed 23 and JPA
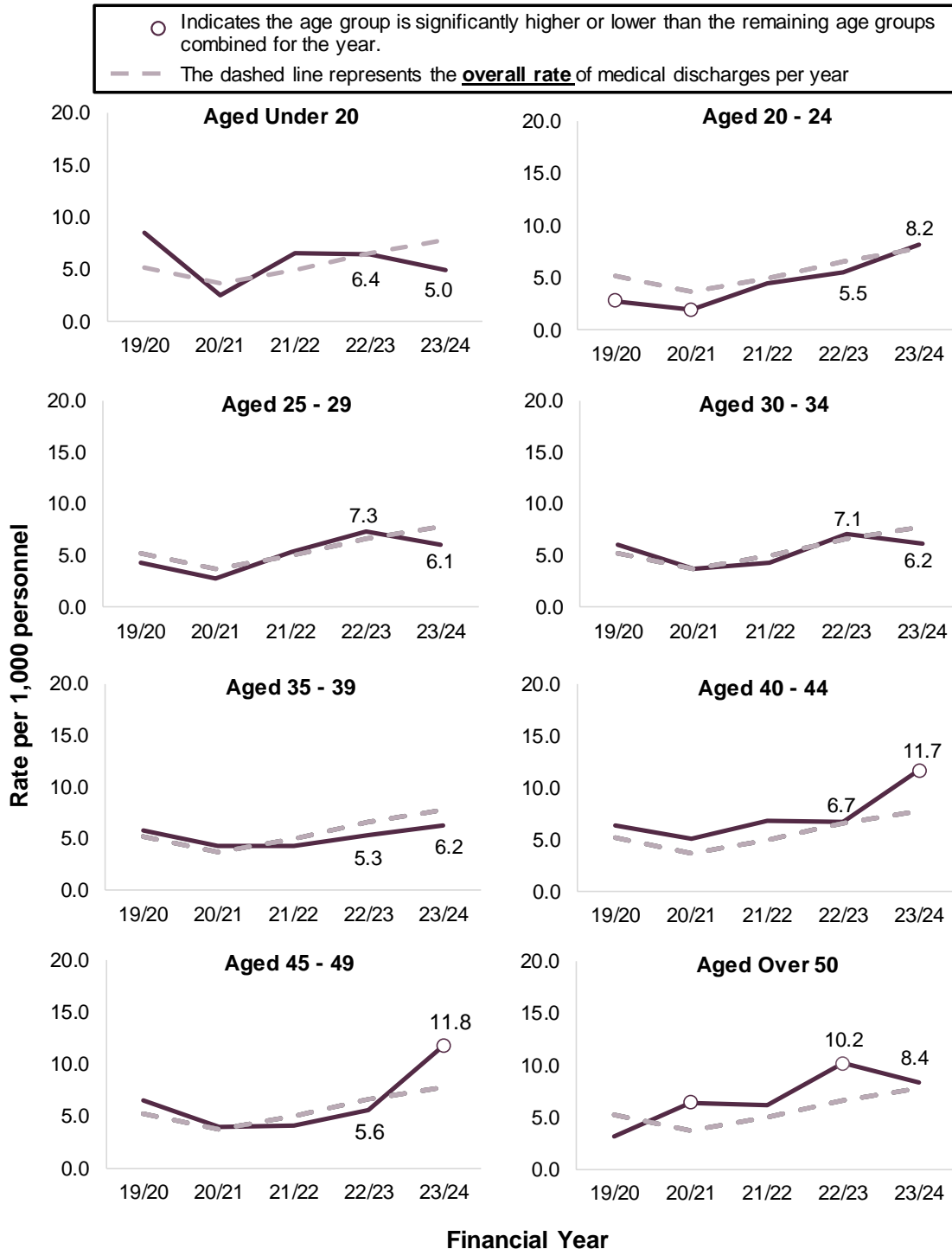[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
+/- Age groups found to be at a statistically significantly higher (+) or lower (-) risk than the remaining age groups combined using a z-test for a single proportion at a 95% confidence level.
* Groups found to be at a statistically significantly higher risk using a z-test for proportions at a 95% confidence level.

RAF Continued

Figures 17 to **20** present RAF medical discharges for each demographic group between 2019/20 and 2023/24 with possible explanations for the differences observed.

Figure 17: UK Regular RAF medical discharges by age group[1] and financial year[2], rates per 1,000 personnel
1 April 2019 to 31 March 2024

○ Indicates the age group is significantly higher or lower than the remaining age groups combined for the year.

- - - The dashed line represents the **overall rate** of medical discharges per year

Source: DMICP, FMed 23 and JPA
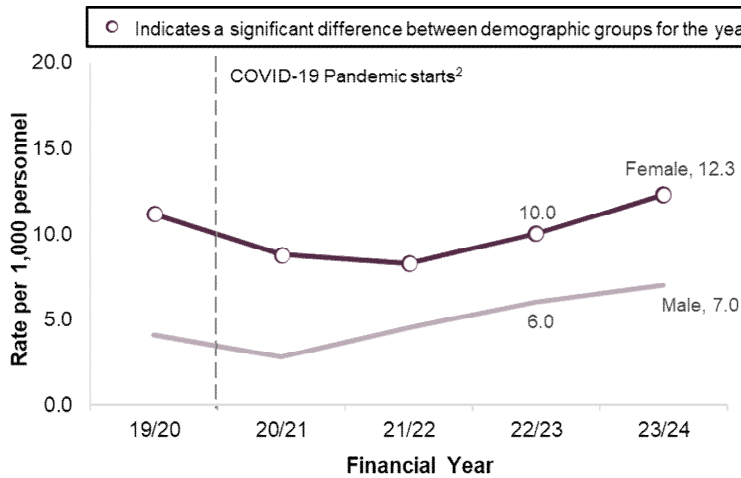[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] March 2020 - start of COVID-19 pandemic.

In 2023/24, the rate of medical discharge for personnel **aged 40-44 years** and **aged 45-49 years** was **significantly higher** than the remaining age groups It should be noted that the numbers in some age groups were low and a small change in numbers can have a large effect on the rates.

RAF Continued

Figure 18: UK Regular RAF medical discharges by gender[1] and financial year, rates per 1,000 personnel
1 April 2019 to 31 March 2024

Females had **significantly higher** rates of medical discharge than males for all years presented.

The higher rate of medical discharges in female personnel may be due to their higher risk of sustaining Musculoskeletal Disorders and Injuries[4], and higher presentation of mental health disorders[5] (the leading two causes of medical discharge).

Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] March 2020 - start of COVID-19 pandemic.

Figure 19: UK Regular RAF medical discharges by rank[1] and financial year, rates per 1,000 personnel
1 April 2019 to 31 March 2024

Other ranks had **significantly higher** rates of medical discharge than officers for all years presented.

Officers are more likely to be employed in or can be reassigned to alternative duties that can be continued with certain injuries and illnesses.

Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] March 2020 - start of COVID-19 pandemic.

RAF Continued

Figure 20: UK Regular RAF medical discharges by training status[1] and financial year, rates per 1,000 personnel
1 April 2019 to 31 March 2024

Source: DMICP, FMed 23 and JPA
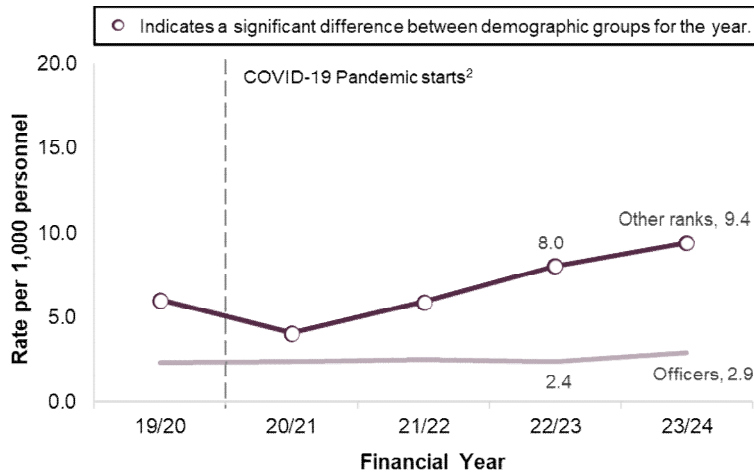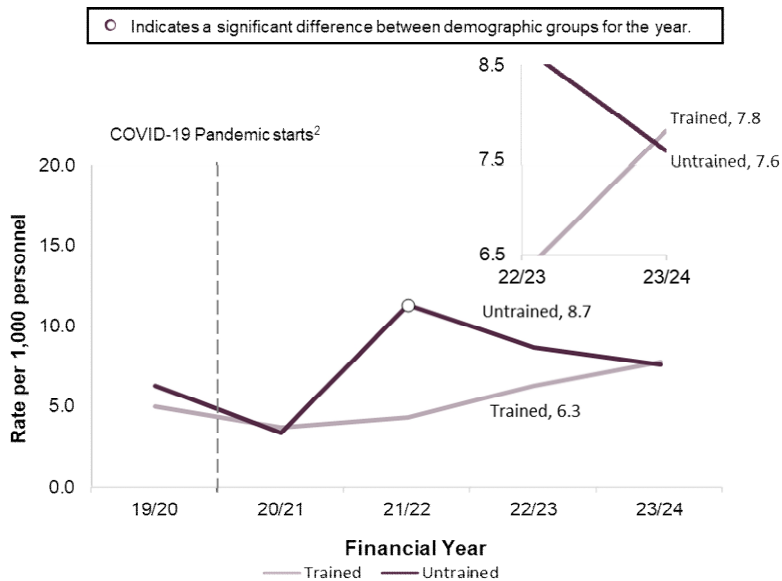[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] March 2020 - start of COVID-19 pandemic.

In 2021/22, **untrained RAF personnel** had **significantly higher rates** of medical discharge than trained personnel for the first time in the years presented. The RAF extensively revised their discharge policy for untrained personnel, improving awareness of the discharge process at Phase 2 training establishments, which may have led to this increase in untrained medical discharges. In 2023/24, there was no statistically significant difference in the trained and untrained discharge rates.

The fluctuation over time shown in the rate among the untrained population may be a result of the small numbers involved which can have a large effect on the rate; in total over the five-year period presented 123 untrained RAF personnel were medically discharged, compared to 797 trained personnel.

RAF Continued

Causes of Medical Discharges

When UK armed forces personnel are medically discharged, the medical reason for the discharge is recorded and categorised using a coding system known as ICD-10 (see glossary). **Principal cause** is the main medical cause of the discharge. **Contributory causes** include any other conditions identified that would result in a medical discharge. All information presented in the cause of medical discharge section will be relating to principal cause of discharge only.

In 2023/24, the two most common principal causes of medical discharges in the RAF were Musculoskeletal Disorders and Injuries and Mental and Behavioural Disorders.

53% of medical discharges (approx. 1 in 2) were due to **Mental and Behavioural Disorders**.

22% of medical discharges (approx. 1 in 5) were due to **Musculoskeletal Disorders and Injuries**.

Table 6 presents RAF medical discharges by principal ICD-10 cause code group (the chapter within which the condition is categorised) for 2023/24 and the total for the latest five year period, 2019/20 – 2023/24. The five year total is provided as a comparator for the cause group percentages in the latest year. For a breakdown of each of the five years, please see the supplementary tables (Table 11).

RAF Continued

Table 6: UK Regular RAF medical discharges by principal ICD-10 cause code group[1] and financial year, numbers and percentages[2]

1 April 2019 to 31 March 2024

	5 Year Total 2019/20-2023/24		2023/24	
	n	**%**	**n**	**%**
All medical discharges	**920**		**245**	
All cause coded medical discharges	**918**	**100**	**245**	**100**
Infectious and parasitic diseases	9	<1	9	4
Neoplasms	25	3	~	2
Blood disorders	~	<1	~	<1
Endocrine, nutritional and metabolic diseases	8	<1	~	<1
- Of which diabetes	6	<1	~	<1
- Of which insulin-dependent	~	<1	~	<1
- Of which non-insulin-dependent	~	<1	0	0
Mental and behavioural disorders	435	47	130	53
- Of which mood disorders	180	20	58	24
- Of which depression	155	17	45	18
- Of which neurotic, stress related and somatoform	219	24	62	25
- Of which post-traumatic stress disorder (PTSD)	84	9	17	7
- Of which adjustment disorder	35	4	12	5
Nervous system disorders	43	5	10	4
- Of which epilepsy	~	<1	~	<1
Eye and adnexa diseases	6	<1	~	<1
- Of which blindness, low vision and visual disturbance	0	0	0	0
Ear and mastoid process diseases	9	<1	~	1
- Of which hearing loss	8	<1	~	1
- Of which noise-induced hearing loss	0	0	0	0
- Of which tinnitus	0	0	0	0
Circulatory system disorders	19	2	5	2
Respiratory system disorders	~	<1	~	<1
- Of which asthma	~	<1	0	0
Digestive system disorders	19	2	7	3
Skin and subcutaneous tissue diseases	9	<1	~	<1
Musculoskeletal disorders and injuries	269	29	53	22
- Of which injuries and disorders of the knee	59	6	14	6
- Of which knee pain	25	3	10	4
- Of which back pain	49	5	7	3
- Of which low back pain	48	5	7	3
- Of which injuries and disorders of the ankle and foot	33	4	7	3
- Of which heat injury	0	0	0	0
- Of which cold injury	~	<1	0	0
Genitourinary system diseases	11	1	0	0
Pregnancy, childbirth and puerperium	0	0	0	0
Congenital malformations	~	<1	~	<1
Clinical and laboratory findings[3]	42	5	12	5
External causes of morbidity and mortality	0	0	0	0
Factors influencing health status	8	<1	~	<1
No details held on principal condition for medical boarding	2		0	
Withheld consent	0		0	

Source: DMICP, FMed 23 and JPA

[1] Each cause of discharge category has been compiled using ICD-10 codes, please see the supplementary tables for specific codes.

[2] Percentages are calculated from the total of all cause-coded medical discharges. Data presented as "<1%" represent a percentage greater than 0% but smaller than 1%.

[3] Clinical and laboratory findings include symptoms and abnormal clinical findings - such as irregular heartbeat and abdominal pain - which are ill-defined and may not have a diagnosis that can be elsewhere classified

~ In line with JSP 200 on statistical disclosure, figures fewer than five have been suppressed. Where there was only one cell in a row or column that was fewer than five, the next smallest number has also been suppressed so that numbers cannot simply be derived from totals.

RAF Continued

Figure 21 shows the main principal cause coded medical discharges between 2019/20 and 2023/24.

Over the last five years, both Musculoskeletal Disorders and Injuries and Mental and Behavioural Disorders have accounted for 77% (three quarters) of all discharges. Mental and Behavioural Disorders has been the largest principal cause of RAF medical discharges with the second largest cause being Musculoskeletal Disorders and Injuries for the entire reporting period.

Please note that each medical discharge can only have one principal condition and a decrease in one cause code group may appear as an increase in another. Therefore, it is important to consider all cause code groups when looking at trends over time.

Figure 21: UK Regular RAF medical discharges by principal ICD-10 cause code group and financial year, percentages[1,2]
1 April 2019 to 31 March 2024
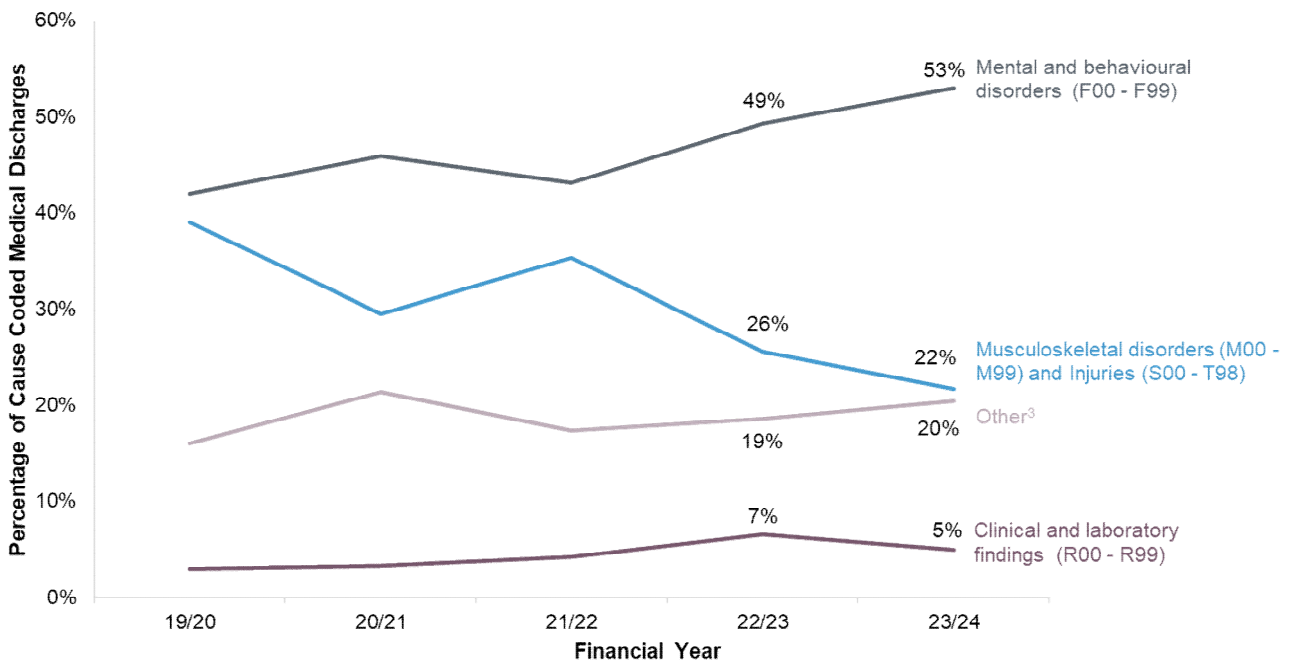
Source: DMICP, FMed 23 and JPA
[1] Percentages are calculated from the total of all cause-coded medical discharges.
[2] Due to rounding, percentages might not add to 100%.
[3] Includes 13 cause code groups; each accounting for a maximum of 5% of all RAF cause coded medical discharges.

Figure 22 shows the proportions of cause coded medical discharges by principal ICD-10 cause code groups in 2023/24.

The majority of medical discharges as a result of Mental and Behavioural Disorders were due to Neurotic, (including Adjustment, PTSD and Anxiety), Stress and Somatoform Disorders (n = 62, 48%), and Mood Disorders (including Depression) (n = 58, 45%). Neurotic Disorders were the most prevalent mental disorders assessed at MOD specialist health services (DCMHs) in 2023/24[5].

In 2023/24, Post-Traumatic Stress Disorder (PTSD) accounted for approximately 1 in 8 Mental and Behavioural Disorder medical discharges whereas PTSD only accounted for 1 in 20 initial assessments at MOD specialist mental health services[5] for RAF personnel. This difference may reflect the severity of PTSD and the impact that a continued role in the military may have on the individual's condition.

Over half of medical discharges as a result of Musculoskeletal Disorders and Injuries were linked to injuries and disorders of the knee, ankle and foot, as well as back pain (n = 28, 53%). The number of personnel medically discharged for these conditions may be the result of the physical activity required of many RAF personnel, such as training on hard ground carrying heavy loads. Back pain is also the leading cause of global disability[8].

RAF Continued

The remaining discharges due to Musculoskeletal Disorders and Injuries (n = 25, 47%) were distributed across a range of disorders and injuries.

Figure 22: UK Regular RAF medical discharges by principal ICD-10 cause code group, numbers and percentages[1]
1 April 2023 to 31 March 2024
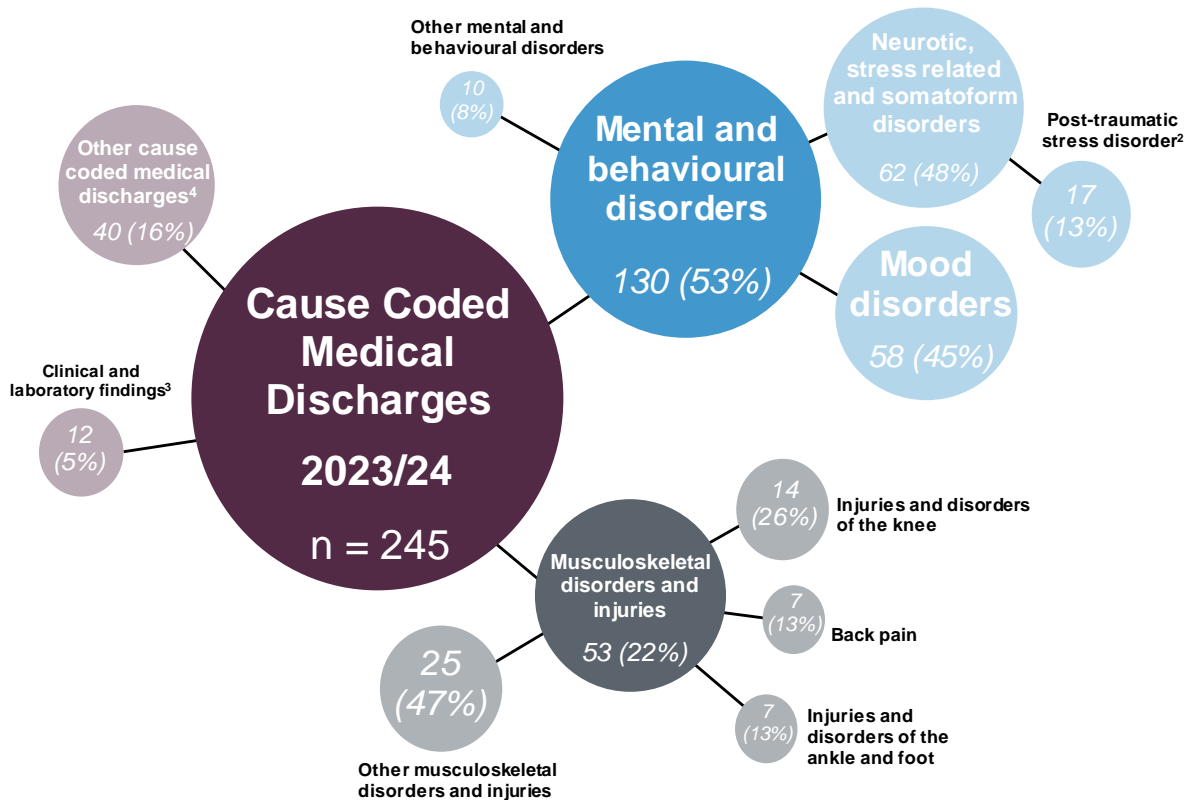
Source: DMICP, FMed 23 and JPA
[1] Due to rounding, percentages might not add to 100%.
[2] Post-traumatic stress disorder discharges are shown as a percentage of Mental and behavioural disorders and not Neurotic stress related and somatoform disorders.
[3] Clinical and laboratory findings include symptoms and abnormal clinical findings - such as irregular heartbeat and abdominal pain - which are ill-defined and may not have a diagnosis that can be elsewhere classified
[4] Includes 13 cause code groups; each accounting for a maximum of 4% of all RAF cause coded medical discharges

When considering both the principal and contributory causes of discharge in 2023/24:

- Mental and Behavioural Disorders were present in over half of discharges (n = 162, 66%)
- Musculoskeletal Disorders and Injuries were present in just under half of discharges (n = 104, 42%).
- Nervous system disorders were the third most prevalent cause (n = 21, 9%).

Further information on the principal and contributory causes of medical discharge in the UK regular RAF can be found in the supplementary tables to this report (**Table 12**).

Glossary

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

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

FMed 23 is the form completed to record the outcome of a medical board held for members of the UK armed forces leading to medical discharge.

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.

Joint Personnel Administration (JPA) is the system used by the UK 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 the RAF, November 2006 for the Royal Navy and April 2007 for the army.

Officer An officer is a member of the armed forces holding the Monarch'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 and ended on 30 November 2014. UK Forces are deployed to Afghanistan in support of UN authorised, NATO led International Security Assistance Force (IASF) mission and as part of the US-led Operation Enduring Freedom (OEF).

Other Ranks Other ranks are members of the Royal Navy, army and Royal Air Force who are not officers but other ranks include Non-Commissioned officers.

Principal/Contributory Condition/Cause of Discharge
Principal condition/cause
The principal condition is the first principal ICD-10 code on medical discharge documents.
Contributory condition/cause
Contributory cause contains all other principal conditions and any contributory conditions on the medical discharge documents.

Trade Trained personnel are army personnel who have completed both Phase 1 and 2 training. From 1 October 2017, UK regular forces and Gurkha personnel in the army who have completed both their Phase 1 (basic service training) and Phase 2 training (trade training), are considered trade trained personnel.

Trained personnel are Royal Navy and RAF personnel who have completed both Phase 1 and Phase 2 training.

UK regulars are full time service personnel, including Nursing Services, Gurkhas and Military Provost Guarding Service (MPGS) but excluding FTRS personnel, naval activated reservists, mobilised reservists, and Non Regular Permanent Service (NRPS). Unless otherwise stated, includes trained and untrained personnel. This definition may differ from other MOD reports.

Untrained personnel in this report are personnel who are in Phase 1 and Phase 2 training.

Methodology

This section provides a brief summary of the methodology and data sources; more detailed information is available in the background quality report for this bulletin[2]:
https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index

Data are compiled by Defence Statistics from three sources:

- Medically discharged personnel were identified from the Joint Personnel Administration System (JPA). JPA is used to hold the administration data for all regular forces.

- Principal and contributory causes of medical discharge are taken from the electronic patient record (DMICP) and FMed 23s (paper medical documents used to record all medical board proceedings).

- Prior to 2019/20, FMed 23 forms were the primary source of cause information using the electronic medical record (DMICP) where FMed 23s were unavailable.

- Since 2019/20, the electronic patient record was the primary source of cause information, supplemented where necessary by the FMed paperwork. This is in line with the Defence Medical Services drive to move to paper free records.

This bulletin includes regular service personnel (trained and untrained). Army regular personnel include Gurkha Regiments and Military Provost Guard Service (MPGS). Reserve personnel were not included.

This bulletin reports on personnel that have already left the UK regular armed forces on a medical discharge; downgraded personnel that are expected to be medically discharged after the reporting period, and personnel discharged under administrative categories on medical grounds were excluded.

Trends in the statistics presented do not directly reflect actual occupational health morbidity within the armed forces. Medical discharges are presented by year of discharge, and not year of onset of condition that led to medical discharge. Therefore, trends may only correspond to changes in boarding practice, retention policies or changes to employment standards.

The length of time between detecting and diagnosing a medical condition and the date at which an individual is eventually released under a medical discharge varies for each individual. The timing of a discharge medical board must strike an appropriate balance between the needs of the individual service and those of the patient. The date of the medical discharge board should allow the timely provision of occupational health advice following the initial referral, and time elapsed waiting for further treatment may affect this board process.

The International Classification of Diseases and Related Health Problems version 10 (ICD-10) was used to classify medical discharges and causes are presented by ICD-10 chapter. As a result of interest, some ICD-10 groups were provided in more detail allowing the presentation of specific conditions. Please see the supplementary tables to this report (Tables 3, 4, 7, 8, 11, 12, 14, 15, 17 & 18) for a full list of ICD-10 codes for each chapter and specific condition.

Medical boards do not make decisions on possible causes for medical conditions leading to discharge. Therefore, the report does not offer analysis of external causes of injuries or illnesses.

Medical boards also do not make decisions on attributability to service. These decisions are made by administrators of the MOD pension and compensation schemes at Veterans-UK. Defence Statistics produce annual reports on the Armed Forces Compensation Scheme[9] and annual reports on War Pension Scheme[10].

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 (i.e. medical discharges) 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.

Methodology Continued

The z test for independent proportions was used to evaluate if two rates are different to a statistically significant degree, and where appropriate, a Fisher's exact test was used. A Fisher's exact test is the more accurate statistical test when one of the numerators in the rates is fewer than five. A 95% confidence level was used for this report; this means that if the test determines two populations to have significantly different medical discharge rates, this will be true in greater than 95% of cases.

Further Information

Symbols
~ Data has been suppressed due to Statistical Disclosure Control (greater than zero, fewer than 5).
ʳ Indicates data has been revised from previously published data.

Disclosure Control
In line with JSP 200 (March 2020), the suppression methodology has been applied to ensure individuals are not inadvertently identified dependent on the risk of disclosure. Numbers greater than zero but fewer than five have been suppressed and presented as '~'. Where there was only one cell in a row or column that was fewer than five, the next smallest number has also been suppressed so that numbers cannot simply be derived from totals. For further information on statistical disclosure control see Background Quality Report.

If Defence Statistics Health are asked to release further information on medical discharges the information provided may require further disclosure control to ensure individuals cannot be identified.

Revisions
Since the last release of this Statistical Bulletin in July 2023, the following revisions have been made:
- Between 1 April 2019 and 31 March 2023, a number of personnel were incorrectly assigned to an ICD-10 subgroup, representing a maximum change of 4 percentage points in any one subgroup. This has no significant impact on key findings presented in previous reports and did not affect total number of discharges by year, service, or ICD-10 chapter. The following subgroups were affected: back pain, blindness, low vision and visual disturbance, diabetes, depression, epilepsy, hearing loss, injuries and disorders of the ankle and foot, injuries and disorders of the knee, knee pain, low back pain, non-insulin-dependent diabetes, tinnitus.

- Corrections to ICD-10 codes included in the reporting of injuries and disorder of the knee and of injuries and disorders of the ankle and foot were made. The revisions to these subcategories had no significant impact on findings presented in previous reports.

  - ICD-10 codes S825 and S826 have been included in the subcategory of injuries and disorders of the ankle and foot. These codes were previously reported as injuries and disorder of the knee, from which they have now been removed.

  - A small number of personnel were included twice within the reported subcategories of injuries and disorder of the knee and of injuries and disorders of the ankle and foot. ICD-10 codes S828 and S829 have now been removed from the subcategory of injuries and disorders of the knee.

- The estimated impact of these revisions is approximately 200 discharges.

Revised figures have been represented with an 'r'. Where figures previously marked as provisional have been revised and updated no marker has been used.

Revisions can be addressed in two ways. For this report, the first of these two methods has been applied:

- Where the 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 revisions will be provided in Revisions section.

- Where the number of figures updated in a table is substantial, the revisions to the table, together with the reason for the revisions will be identified in the commentary at the beginning of the relevant 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.

Occasionally updated figures will be provided to the editor during the course of the year. Since this bulletin is published electronically, it is possible to revise figures during the course of the year. However, to ensure continuity and consistency, figures will only be adjusted during the year where it is likely to substantially affect interpretation and use of the figures.

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Annex A

Due to interest in the differences between Royal Navy and Royal Marines personnel, Table 1 and Table 2 from the main report have been presented with a Royal Navy and Royal Marines split and are provided this annex; **Annex A**.

Further tables on the demographic risk groups and principal and contributory causes of medical discharge in the Royal Navy and Royal Marines can be found in the supplementary tables to this report (Table 13-18).

Royal Navy

Demographic Risk Groups

In 2023/24, **310** Royal Navy personnel were medically discharged, a rate of **12** per 1,000. This was not significantly different to last year (11 per 1,000).

During 2023/24 the rate of medical discharge was significantly higher for regular Royal Navy personnel within the following specific demographic groups (**Table A2.1**):

- Aged 30-39 years
- Other ranks
- Trained

Table A2.1: UK Regular Royal Navy medical discharges by demographics[1], numbers[2] and rates per 1,000 personnel
1 April 2023 to 31 March 2024

	n	rate	Rate of UK Regular Royal Navy personnel medically discharged
Number of UK regular Royal Navy personnel medically discharged	**310**	**12.0**	
Age			
Aged under 20⁻	4	3.2	
Aged 20-24	65	11.5	
Aged 25-29	59	11.5	
Aged 30-34⁺	63	15.4	
Aged 35-39⁺	66	17.8	
Aged 40-44	27	9.8	
Aged 45-49	14	8.9	
Aged 50 and over	12	7.2	
Gender			
Male	259	11.5	
Female	51	15.2	
Rank			
Officer	27	4.4	
Other Rank*	283	14.4	
Training Status			
Trained*	298	13.0	
Untrained	12	4.2	

Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] In line with JSP 200, numbers fewer than five were not suppressed in demographics tables as Defence Statistics assessed that these figures did not disclose sensitive personal information.
+/- Age groups found to be at a statistically significantly higher (+) or lower (-) risk than the remaining age groups combined using a z-test for a single proportion at a 95% confidence level. Due to small numbers, a Fisher's exact test was used to determine significance for the aged under 20 category.
* Groups found to be at a statistically significantly higher risk using a z-test for proportions at a 95% confidence level.

Royal Navy Continued

Causes of Medical Discharge

Table A2.2: UK Regular Royal Navy medical discharges by principal ICD-10 cause code group[1] and financial year, numbers and percentages[2]
1 April 2019 to 31 March 2024

	5 Year Total 2019/20-2023/24		2023/24	
	n	%	n	%
All medical discharges	**1,409**		**310**	
All cause coded medical discharges	**1,409**	**100**	**310**	**100**
Infectious and parasitic diseases	5	<1	~	1
Neoplasms	20	1	~	1
Blood disorders	~	<1	~	<1
Endocrine, nutritional and metabolic diseases	26	2	0	0
- Of which diabetes	23	2	0	0
- Of which insulin-dependent	10	<1	0	0
- Of which non-insulin-dependent	10	<1	0	0
Mental and behavioural disorders	475	34	124	40
- Of which mood disorders	152	11	~	15
- Of which depression	136	10	~	14
- Of which neurotic, stress related and somatoform	276	20	~	21
- Of which post-traumatic stress disorder (PTSD)	111	8	~	7
- Of which adjustment disorder	~	2	12	4
Nervous system disorders	66	5	12	4
- Of which epilepsy	~	<1	0	0
Eye and adnexa diseases	~	1	6	2
- Of which blindness, low vision and visual disturbance	~	<1	~	<1
Ear and mastoid process diseases	24	2	~	1
- Of which hearing loss	16	1	~	<1
- Of which noise-induced hearing loss	0	0	0	0
- Of which tinnitus	~	<1	0	0
Circulatory system disorders	51	4	~	5
Respiratory system disorders	20	1	~	<1
- Of which asthma	~	1	~	<1
Digestive system disorders	47	3	10	3
Skin and subcutaneous tissue diseases	41	3	~	3
Musculoskeletal disorders and injuries	530	38	104	34
- Of which injuries and disorders of the knee	142	10	34	11
- Of which knee pain	67	5	~	5
- Of which back pain	109	8	17	5
- Of which low back pain	96	7	15	5
- Of which injuries and disorders of the ankle and foot	66	5	12	4
- Of which heat injury	0	0	0	0
- Of which cold injury	7	<1	~	<1
Genitourinary system diseases	~	1	~	1
Pregnancy, childbirth and puerperium	0	0	0	0
Congenital malformations	~	<1	~	<1
Clinical and laboratory findings[3]	41	3	~	3
External causes of morbidity and mortality	~	<1	~	<1
Factors influencing health status	~	1	~	<1
No details held on principal condition for medical boarding	0		0	
Withheld consent	0		0	

Source: DMICP, FMed 23 and JPA

[1] Each cause of discharge category has been compiled using ICD-10 codes, please see the supplementary tables for specific codes.

[2] Percentages are calculated from the total of all cause-coded medical discharges. Data presented as "<1%" represent a percentage of cause coded medical discharges of greater than 0% but smaller than 1%.

[3] Clinical and laboratory findings include symptoms and abnormal clinical findings - such as irregular heartbeat and abdominal pain - which are ill-defined and may not have a diagnosis that can be elsewhere classified.

~ In line with JSP 200 on statistical disclosure, figures fewer than five have been suppressed. Where there was only one cell in a row or column that was fewer than five, the next smallest number has also been suppressed so that numbers cannot simply be derived from totals.

Royal Marines

Demographic Risk Groups

In 2023/24, **88** Royal Marines personnel were medically discharged, a rate of **14** per 1,000. This was not significantly different compared to last year (14 per 1,000).

During 2023/24 the rate of medical discharge was significantly higher for regular Royal Marines personnel within the following specific demographic groups (**Table A3.1**):

- Aged 30-34 years
- Other ranks
- Untrained

Table A3.1: UK Regular Royal Marines medical discharges by demographics[1], numbers[2] and rates per 1,000 personnel
1 April 2023 to 31 March 2024

	n	rate	Rate of UK Regular Royal Marines personnel medically discharged
Number of UK regular Royal Marines personnel medically discharged	**88**	**13.7**	
Age			
Aged under 20	2	8.3	
Aged 20-24[-]	10	7.1	
Aged 25-29	22	13.9	
Aged 30-34[+]	27	22.9	
Aged 35-39	12	13.5	
Aged 40-44	10	17.1	
Aged 45-49	4	13.9	
Aged 50 and over	1	4.3	
Gender			
Male	87	13.8	
Female	1	8.5	
Rank			
Officer	3	3.5	
Other Rank*	85	15.3	
Training Status			
Trained	71	12.4	
Untrained*	17	25.1	

Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] In line with JSP 200, numbers fewer than five were not suppressed in demographics tables as Defence Statistics assessed that these figures did not disclose sensitive personal information.
[+/-] Age groups found to be at a statistically significantly higher (+) or lower (-) risk than the remaining age groups combined using a z-test for a single proportion at a 95% confidence level. Due to small numbers, a Fisher's exact test was used to determine significance for the aged under 20, aged 45-49, aged 50 and over groups.
* Groups found to be at a statistically significantly higher risk using a z-test for proportions at a 95% confidence level. Due to small numbers, a Fisher's exact test was used to determine significance for the gender and rank groups.

Royal Marines Continued

Causes of Medical Discharge

Table A3.2: UK Regular Royal Marines medical discharges by principal ICD-10 cause code[1] group and financial year, numbers and percentages[2]
1 April 2019 to 31 March 2024

	5 Year Total 2019/20-2023/24		2023/24	
	n	**%**	**n**	**%**
All medical discharges	**569**		**88**	
All cause coded medical discharges	**568**	**100**	**88**	**100**
Infectious and parasitic diseases	~	<1	0	0
Neoplasms	8	1	0	0
Blood disorders	~	<1	0	0
Endocrine, nutritional and metabolic diseases	12	2	~	1
- Of which diabetes	5	<1	0	0
- Of which insulin-dependent	5	<1	0	0
- Of which non-insulin-dependent	0	0	0	0
Mental and behavioural disorders	65	11	11	13
- Of which mood disorders	13	2	~	3
- Of which depression	12	2	~	3
- Of which neurotic, stress related and somatoform	43	8	~	8
- Of which post-traumatic stress disorder (TSD)	30	5	~	5
- Of which adjustment disorder	~	<1	0	0
Nervous system disorders	18	3	5	6
- Of which epilepsy	~	<1	0	0
Eye and adnexa diseases	~	<1	0	0
- Of which blindness, low vision and visual disturbance	0	0	0	0
Ear and mastoid process diseases	35	6	~	5
- Of which hearing loss	30	5	~	2
- Of which noise-induced hearing loss	9	2	~	1
- Of which tinnitus	~	<1	~	1
Circulatory system disorders	11	2	~	1
Respiratory system disorders	5	<1	~	1
- Of which asthma	~	<1	~	1
Digestive system disorders	7	1	0	0
Skin and subcutaneous tissue diseases	5	<1	~	1
Musculoskeletal disorders and injuries	381	67	61	69
- Of which injuries and disorders of the knee	95	17	13	15
- Of which knee pain	36	6	~	2
- Of which back pain	66	12	11	13
- Of which low back pain	61	11	9	10
- Of which injuries and disorders of the ankle and foot	52	9	9	10
- Of which heat injury	5	<1	0	0
- Of which cold injury	9	2	~	2
Genitourinary system diseases	~	<1	0	0
Pregnancy, childbirth and puerperium	0	0	0	0
Congenital malformations	~	<1	0	0
Clinical and laboratory findings[3]	14	2	~	3
External causes of morbidity and mortality	0	0	0	0
Factors influencing health status	~	<1	0	0
No details held on principal condition for medical boarding	1		0	
Withheld consent	0		0	

Source: DMICP, FMed 23 and JPA

[1] Each cause of discharge category has been compiled using ICD-10 codes, please see the supplementary tables for specific codes.
[2] Percentages are calculated from the total of all cause-coded medical discharges. Data presented as "<1%" represent a greater than 0% but smaller than 1%.
[3] Clinical and laboratory findings include symptoms and abnormal clinical findings - such as irregular heartbeat and abdominal pain - which are ill-defined and may not have a diagnosis that can be elsewhere classified
~ In line with JSP 200 on statistical disclosure, figures fewer than five have been suppressed. Where there was only one cell in a row or column that was fewer than five, the next smallest number has also been suppressed so that numbers cannot simply be derived from totals.

References

1. https://www.gov.uk/government/collections/quarterly-service-personnel-statistics-index

2. https://www.gov.uk/government/statistics/uk-service-personnel-medical-discharges-background-quality-report

3. https://www.gov.uk/government/collections/defence-health-and-safety-statistics-index

4. https://www.gov.uk/government/publications/women-in-ground-close-combat-roles-review-2017

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

6. Molloy JM *et al.* (2020) Musculoskeletal Injuries and United States Army Readiness Part I: Overview of Injuries and their Strategic Impact. *Military Medicine.* Available at: https://academic.oup.com/milmed/article/doi/10.1093/milmed/usaa027/5805225#200780864

7. Serré L (2019) A comparative analysis of medically released men and women from the Canadian Armed Forces. *Journal of Military, Veteran and Family Health.* **5**, 115-124.

8. Ferrari AJ *et al.* (2024) Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in 204 countries and territories and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. *The Lancet.* **403**, 2133-2161.

9. https://www.gov.uk/government/collections/armed-forces-compensation-scheme-statistics-index

10. https://www.gov.uk/government/collections/war-pension-recipients-index