

# Armed Forces MHFA Two Day: Full references for statistics in slides

This document serves as a one-stop reference list for all statistics cited in the Armed Forces MHFA Two Day slide deck. We provide this as an easy guide for people to refer to for the latest statistics. It will be revised in line with updates to slide decks as key reports are released.

## **Session 1**

### **Slide 7: Impact of mental ill health**

- 1 in 4 people experience mental health issues each year (1)
- At any given time, 1 in 6 adults will have symptoms associated with mental ill health (e.g. sleep problems, fatigue etc.) which don't meet the criteria for diagnosis (2)
- 4,214 or 2.7% of UK armed forces personnel were assessed with a mental disorder in 2018/19 (3)
- In 2016/17, over 24,000 ex-service personnel used primary care NHS therapeutic services in England, a 15.4% increase on the previous year (4)
- Note: Primary care services are those which can be accessed through a GP, or self-referral, and don't require a specialist referral.
- NHS England spends £6.4 million per year on bespoke mental health services for ex-service personnel, in addition to the £11.4 billion spending on mental health for the general population (4)

### **Slide 8: Serving personnel with mental ill health**

Table: 'Serving personnel with mental ill health'  
Adapted from: (3)

### **Slide 16: Mental health and stigma in the armed forces community**

- Stigma is a frequently reported barrier to help-seeking. Armed forces personnel fear differential treatment from unit leaders, being labelled ‘weak’ or ‘malingerers’, or becoming ‘non-deployable’ (5–7)
- Note: A malingerer is defined as a person who pretends to be ill to avoid having to work.
- Up to 71% of military personnel who experience mental ill health don’t seek professional help (8,9)
- Although reported mental health issues doubled in the UK armed forces between 2005-2014, only 1 in 20 ex-service personnel experiencing symptoms of mental ill health sought help (10)
- 84% of ex-service personnel reporting psychological issues did not access professional help (10)

**Slide 17: Mental health and stigma in the armed forces community cont.**

Table: ‘Mental health and stigma in the armed forces community’  
Adapted from: (5)

Note: These numbers have dropped significantly since the 2011 statistics, which were included in the previous version of this course. It is possible that greater mental health awareness through anti-stigma campaigns has contributed to this decrease.

**Slide 18: Alcohol in the armed forces community**

- 62% of males and 46% of females in the UK armed forces were identified as drinking hazardous amounts of alcohol (11)
- Service personnel are 2–5 times more likely to be dependent on alcohol than the general population (2,10,12)
- 1 in 10 ex-service personnel has an issue with alcohol misuse, equivalent to 270,000 people (10)
- Ex-service personnel with problematic alcohol intake are less likely to seek medical advice, and more likely to avoid seeking help due to stigma or self-stigma (10)
- Note: More information about veterans’ reasons for not seeking help for alcohol-related issues can be found in (13).

**Slide 19: Mental health issues and violence**

- Exposure to combat and traumatic events during service significantly increases the risk of violent offending (14,15)

- Ex-service personnel with mental health issues, particularly PTSD, often present with comorbid problems of anger and aggression (16)
- While the UK armed forces does not tolerate domestic violence, 3.6% report family violence and 7.8% report stranger violence immediately following return from deployment (17–19)

#### **Slide 20: Ex-service personnel and the criminal justice system**

- Approximately 4% of the prison population in the UK are former members of the armed forces (20)
- In 2015 it became a requirement for all prisons to ask whether new inmates have served in the armed forces (21)
- On arrival into prison, ex-service personnel were as likely as the general prisoner population to report problems around issues such as alcohol (17%) and mental health (15%) (22)

#### **Slide 21: Ex-service personnel and the criminal justice system cont.**

- Ex-service personnel are more likely to report feeling depressed or suicidal on arrival into prison (18% compared to 14%) (22)
- Compared to those who have not served, ex-service personnel in the criminal justice system are more likely to present with anxiety disorders and hazardous drinking patterns, and less likely to present with schizophrenia and substance misuse (23)

### **Session 2**

#### **Slide 3: Suicide**

- The annual suicide rate for the UK armed forces is significantly lower than the UK general population (24)
- Male suicide rates over the last 20 years are:
  - 10 per 100,000 in the Army
  - 8 per 100,000 in the Naval service
  - 5 per 100,000 in the RAF (24)
- In 2017, the suicide rate among males aged 16–59 years in the UK armed forces was 9 per 100,000, compared to 19 per 100,000 in the UK general population (24)

#### **Slide 4: Suicide cont.**

- In 2018, 6,154 people died as a result of suicide in the UK. This means more than 16 people per day took their life. It is estimated that 10-25 times that number attempted suicide (25,26)
- Note: These statistics refer specifically to Great Britain. The figures were calculated using data from supplementary tables released as part of the ONS's Suicides in the UK: 2018 registrations report and adding together the 2018 suicide figures from England, Scotland and Wales. This was done to ensure that suicide statistics remained consistent and comparable across MHFA England's entire product portfolio.
- Note: 2018 saw a change in the standard of proof used by coroners in England and Wales around ruling deaths as suicides. In England and Wales, all deaths caused by suicide are certified by a coroner. In July 2018, the standard of proof used by coroners to determine whether a death was caused by suicide was lowered to the "civil standard" (i.e., balance of probabilities), where previously a "criminal standard" was applied (i.e., beyond all reasonable doubt). The change does not affect Northern Ireland or Scotland. It is likely that lowering the standard of proof will result in an increased number of deaths recorded as suicide. It is not yet possible to establish whether the higher number of recorded suicide deaths are a result of this change. Further information is available from (25).
- More men die by suicide: 75% male and 25% female (25)
- 28% of people who complete suicide in England have been in contact with mental health services in the year before death (27)
- In GB, 1,784 people died in road traffic accidents in 2018 (28)
- 80–90% of people who attempt/die by suicide have a mental health condition, but not all are diagnosed (29,30)
- Note: The best and most recently available evidence suggests that the figure is 80.8% overall (30). This research notes that this figure can vary. This depends on factors such as where the studies were conducted, which mental health conditions were examined, and how recently the study was published. Older studies tend to report higher figures, e.g. Arsenault-Lapierre and colleagues published research in 2004 which reports a figure of 87.3% (29). These studies are reviews of 'psychological autopsy studies' of suicide completers. The psychological autopsy method makes use of interviews with family members, medical records and other relevant documents to assess whether the suicide completer had a mental health condition. Older studies estimated mood disorders were present in 30-90% of suicide cases (31).

### **Slide 5: Suicide rates in the armed forces**

Graph: 'UK armed forces and UK general population male suicide rates by Service per 100,000 personnel at risk'

Adapted from: (24)

### **Slide 6: Suicide rates in ex-service personnel**

The Samaritans have called for more comprehensive statistics on suicide in ex-service personnel to be made available. Older reports suggest:

- The risk of suicide for men aged 24 or younger who have left the armed forces is between two and three times higher than for men the same age who haven't served in the military (32)
- Suicide risk is associated with younger age at discharge, male gender, Army service, lower rank, not being married, and length of service of 4 years or less (32,33)

### **Slide 7: Suicidal thoughts**

- Among the general population 20.6% of people have had suicidal thoughts at some time, 6.7% have attempted suicide (2)
- Ex-service personnel who identify as LGBT+ are more likely to have suicidal thoughts, and attempt suicide, than those who do not identify as LGBT+ (34)

## **Session 3**

### **Slide 4: Self-harm figures**

- 4.2% of UK armed forces personnel and 6.6% of ex-service personnel report ever having self-harmed, compared to 7.3% of the general population (2,35)
- Self-harm is more common in ex-service personnel, young people, women, LGBT+ community, prisoners, asylum seekers, and people who have experienced physical, emotional or sexual abuse (36)
- People who self-harm are approximately 49 times more likely to die by suicide (37)
- Note: Further information on suicide risk following self-harm can be found in (38,39)
- Reported rates of self-harm in the UK armed forces remain low at 3.1 per 1000 personnel in 2017/18 (40)
- Between 2010/11–2017/18, those at highest risk of self-harm in the UK armed forces were: Army personnel, females, non-officer ranks, personnel aged under 25 and untrained personnel (40)

- Between 2010/11 and 2017/18 there were more self-harm incidents in the Army than in the Navy or RAF (40)
- Note: As measured by tests of statistical significance, Army personnel had significantly higher rates of self-harm than the other Services in each of the eight years between 2010/11 and 2017/18. There was no significant difference in rates between Naval Service and RAF personnel over the same time period (40).

#### **Slide 5: Risk factors for self-harm**

- Risk factors for self-harm reflect those of the general population – they are not deployment related (40,41)
- Using alcohol or drugs increases the risk of self-harm (42,43)

#### **Slide 6: What is an eating disorder?**

- Eating disorders often co-exist with other mental health issues (44)
- At high risk of premature death and suicide (45)
- 6.4% of people in England have experienced symptoms of an ED (46)
- About 25% of those experiencing ED symptoms are male (47)

#### **Slide 11: What is psychosis?**

- 6% of the population say they have experienced at least one symptom of psychosis (2)
- Psychosis is more common among BAME groups (2,48–51)

#### **Slide 13: Schizophrenia**

- Average age of onset is lower in men (52–55)
- Affects less than 1 in 100 people during their lifetime (50,56,57)
- Recovery rates (10 years from diagnosis):
  - 25% recovered completely from 1st episode
  - 25% improved with treatment, recovery of (almost) all previous functioning, very few relapse events
  - 25% improved, needed significant support to function normally and to get through relapse events
  - 15% led chronic course with little or no improvement, repeated hospital stays over a prolonged part of adult life
  - 10% died usually as a result of suicide (58)

**Slide 14: Bipolar disorder**

- Often starts between adolescence and mid-30s (59,60)

**Session 4**

**Slide 4: What is an anxiety disorder?**

- There were 8.2 million cases of anxiety disorders in the UK in 2013 (61)
- Women are twice as likely to be diagnosed with anxiety disorders (62,63)
- People who identify as LGBT+ are at increased risk of developing anxiety disorders (64,65)

**Slide 7: Adjustment disorder: What is it?**

- Symptoms include: depressed mood, behaviour changes, outbursts of violence, anxiety, worry, feeling unable to cope, plan ahead, or continue in the present situation, and difficulty in day-to-day living (66–68)
- Symptoms arise gradually, within a month after a stressful event. Rarely lasts longer than 6 months (66,67)

**Slide 8: Adjustment disorder: What is it? cont.**

- Accounted for 30% of all mental disorders in the armed forces in 2018/19 (3)
- Rates of adjustment disorders in the UK armed forces were significantly higher than for all other mental disorders between 2007/8 and 2015/16 (3)
- Higher rates in the armed forces vs the general population may reflect the impact of service life with routine postings and operational tours (3)

**Slide 9: Post-traumatic stress disorder (PTSD)**

- In 2018/19, PTSD accounted for 7% of all mental disorders diagnosed in UK armed forces personnel, with the highest percentages in the Army and Royal Marines (3)
- In 2018/19, PTSD risk increased by 170% for service personnel previously deployed to Iraq and/or Afghanistan (3)
- Diagnosis of PTSD in the UK armed forces remained low at around 2 in 1000 personnel in 2018/19 (3)
- A study of 100 women caring for a partner with service-related PTSD found: 45% misused alcohol, 39% had depression, 37% had anxiety, and 17% showed symptoms of PTSD (69)



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