



Ministry of Defence

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Miss Emily White
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12 April 2023

Dear Miss White,

Thank you for your email of 13 March 2023 in which you requested the following information:

- 1. Please provide figures on the suicide rates at Army Training Centre Pirbright (Alexander Barracks, Woking GU24 0QQ) from 2015-2022. Please include the number of deaths from suicide and attempted suicides in the figures. As well as absolute numbers, please could I have a breakdown of age groups for both suicides and attempted suicides?*
- 2. Please confirm how many deaths have occurred of soldiers during phase 1 or phase 2 Army training between 2015 – 2022?*
- 3. Please provide figures on the number of personnel suffering from mental health related issues at Army Training Centre Pirbright (Alexander Barracks, Woking GU24 0QQ) from 2015-2022.*
- 4. Please provide a breakdown of the amount of suicides and suicide attempts made by personnel in the Army during the basic training phase. Please provide a breakdown of figures from 2015-2022.*
- 5. Please provide figures on the number of recruits who suffer from mental health problems, during basic training. Please provide a breakdown of figures from 2015-2022.*

I am treating your correspondence as a request for information under the Freedom of Information Act (FOIA) 2000. A search for the information has now been completed within the Ministry of Defence, and I can confirm that the information in scope of your request is held and is provided in the Annex below.

Under Section 16 of the Act (Advice and Assistance) you may find it helpful to note that the Army deliver training and education to instructors on how to prepare recruits for coping with stressful situations and to understand not only the technical and physical needs of recruits, but also their psychological and social needs. There are enhanced welfare support facilities in all Basic Training locations, with both Army and external agencies able to offer advice and support outside the Chain of Command. In addition, the Army has introduced a Zero Tolerance policy for Unacceptable Behaviour specifically to ensure that all recruits (and soldiers in the Field Army) are able to complete Basic Training in an environment free from bullying and harassment.

If you have any queries regarding the content of this letter, please contact this office in the first instance. Following this, if you wish to complain about the handling of your request, or the content

of this response, you can request an independent internal review by contacting the Information Rights Compliance team, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review should be made within 40 working days of the date of this response.

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

Yours sincerely,

Pers Team Leader B

Army Policy and Secretariat

Annex A

All information in answer to this request has been provided by Defence Statistics Health.

Please note:

- Defence Statistics Health do not differentiate between levels of self-harm and therefore this analysis includes all reports of self-injury and self-poisoning as well as attempted suicides.
- Please note, it is not possible to identify the training phase of personnel prior to October 2016 from data held. Therefore, basic training data below is from 1 October 2016 onwards.

1. Please provide figures on the suicide rates at Army Training Centre Pirbright (Alexander Barracks, Woking GU24 0QQ) from 2015-2022. Please include the number of deaths from suicide and attempted suicides in the figures. As well as absolute numbers, please could I have a breakdown of age groups for both suicides and attempted suicides?

Between 1 January 2015 and 31 December 2022, there was **one** coroner confirmed suicide among regular UK Army personnel based at ATC Pirbright (Alexander Barracks). A rate of 9 per 100,000 personnel. This death was in the 25-29 age group.

Between 1 January 2015 and 31 March 2022 (latest data available), **81** regular UK Army personnel based at ATC Pirbright (Alexander Barracks) had at least one incident of self-harm recorded using the initial Notification of Casualty (NOTICAS) reporting system and/or primary care data, as captured on the Defence Medical Information Capability Programme (DMICP). Table 1 below presents the number of personnel with at least one self-harm incident recorded by age group.

Table 1: Regular UK Army personnel¹ based at ATC Pirbright with at least one incident of self-harm recorded by age group, number².

1 January 2015 to 31 March 2022

Group	n
Total	81
Under 20	36
20-24	31
25-29	11
30-34	~
35-39	~
40+	0

1. Includes all personnel based at ATC Pirbright (Alexander Barracks). This will include both trained and untrained personnel.

2. Numbers are presented for the age group at the first recorded incident of self-harm.

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

2. Please confirm how many deaths have occurred of soldiers during phase 1 or phase 2 Army training between 2015 – 2022?

For the period 1 January 2015 to 31 December 2022, there were 12 deaths among untrained regular UK Army soldiers (other ranks).

3. Please provide figures on the number of personnel suffering from mental health related issues at Army Training Centre Pirbright (Alexander Barracks, Woking GU24 0QQ) from 2015-2022.

Between 1 January 2015 and 31 March 2022 (latest data available), **171** regular UK Army personnel based at ATC Pirbright (Alexander Barracks) were assessed with a mental health disorder at MOD specialist mental health services. This figure includes all personnel based at ATC Pirbright (Alexander Barracks), trained and untrained. This figure excludes personnel where initial diagnosis was not supplied.

4. Please provide a breakdown of the amount of suicides and suicide attempts made by personnel in the Army during the basic training phase. Please provide a breakdown of figures from 2015-2022.

There were **two** coroner confirmed suicides among untrained regular UK Army personnel between 1 January 2015 and 30 September 2016, but the phase of training is unknown. There were **no** coroner confirmed suicides among regular UK Army personnel in basic training (Phase 1) between 1 October 2016 and 31 December 2022.

There were **five** untrained regular UK Army personnel who had at least one incident of self-harm recorded on NOTICAS and/or DMICP between 1 January 2015 and 30 September 2016 but the phase of training is unknown.

Between 1 October 2016 and 31 March 2022 (latest data available) there were **172** regular UK Army personnel with at least one incident of self-harm recorded on NOTICAS and/or DMICP whilst in basic training (Phase 1). Table 2 below presents the number of personnel with at least one self-harm incident recorded by year.

Table 2: Regular UK Army personnel with at least one incident of self-harm recorded whilst in Phase 1 training by year, number¹.

1 October 2016 to 31 March 2022

Year	n
Total	172
2016 ²	0
2017	~
2018	23
2019	31
2020	46
2021	64
2022 ³	12

1. Personnel have been counted once in each year that a self-harm incident was recorded. Therefore, the sum of the years may sum to more than the total as personnel who have more than one self-harm incident recorded in the period presented may appear in multiple years.

2. Data from 1 October 2016 to 31 December 2016

3. Data from 1 January 2022 to 31 March 2022

5. Please provide figures on the number of recruits who suffer from mental health problems, during basic training. Please provide a breakdown of figures from 2015-2022.

There were **186** untrained UK regular Army personnel assessed with a mental health disorder at MOD specialist mental health services between 1 January 2015 and 30 September 2016 but the phase of training is unknown.

Between 1 October 2016 and 31 March 2022 (latest data available) there were **171** regular UK Army personnel assessed with a mental health disorder at MOD specialist mental health services whilst in basic training (Phase 1). Table 3 below presents the number of personnel assessed with a mental health disorder at MOD specialist mental health services whilst in basic training by year.

Table 3: Regular UK Army personnel assessed with a mental disorder at MOD Specialist Mental Health Services whilst in basic training by year, number^{1,2}.

1 October 2016 to 31 March 2022

Year	n
Total	171
2016 ³	6
2017	48
2018	28
2019	25
2020	21
2021	38
2022 ⁴	7

1. Personnel have been counted once in each year that a mental health episode of care took place. Therefore, the sum of the years may sum to more than the total as personnel who have more than one episode of care recorded in the period presented may appear in multiple years.

2. Excludes personnel where Initial diagnosis was not supplied

3. Data from 1 October 2016 to 31 December 2016

4. Data from 1 January 2022 to 31 March 2022

Background Notes

Deaths Data

Defence Statistics Health compiles the Department's authoritative deaths database for all UK Armed Forces personnel who died whilst in Service going back to 1984. Information is compiled from several internal and external sources from which we release a number of internal analyses and external National Statistics Notices.

Defence Statistics receive weekly notifications of all regular armed forces deaths from the Joint Casualty and Compassionate Cell (formerly the single service casualty cells). Defence Statistics also receive cause of death information from military medical sources in the single services. At the end of each calendar year, Defence Statistics cross-reference the medical information it holds against publicly available death certificate information available from NHS Digital and The General Registrar's Office Scotland.

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

Figures are for regular personnel and only those reservists who have died whilst on operational deployment as Defence Statistics Health do not routinely receive notification of all reserve deaths.

Rates enable comparisons between groups and over time, taking account of the number of personnel in a group (personnel at risk) at a point in time. The number of events (i.e. deaths) is divided by the number of personnel at risk and multiplied by 100,000 to calculate the rate.

Defence Statistics publish an annual National statistic on suicides in the UK armed forces at the end of March each year. This statistic includes the latest suicide rates for the UK armed forces and uses standardised mortality ratios to compare the UK armed forces to the UK general population. The latest publication can be found at: UK armed forces suicides: 2022 - GOV.UK (www.gov.uk).

Self-Harm Data

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

Data is for regular personnel only.

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

From the available data it is not possible to differentiate between new episodes and the on-going treatment of a self-harm episode, thus this response presents the number of personnel who have had at least one incident recorded.

There are known difficulties in accurately capturing self-harm episodes common to the UK general population and military populations. The reporting of self harm is dependent on when the self-harm is identified and brought to the attention of the appropriate parties either by the individual themselves seeking help or if discovered by a third party. Potential barriers to seeking care include:

- The associated stigma relating to self-harm
- The mechanism they use to self-harm; some of which may not be visible
- It may be possible for the individual to treat themselves at home (for example cuts) .

Initial Notification of Casualty (NOTICAS)

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

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

Defence Medical Information Capability Program (DMICP)

DMICP is the MOD electronic integrated primary health care record for UK Armed Forces personnel. DMICP was rolled out in 2007 and legacy medical data for currently serving personnel was migrated across during rollout. In April 2013, DMICP templates began to capture detailed

information about the self-harm event, prior to this there were no means of identifying separate self-harm events/episodes among personnel.

Please note if the self-harm incident were recorded as free text only in the patient medical record the information does not transfer into the central data warehouse, thus was not available for analysis.

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

Mental Health Data

Departments of Community Mental Health (DCMH) are specialised psychiatric services based on community mental health teams closely located with primary care services at sites in the UK and abroad. All UK based and aero-medically evacuated Service personnel based overseas requiring in-patient admission are treated by one of eight NHS trusts in the UK which are part of a consortium headed by the Midlands partnership Foundation Trust (MPFT), was SSSFT. UK based Service personnel from British Forces Germany are treated at Gilead IV hospital, Bielefeld under a contract with Soldiers, Sailors, Airmen and Families Association (SSAFA) through the Limited Liability Partnership.

Defence Statistics receive data from DCMHs and in-patient providers for all UK regular Armed Forces personnel.

The data in this response includes regular personnel only.

Personnel who have had an initial assessment at MOD specialist mental health services and were assessed with a mental disorder have been included in this response.

A number of patients present to DCMH with symptoms that require the treatment skills of DCMH staff, whilst not necessarily having a specific and identifiable mental disorder. These cases are referred to as "assessed without a mental disorder" and are not included in this response.

Personnel Data

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

A service persons training status was taken from JPA. The phase of training for personnel was only available from 1 October 2016. Therefore, for data between 1 January 2015 and 30 September 2016 it has not been possible to identify whether someone was in Phase 1 or Phase 2 training.

Not all personnel had a training phase recorded on JPA after 1 October 2016. These personnel have not been included in the response. There were approximately 50 untrained Army personnel with no training phase recorded on JPA with a self-harm or mental health record.

ATC Pirbright (Alexander Barracks) personnel were identified using a combination of the 'posted unit' and 'derived location unit' fields available in JPA. Anyone with a posted unit containing 'ATC P' or 'ATR Pirbright' and a derived location unit of 'Alexander Barracks' were included in this response. This will include both untrained and trained personnel based at this location.