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Thank you for your email of 3 November 2022 in which you requested the following information:

“Please could you provide information on the following:

- (1) How many people currently serving within the Army have a formal diagnosis of ADHD (Attention Deficit Hyperactivity Disorder).
- (2) If an individual serving in the Army presents with symptoms of ADHD what is the process from there?
- (3) In the past 12 months has the Army funded or undertaken themselves (perhaps within DCMH) any assessments for ADHD.
- (4) If the answer to (3) is yes. Please can you tell me how many were undertaken in the past year.
- (5) Further to (4) If Available, the information too for the prior 3 years.
- (6) Does the Army accept applicants with a diagnosis of ADHD?
- (7) Further to (6) Does the Army accept applicants with a diagnosis of ADHD and taking medication?
- (8) Further to (6) and (7) if yes to either answer. Are there any restrictions for those applicants.
- (9) If a service person is diagnosed with ADHD are they able to continue to serve?

(10) Further to question (4) Of those people [assessed in the last year] how many were medically discharged within 12 months of receiving an ADHD diagnosis.”

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 below in Annex A.

Under Section 16 of the Act (Advice and Assistance) you will find information relating to questions 6, 7 and 8 in Joint Service Policy (JSP) 950. This information can be found at the following address:

https://www.whatdotheyknow.com/request/latest_edition_of_jsp_950?unfold=1#incoming-1498281

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,

Personnel 5
Army Policy & Secretariat

Annex A to FOI12906

(1) How many people currently serving within the Army have a formal diagnosis of ADHD (Attention Deficit Hyperactivity Disorder).

- As of 1 October 2022, there were **1,192** serving Army personnel who had a Read code for a formal diagnosis of ADHD in their medical record.

(2) If an individual serving in the Army presents with symptoms of ADHD what is the process from there?

- If an individual presents to their Medical Treatment Facility (MTF) a detailed history will be taken. This can include collateral history provided by the Chain of Command. Based on that individual assessment at the MTF, a referral to secondary care may be made e.g Departments of Community Mental Health (DCMH) for further assessment and consideration of treatment options. Whilst investigation is awaited, the individual may require a change in their medical grading and deployability to allow access to medical appointments, and potentially to assess any responses to medication.

(3) In the past 12 months has the Army funded or undertaken themselves (perhaps within DCMH) any assessments for ADHD.

- In the past 12 months ADHD assessments would have been carried out at a DCMH.

(4) If the answer to (3) is yes. Please can you tell me how many were undertaken in the past year.

- Between 1 April 2021 and 31 March 2022 (latest data available), **34** Army personnel had a first appointment at a DCMH for ADHD.

(5) Further to (4) If Available, the information too for the prior 3 years.

- Between 1 April 2019 and 31 March 2022, **61** Army personnel had a first appointment at a DCMH for ADHD.

(10) Further to question (4) Of those people [assessed in the last year] how many were medically discharged within 12 months of receiving an ADHD diagnosis."

- Of the **61** Army personnel who had a first appointment at a DCMH for ADHD between April 2019 and March 2022, **five** were subsequently medically discharged. Of which **fewer than 5** were medically discharged within a year of the first appointment.
- Please note, ADHD may not have been listed as a principal or contributory cause of the subsequent medical discharge and it may have been for an unrelated condition.

Background

- Information on the number of Army personnel currently serving with a formal diagnosis of ADHD includes all trained and untrained, regular and reservist Army personnel in service as at 1 October 2022.
- This information was derived from the Defence Medical Information Capability Programme (DMICP). DMICP has a centralised data warehouse of coded information. It is the source of electronic, integrated medical records for primary healthcare and some MOD specialist care providers.
- Please note that if information was entered as free text in the patient record then it was not available in the DMICP data warehouse and was not retrieved using the search for Read codes.
- DMICP is a live data source and is subject to change. Date of extract 18 November 2022.
- The following Read codes were used to identify a formal diagnosis of ADHD:

| Read code | Description |
|------------------|---|
| 6A61 | Attention deficit hyperactivity disorder annual review |
| 8BPT | Drug therapy ADHD (attention deficit hyperactivity disorder) |
| 8BPT0 | Stimulant drug therapy for ADHD |
| 8BPT1 | Non-stimulant drug therapy for ADHD |
| 9Ngp | On drug ther ADHD (attention deficit hyperactivity disorder) |
| 9Ngp0 | On stim drug ther ADHD (attention def hyperactivity disorder) |
| 9Ngp1 | On non-stimulant drug therapy for ADHD |
| 9OI8 | ADHD monitoring invitation first letter |
| 9OI9 | ADHD monitoring invitation second letter |
| 9OIA | ADHD monitoring invitation third letter |
| Eu900-1 | [X]Attention deficit hyperactivity disorder |
| Eu9y7 | [X]Attention deficit disorder |
| EMISNQAT45 | Attention deficit hyperactivity disorder review |

- It is not possible to identify personnel who had a formal assessment for ADHD at a DCMH without a review of medical records. In 2021/22 there were 2,261 Army personnel assessed with a mental disorder at MOD specialist Mental Health services. To understand the number of personnel who underwent an ADHD assessment would

require a review of each of these medical records which would exceed FOI cost limits. Therefore, the number of personnel who had a first appointment for ADHD at a DCMH have been included in this response.

- DCMH are specialised psychiatric services based on community mental health teams closely located with primary care services at MOD sites in the UK and abroad.
- This response captures patients who had an initial assessment for ADHD at a DCMH. DCMH staff record the initial mental health assessment during a patient's first appointment, based on presenting complaints. The information is provisional and final diagnoses may differ as some patients do not present the full range of symptoms, signs, or clinical history during their first appointment. The mental health assessment of condition data was categorised according to the World Health Organisation's International Statistical Classification of Diseases and Health-Related Disorders 10th edition (ICD-10).
- Information on the number of ADHD assessments carried out at a DCMH includes regular UK army personnel, Gurkhas, Military Provost Guard Staff, mobilised reservists, Full Time Reserve Service personnel and Non-regular Permanent Staff as all these individuals are eligible for assessment at a DCMH.
- The Joint Personnel Administration (JPA) system was used to identify those currently serving as at 1 October 2022. JPA is the most accurate source for demographic information on UK Armed Forces personnel.

Medical discharge data

- Please note that ADHD may not have been listed as a principal or contributory cause of the subsequent medical discharge and may have been for an unrelated condition.
- Medical discharge figures presented are for UK Regular army personnel (including Gurkhas and MPGS).
- Medical discharges are the result of a number of specialists (medical, occupational, psychological, personnel, etc.) coming to the conclusion that an individual is suffering from a medical condition that pre-empts their continued service in the armed forces. Statistics based on these discharges do not represent measures of true morbidity or pathology. At best they indicate a minimum burden of ill-health in the armed forces. Furthermore, the number and diversity of processes involved with administering a medical discharge introduce a series of time lags, as well as impact on the quality of data recorded.
- Defence Statistics release annual updates on medical discharges in the UK Regular Armed Forces as an Official Statistic publication. The last statistical release was on 14 July 2022 which presented data up to 31 March 2022. The latest report can be found at <https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>. Please note some medical discharge numbers by cause are provisional, further details can be found in the report.