Behavioural Health and Women’s Health in the Armed Forces of the United Kingdom
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St Mary’s Hospital, North-West London’s Major Trauma Centre

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UK Surgeon General’s Advisor in Pre-Hospital Emergency Medicine
Everything from point of injury through to the front door of the hospital
93% of healthcare is provided by the NHS

Government expenditure is on NHS is £197.4 billion

9.6% of gross domestic product (GDP)*

Spending is increasing between 1.1% - 3.4% per annum.

11,200 service personnel and 2,200 civilian personnel

Provide healthcare to 135,360 UK Armed Forces personnel

Since 1999, most secondary care for the UK military is provided by the NHS

*UK Office for National Statistics: www.ons.gov.uk
Behavioural Health
Behavioural Health

No screening on entry

But we do require full access to health records
Behavioural Health

Overall rate of ALL diagnosed mental health conditions: 2.7% (5.1% in women)

Royal Navy 2.5%
Royal Marines 2.2%
Army 2.7%
RAF 3.0%
Behavioural Health

The rate of PTSD remains low at 0.2%

This represents 2 in 1,000 personnel assessed with the disorder in 2018/19.
In period 1, 50/117 military deaths in Afghanistan were UK or Canadian from 6750 personnel, a fatality rate of 19/1000/year; nearly four times the US rate of 5/1000/year in Iraq (based on 280 deaths).

**WAR**

**Military fatality rates (by cause) in Afghanistan and Iraq: a measure of hostilities**

Sheila M Bird and Clive R Fairweather

**Accepted** 16 April 2007

**Background** Military fatalities occur in clusters, and causes differ between theatres of operation or unlike threats on the same front. UK and Canadian forces in Afghanistan have a fatality rate of 19/1000/year, nearly four times the US rate of 5/1000/year in Iraq (based on 280 deaths).

**Findings**

- Out of 537 coalition fatalities in Iraq in 2006 to September 17, 2006, 452 (85%) were hostile, but only half were in Afghanistan (October 2001 to September 17, 2006: 32%, 249/795). Air bases accounted for 9% fatalities in Iraq, but 12% in Afghanistan. IEDs claimed three out of five hostile deaths in Iraq, only 10% in Afghanistan. Deaths per IED incident averaged 1.5.

- In period 1, 50/117 military deaths in Afghanistan were UK or Canadian from 6750 personnel, a fatality rate of 19/1000/year; nearly four times the US rate of 5/1000/year in Iraq (based on 280 deaths). Only 17 fatalities in Afghanistan occurred in deaths of two or more deaths.

- In period 2, fatality rates changed: down by two-thirds in Afghanistan for UK and Canadian forces to 6/1000/year (114 deaths). Over 117 fatalities in Afghanistan occurred in deaths of two or more deaths.

**Interpretation** Rate, and cause, of military fatalities are capable of abrupt change, as happened in Iraq (again and Afghanistan) and cause between consecutive 140-day periods. Forecasts can be wide of the mark.

**Keywords** Military fatality rates, specific causes of death, clusters, short-term projections.
1. Perception that they were out of control during the event
2. Perception that their life was threatened during the event
3. The person blames others for what happened
4. The person reports shame/guilt about their behaviour
5. The person experienced acute stress following the event
6. Exposure to substantial stress since the event
7. Problems with day to day activities since the event
8. History of previous traumatic events
9. Poor social support, (family, friends, unit support)
10. The person has been drinking alcohol excessively to cope with distress
Behavioural Health

“...familiarity, trust and credibility...”
Behavioural Health
Behavioural Health
Women’s Health

10.5% of the force

Figure 1: Progress Against Female Intake 2020 Target

Trend before 2020 target was set

Progress towards target measured from 1 April 2016
Women’s Health

10.5% of the force

The Defense Health Board – Monday 10th February
Women’s Health

Ban on women serving in ground close combat roles lifted in July 2016
## British Army fitness test

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<th>Sit-ups in two minutes</th>
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**Loaded March**
- Infantry/RAC: 4km/40kg march within 50 mins, followed by 2km/25kg in 15 mins
- Para/16AAB: 4km march/40kg within 35 mins followed by 2km/25kg in 12.30 mins

**Water Can Carry**
- Carry 2x 22kg jerry cans over 240m/2mins

**Fire & Movement**
- 20x 7.5m tactical bounds
- 15m crawl
- 15m sprint/55secs

**Vehicle Casevac**
- 70kg lift and 3 sec hold

**Casualty Drag**
- 110 kg dragged over 20m in 35 secs

**Lift & Carry**
- Moving 20kg bags, 20x over 30m in 14 mins
Women’s Health

Latest research:

“Equality in value, but difference in function [between men and women]”
“Universal anovulation and suppression of reproductive axis function”
“vulnerability to stress fractures between 14 and 28 weeks of training”

Baby birth shock for soldier on Afghanistan deployment

A team of doctors has flown to Afghanistan after a British servicewoman gave birth to a boy having not realised she was pregnant.

Originally from Fiji, the unnamed Royal Artillery gunner is said to have only learned she was about to give birth on Tuesday after having stomach pains.

Mother and baby are "stable" in Camp Bastion, Helmand province, said the Ministry of Defence.

The woman went to Afghanistan in March and her baby was five weeks premature.

A specialist paediatric team from Oxford's John Radcliffe Hospital has left for Afghanistan, RAF Brize Norton has confirmed.

Women’s Health

Unplanned or ‘ambivalent’ about pregnancy: 45%
Women’s Health

- Paid time off for antenatal care
- Maternity leave
- Maternity pay or maternity allowance
- Protection against unfair discrimination or dismissal
Women’s Health

- On return to work the individual is assumed to be fully fit
- Cultural assumption that the mother will care for children rather than the father
Summary

1. Overall rates of mental health illness are 2.7%. No screening tests on recruitment but history of mental illness does often preclude service.

2. Trauma Risk Management (TRiM): using peers to go over the incident, and screen using a checklist.

3. Women can serve in close combat. And plenty of new research into effects of service, for example risks of stress fractures.

4. Maternity benefits are good. But women remain under-represented in senior officer positions.