Adult Psychiatric Morbidity Survey
1. Fabulous data series!
2. New survey archives Dec 2016
3. sally.mcmanus@natcen.ac.uk
4. What do you want in the report?
A series of mental health surveys

- Adult Household 1993
- Adult Household 2000
- Adult Household 2007
- Adult Household 2014
- Institutional Residents 1994
- Homeless 1994
- Prisoners 1997
- Ethnic minorities 2000
- Children 1998
- Children Follow-up 2002
- Follow-up 2002
- Looked After Children 2001
- Children 2004
- Carers 2001
- Ethnic minorities 2000
Aims

- Prevalence
- Trends
- Inequalities
- Risk factors
- Protective factors
- Treatment and service use
Aims

- Prevalence
- Trends
- Inequalities
- Treatment and service use
- Risk factors
- Protective factors
1 in 6 have CMD
Aims

- Prevalence
- **Trends**
- Inequalities
- Treatment and service use
- Risk factors
- Protective factors

All 16-64

%

- 1993: 14.1%
- 2000: 16.3%
- 2007: 16.4%

All 16-64

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>2000</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>17.7</td>
<td>19.2</td>
<td>20.1</td>
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<tr>
<td>All 16-64</td>
<td>14.1</td>
<td>16.3</td>
<td>16.4</td>
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<tr>
<td>Men</td>
<td>10.5</td>
<td>13.4</td>
<td>12.6</td>
</tr>
</tbody>
</table>
Aims

- Prevalence
- Trends
- Inequalities
- Risk factors
- Protective factors
- Treatment and service use
Inequalities: by sex
CMD among men and women

Men

Women
Drug dependence among men and women

Men: [High percentage]
Women: [Lower percentage]
Inequalities: by age
Eating disorder by age and sex

[Bar chart showing the percentage of men and women with eating disorders across different age groups.]
Inequalities: by ethnic group
CMD by ethnic group and sex

- **White**
  - Men: 12%
  - Women: 18%

- **Black**
  - Men: 10%
  - Women: 15%

- **South Asian**
  - Men: 8%
  - Women: 35%
Alcohol dependence by ethnic group and sex

- White: Men (9%) and Women (2%)
- Black: Men (2%)
- South Asian: Men (1%)

Legend: Men (Blue), Women (Orange)
PTSD screen (conditional on trauma exposure) by ethnic group and sex

- **White**
  - Men: [Value]
  - Women: [Value]

- **Black**
  - Men: [Value]
  - Women: [Value]

- **South Asian**
  - Men: [Value]
  - Women: [Value]
Inequalities:
by income
Suicide attempt by equivalised household income

Bar chart showing suicide attempt rates by household income quintile:
- Highest quintile: Lowest rate
- Second highest: Slightly higher rate
- Middle: Moderate rate
- Second lowest: Higher rate
- Lowest quintile: Highest rate

Source: NatCen Social Research
Alcohol dependence by equivalised household income and sex

- Highest quintile: Men - 12%, Women - 5%
- Second highest quintile: Men - 8%, Women - 4%
- Middle quintile: Men - 4%, Women - 2%
- Second lowest quintile: Men - 4%, Women - 2%
- Lowest quintile: Men - 8%, Women - 4%
Aims

- Prevalence
- Trends
- Inequalities
- Treatment and service use
- Risk factors
- Protective factors
1 in 4
with CMD in treatment
Treatment rate varies by CIS-R score

- 0 to 5
- 6 to 11
- 12 to 17
- 18+

NatCen Social Research
After controlling for symptoms treatment rate varies by...

- Ethnic group
- Age
Aims

- Prevalence
- Trends
- Inequalities
- Treatment and service use
- Risk factors
- Protective factors
Common mental disorders, unemployment and psychosocial work stress: is a poor job better than no job at all?

P. Butchart, L. S. Leach, B. McKean and S. A. Blandford

Psychological Medicine

Additional services to Psychological Medicine:

- Email alerts
- Content Alert Service
- Email alerts from The British Journal of Psychiatry

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The British Mental Health Survey Programme: achievements and latest findings

Richard Jenkins - Howard Mohan - Paul Riddington - Thaddeus Brown - Michael Peto - Sally McManus - Nicolaogrigson

The British Journal of Psychiatry: The Journal of Mental Science

Introduction

The British National Psychiatric Morbidity Survey Programme was established in 1994, and it enormously grew with the publication of the second survey in 1998. The third iteration of its impact on understanding of casual factors and mental health needs should be noted. The programme continues to develop methods and approaches to address these needs.

The British National Psychiatric Morbidity Survey Programme is a major initiative in mental health research, providing vital information on the prevalence of mental health conditions and their associated risk factors. The programme has been instrumental in advancing our understanding of mental health issues and informing public policy and practice.

The survey programme was designed to improve knowledge and understanding of mental health, its causes and consequences, in order to inform governmental decisions on mental health. It has been essential to conduct surveys in order to understand the prevalence of mental health conditions and their associated risk factors. These surveys provide critical information for public health planning, service delivery, and policy development.

The survey programme has provided a wealth of data on mental health conditions, their associated risk factors, and the impact of interventions. This information has been instrumental in informing policy decisions and improving mental health care and support.

The survey programme has also been critical in raising awareness of mental health issues and promoting public understanding. By highlighting the prevalence of mental health conditions and their impact on individuals and society, the programme has helped to reduce stigma and improve access to mental health care and support.

The survey programme has been a key component of mental health research and policy development, providing critical information on the prevalence of mental health conditions and their associated risk factors. The programme has been instrumental in advancing our understanding of mental health issues and informing public policy and practice.

For more information on the British National Psychiatric Morbidity Survey Programme, please visit the website.

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<table>
<thead>
<tr>
<th><strong>Face to face 1</strong></th>
<th><strong>Self-Completion</strong></th>
<th><strong>Face to face 2</strong></th>
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<tbody>
<tr>
<td>Disability</td>
<td>Substance dependence</td>
<td>Cognitive functioning</td>
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<tr>
<td>Caring*</td>
<td>Personality disorder</td>
<td>Key life events</td>
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<tr>
<td>General health*</td>
<td>Social functioning</td>
<td>Social support</td>
</tr>
<tr>
<td>Wellbeing*</td>
<td>Bipolar disorder*</td>
<td>Religion</td>
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<tr>
<td>Treatment</td>
<td>Autism</td>
<td>Neighbourhood</td>
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<tr>
<td>CMD</td>
<td>PTSD</td>
<td>Debt, deprivation*</td>
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<tr>
<td>Psychosis</td>
<td>Domestic violence</td>
<td>Socio-demographics</td>
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<tr>
<td>ADHD</td>
<td>Childhood neglect*</td>
<td>Data-linkage</td>
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<tr>
<td>Work-related stress</td>
<td>Self harm</td>
<td>Phase 2:</td>
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<tr>
<td>Smoking</td>
<td>Discrimination</td>
<td>Autism, ADHD,</td>
</tr>
<tr>
<td>Drinking</td>
<td>Sexual identity</td>
<td>psychosis</td>
</tr>
</tbody>
</table>
Adult psychiatric morbidity in England, 2007

Results of a household survey

Autism Spectrum Disorders in adults living in households throughout England

Report from the Adult Psychiatric Morbidity Survey 2007

Edited by Sally McManus, Howard Meltzer, Traolach Brugha, Paul Bebbington, Rachel Jenkins

A survey carried out for The NHS Information Centre for health and social care
by the National Centre for Social Research
and the Department of Health Sciences, University of Leicester

Brugha T, McManus S, Meltzer H, Smith J, Scott FJ, Purdon S, Harris J, Bankart J

A survey carried out for The NHS Information Centre for health and social care
by the National Centre for Social Research,
the Department of Health Sciences, University of Leicester, and
the Autism Research Centre, University of Cambridge
APMS 2014 report and user documentation

- Similar to 2007?
- Disorder specific chapters
- Plus treatment, comorbidity, methods
- Breaks: age, sex, ethnicity, region, household type, material deprivation
- More on unmet need?
- … or something else?
Common mental disorder assessment

A - Somatic symptoms
B - Fatigue
C - Concentration and forgetfulness
D - Sleep problems
E - Irritability
F - Worry about physical health
G - Depression
H - Depressive ideas
I - Worry
J - Anxiety
K - Phobias
L - Panic
M - Compulsions
N - Obsessions
O - Overall effects