

Meeting the mental health challenge in England: results from the Adult Psychiatric Morbidity Survey 2007

Sally McManus, Howard Meltzer, Traolach Brugha, Dhriti Jotangia, Jenny Harris, Katharine Sadler, Susan Purdon, Paul Bebbington and Rachel Jenkins



© Janine Wiedel/Photofusion

Depression and anxiety have been increasing among women over the past 15 years, according to the latest Adult Psychiatric Morbidity Survey, one of the only data sources to cover rates of both treated and untreated mental illness in England. NatCen conducted APMS 2007 in collaboration with the University of Leicester for the NHS Information Centre for health and social care.

- Reducing the prevalence of the various types of depression and anxiety which comprise common mental disorders (CMDs) is a major public health challenge: CMDs can result in physical impairment and problems with social functioning, and if left untreated are more likely to lead to long-term disability and premature mortality.
- Just over 16 per cent of people in England had a CMD at the time of interview, an overall rate which has not changed since 2000.
- The proportion of 16 to 64-year-old women with a CMD has increased from 19.1 per cent in 1993 to 21.5 per cent in 2007, while among men the difference in rate over the same period was not significant.
- The proportion of people with more severe psychiatric disorders (eg, psychosis and antisocial and borderline personality disorders) remained under 1 per cent.
- Men made up a quarter of those screening positive for possible eating disorder, indicating that this is not just an issue for women. The study found higher rates of disordered eating not only among people who are underweight, but also among obese people.
- While attention deficit hyperactivity disorder (ADHD) has been widely studied in childhood, less is known about its presence in adulthood. Although childhood ADHD is more likely in boys than girls, survey measurement using a screening tool designed to identify adults who may have ADHD characteristics found no significant difference between men and women.
- One-third (32 per cent) of people with neurotic symptoms assessed as severe enough to require treatment were actually receiving medication or counselling for a mental or emotional problem.

Assessing England's mental health

Successive governments in the 1990s identified mental health and illness as key public health priorities in England and set out frameworks for action. First conducted in 1993, the Adult Psychiatric Morbidity Survey (APMS) series is designed to inform policy and monitor change. England is unique in sustaining a national mental health survey programme of this kind.

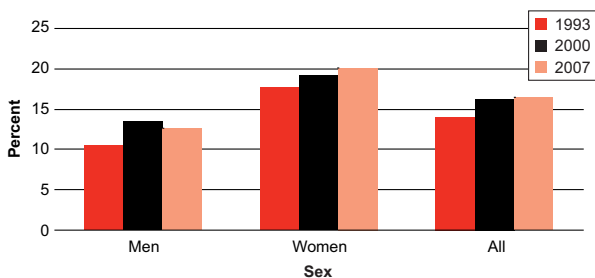
The first survey was conducted by the Office of National Statistics (ONS) in 1993 among 16 to 64-year-olds, and repeated in 2000 (16 to 74-year-olds) and 2007 (without upper age limit). Because probability sampling of private households was used, prevalence estimates for the general population can be produced, and not just among people who are in contact with services.

The initial interview was followed up with an assessment conducted by a clinically trained research interviewer for a sub-sample of respondents. This enabled the assessment of disorders such as psychosis and personality disorder, which require clinical judgement.

Trends in depression and anxiety

Overall, the rate of the different types of depression and anxiety which comprise common mental disorders (CMDs) increased in England among 16 to 64-year-olds between 1993 and 2000, but the rate has remained steady since then. Comparing 1993 with 2007, there is a significant increase among women, but not among men (see Figure 1).

Figure 1
Prevalence of common mental disorder, by sex and survey year
Base: aged 16-64 and living in England in 1993, 2000 and 2007



Suicidal thoughts and self-harm are increasing

Official statistics show a fall in the rate of suicides since the 1990s and the rate in 2007 was the lowest on record. However, a slightly different pattern emerges in terms of people's likelihood to think about committing suicide. Among women, thinking about suicide has increased since 2000 from 4.2 per cent having thought about killing themselves in the previous year, to 5.5 per cent in 2007. The rate among men remained constant at 3.5 per cent.

Rates of self-harming (without suicidal intent) have also increased, among both men and women. In

women, the increase was concentrated in the 16-24 age group, while in men it was evident across the age range. It is possible that these increases in reporting partly result from a greater public awareness of 'self-harm' as a mental health issue: people may now be more likely to identify their behaviour in this way or to admit to it (see figures 2 and 3).

Figure 2
Self-harm ever, by age and survey year: Men
Base: men aged 16-74 and living in England

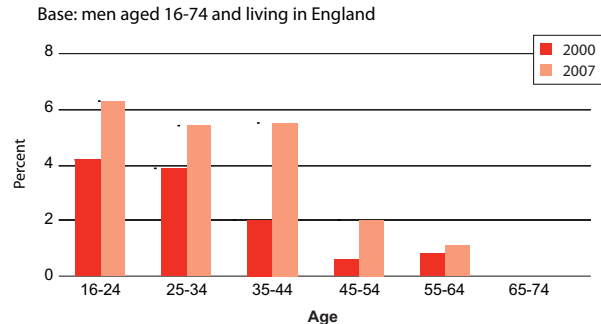
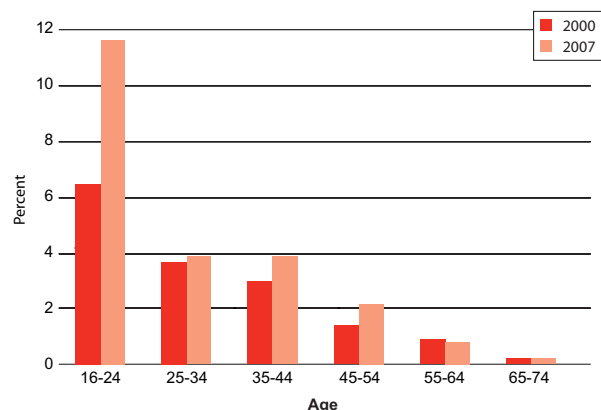


Figure 3
Self-harm ever, by age and survey year: Women
Base: women aged 16-74 and living in England



Alcohol dependence may be declining in men

A number of national surveys measure alcohol consumption and illicit drug use but only the APMS series provides trends in substance dependence for the population. Because people with severe substance dependence will be less likely to take part in a survey, the actual rates of dependence generated by this sort of research may underestimate the problem. Since their non-participation is unlikely to change much between survey years, the trends in rate are likely to be reliable.

Rates of drug dependence increased between 1993 and 2000, and have since remained stable.

However the proportion of people with alcohol dependence declined slightly between 2000 and 2007, a decline evident in men but not in women. Whereas 11.5 per cent of men aged 16 to 74 reported signs of alcohol dependence in 2000, in 2007 the figure was 9.3 per cent. The decline in dependence was most marked among men aged 16 to 24: the proportion of young men of this age reporting signs of dependence on alcohol fell

from 19.8 per cent in 2000 to 12.6 per cent in 2007. Rates of alcohol dependence were associated with ethnicity, with rates highest among white people.

Eating disorders covered for the first time

APMS 2007 included a screening tool designed to identify people who may benefit from an assessment for eating disorder – the first time a screening tool of this kind had been included on a national survey across the adult age range.

The results confirmed the expected associations between possible eating disorder and age and sex. The rate among young women (aged 16 to 24) was found to be 20 times that among older women (75 and over) and three times that among young men. While this does support the perception that eating disorders are concentrated among women, it also highlights that signs of the disorder are present in men. Men with eating disorders constitute a group which has been neglected in research, policy and clinical practice in this area, although recent research is beginning to address this issue.

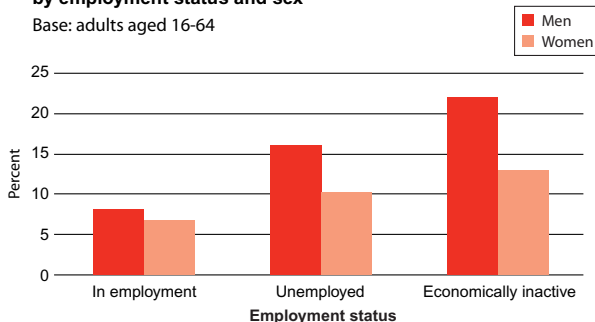
An interesting pattern to emerge from the data is the relationship between possible eating disorder and body mass index (BMI). Screen-positive cases have a strong presence both among people who are underweight and among people who are overweight and obese. This may indicate a serious and relatively common disturbance in overweight people that has not often been a focus and which provides grounds for further attention.

ADHD characteristics covered for the first time

APMS 2007 screened for characteristics of ADHD (eg, inattention, hyperactivity and impulsiveness), also for the first time. As expected, the presence of such traits was found to be strongly associated both with being unemployed and with being economically inactive (see Figure 4).

Figure 4
Percentage screening positive for ADHD in the past 6 months, by employment status and sex

Base: adults aged 16-64



Mental health linked to poverty indicators

There was a strong association between mental health and poverty, which was measured using equivalised household income (ie, adjusting the income of the household for the number, age and relationships between the people living in the household), as shown in Figure 5 in relation to rates of attempted suicide.

Figure 5
Suicide attempts ever (age-standardised), by equivalised household income and sex

Base: all adults



The survey series has also found that other aspects of financial strain (eg, debt and fuel poverty) were also associated with poor mental health. This effect is likely to work both ways: problems with money – including worry and reduced living circumstances – might bring about poor mental health, and poor mental health could trigger the loss of a job or failure to organise finances.

Medication more common than counselling

2 per cent of the English adult population have been admitted to a ward or hospital specialising in the treatment of mental or emotional problems at some point in their life, and 7 per cent were receiving treatment for a mental or emotional problem at the time of interview.

Treatment was more likely to be in the form of psychoactive medication than talk-based therapy. Antidepressants were the most widely taken psychoactive drug (5 per cent). Most of the adults in talk-based therapy were either in psychotherapy or counselling.

One-third of people with a level of neurotic symptoms assessed by the survey as severe enough to require treatment were actually receiving such treatment.

Treatment rates varied by type of psychiatric disorder, as well as by severity of symptoms. For example, two-thirds (65 per cent) of those who had experienced a psychotic episode in the past year were receiving treatment at the time of interview, compared to 25 per cent of those identified with panic disorder. Of the common mental disorders, people with phobias were the most likely to be receiving treatment (57 per cent).

Self-reported information about treatment can be problematic: people with a disorder that has recently onset may not yet be in contact with services and those in

Meeting the mental health challenge in England

remission may have symptoms controlled by treatment. In addition, people are not always aware of what type of treatment they are receiving and who it is provided by. However, a survey of this kind is the only way to get at overall treatment rates among people with a psychiatric disorder living in the community. It is clear from the data that research with service users may reflect a minority of people with a psychiatric disorder. Because treatment rates vary by age, sex and other characteristics, such data only give a partial picture of mental health in England.

Implications for policy

The NHS Plan, launched in 2000, identified mental health as one of the clinical priorities of the NHS and set targets for mental health services nationally. In the first years of the reform, much of the focus was on specialist mental health services. However, this shifted in recent years towards the mental health of the community as a whole. A population-based survey of this kind is well placed to monitor this. Current Government policy priorities in this area include:

- improved access to psychological therapies;
- removing inequalities in access to services; and
- social inclusion and improving the lives of people with mental illness.

APMS 2007 findings suggest that there is still a greater tendency among health professionals to prescribe medication over talking therapy.

Inequalities in access to treatment, health and community-based services persist, both according to types of disorder and by characteristics of people. People with externalising disorders such as alcohol and drug dependence had particularly low rates of treatment, especially among men, despite improvements in this area.

The survey included the collection of detailed information about social capital, participation and life circumstances, and these will be explored in further analyses of the data. For example, the EAGA Partnership Charitable Trust is funding NatCen and The Bartlett to analyse relationships between fuel poverty, housing characteristics, financial strain and mental health, using the APMS data.

Methodology

- The APMS series uses a robust random probability sample, with addresses selected from the postcode address file. Interviewers selected one adult aged 16 or over per household. As with the preceding surveys, a two-phase approach was used for the assessment of several disorders.
- The first phase interviews were carried out by NatCen interviewers. These included structured assessments and screening instruments for a range of psychiatric disorders, as well as questions on other topics, such as general health, service use, risk factors and demographics. These interviews lasted about 90 minutes on average.
- The second phase interviews were carried out by clinically trained research interviewers employed by the University of Leicester. A sub-sample of phase one respondents were invited to take part to permit assessment of psychosis, borderline and antisocial personality disorder, and Asperger syndrome. The assessment of these conditions required a more detailed and flexible interview and the use of clinical judgement in ascertaining a diagnosis.
- The survey team was advised by a number of leading academic psychiatrists with expertise in psychiatric epidemiology from the following institutions: University of Leicester; University College London (UCL) Medical School; Queen Mary's School of Medicine; the Institute of Psychiatry; Warwick Medical School; King's College London; and Imperial College.

Obtaining the report for this study

The full report of these research findings (McManus S, Meltzer H, Brugha T, Bebbington P, Jenkins R (2009) Adult Psychiatric Morbidity in England, 2007: results of a household survey) was published in January 2009 by The NHS Information Centre and is available for download from their website at: www.ic.nhs.uk/pubs/psychiatricmorbidity07.

Hard copy editions are available for £40 from info@natcen.ac.uk.