

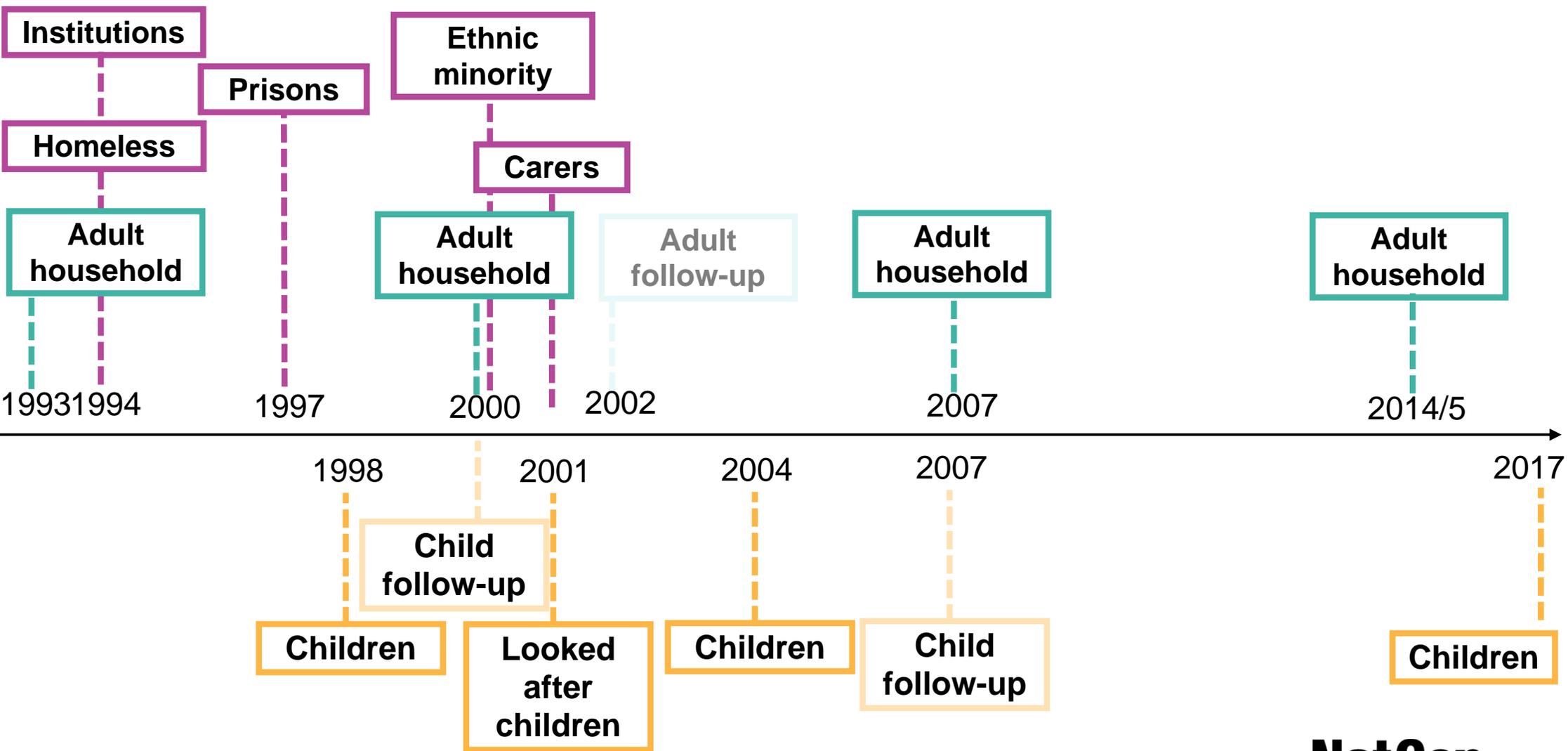


Mental Health and Wellbeing in England

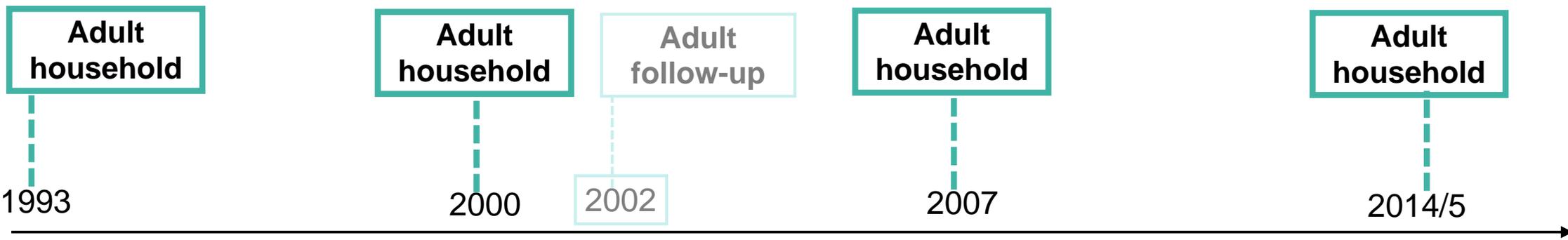
Adult Psychiatric Morbidity Survey 2014

A survey carried out for NHS Digital by NatCen Social Research and the Department of Health Sciences, University of Leicester

Mental health survey series...



Longest running mental health survey series in the world using consistent methods



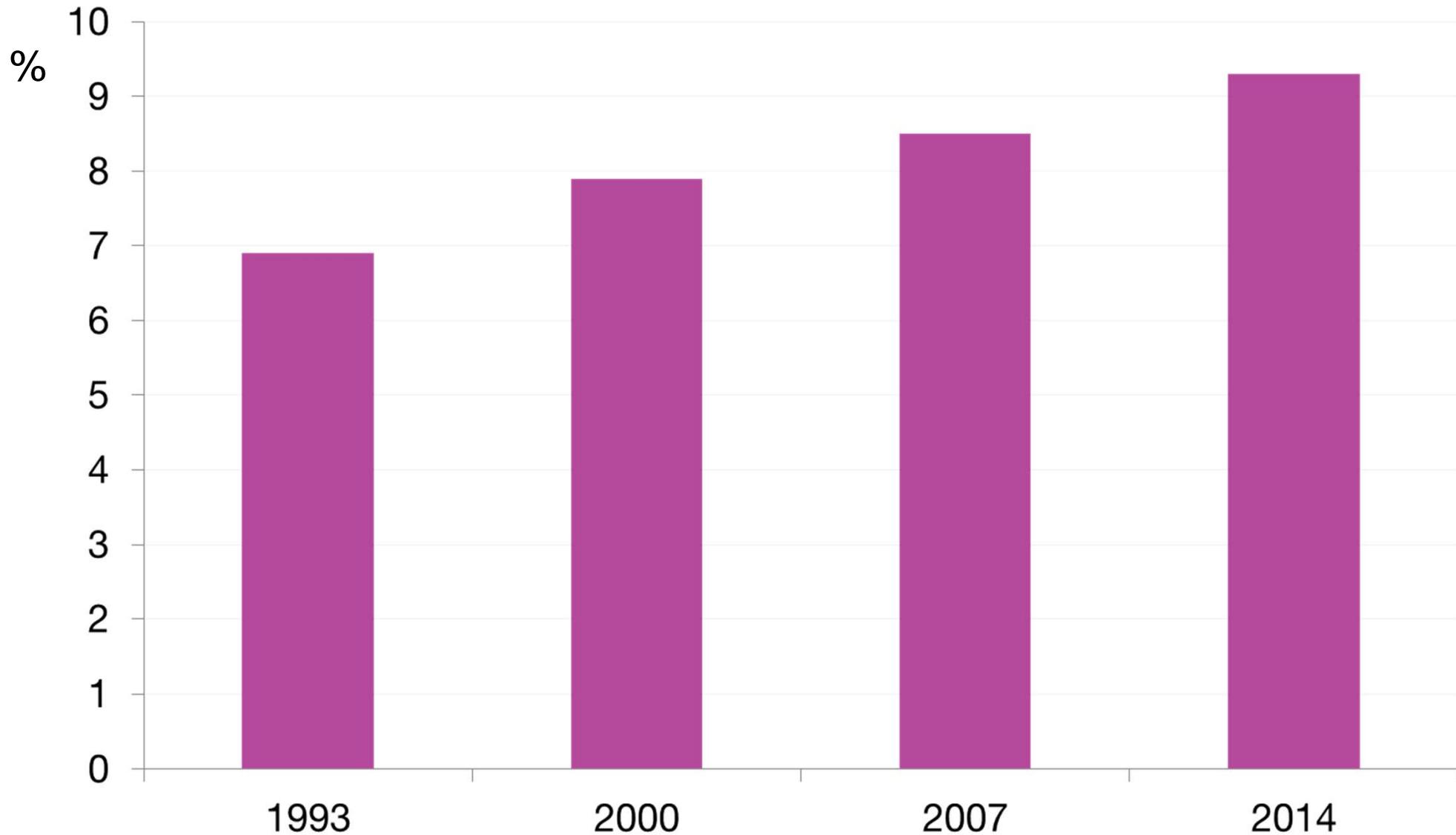
Clinical Interview Schedule - revised (CIS-R)

Lewis G, Pelosi AJ, Araya R,
Dunn G. Measuring psychiatric
disorder in the community; a
standardised assessment for
use by lay interviewers.

Psychological Medicine, 1992;
22: 465–486.

- Fatigue
- Concentration and forgetfulness
- Somatic symptoms
- Sleep problems
- Irritability
- Worry about physical health
- Depression
- Depressive ideas (suicidal thoughts)
- Worry
- Anxiety
- Phobias
- Panic
- Compulsions
- Obsessions

Steady, but gradual, increase in severe anxiety and depression symptoms, 1993-2014



CIS-R score of 18+ in adults aged 16-64 living in England by survey year.

Many surveys include a general screen for psychiatric distress...

- **Alcohol dependence:** AUDIT, SAD
- **Attention-deficit/hyperactivity disorder:** ASRS
- **Autism:** AQ, ADOS
- **Bipolar disorder:** MDQ
- **Common mental disorders (CMD):** CIS-R
- **Drug dependence:** DSM criteria
- **Eating disorder:** SCOFF
- **Personality disorder:** SCID-II, SAPAS
- **Posttraumatic stress disorder:** PCL-C
- **Problem gambling:** DSM
- **Psychotic disorder:** PSQ, SCAN
- **Suicidal thoughts, suicide attempts, self-harm**

Prevalence of non-suicidal self-harm and service contact in England, 2000–14: repeated cross-sectional surveys of the general population

Sally McManus, David Gunnell, Claudia Cooper, Paul E Bebbington, Louise M Howard, Traolach Brugha, Rachel Jenkins, Angela Hassiotis, Scott Weich, Louis Appleby

Summary

Background The number of people presenting to hospital emergency departments after self-harming has increased in England. However, most people who self-harm do not present to hospitals, so whether this rise reflects an increase in the prevalence of self-harm in the community is unknown. Also unknown is whether the prevalence of non-suicidal self-harm (NSSH) or suicidal self-harm, or both, has increased. We aimed to establish temporal trends in the prevalence of NSSH in England.



Lancet Psychiatry 2019;
6: 573–81

Published Online
June 4, 2019
[http://dx.doi.org/10.1016/
S2215-0366\(19\)30188-9](http://dx.doi.org/10.1016/S2215-0366(19)30188-9)

When producing trends ensure consistent...

- Question or measure

“Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?”

- Base

In 1993, only asked of those with depressive ideas

- Mode

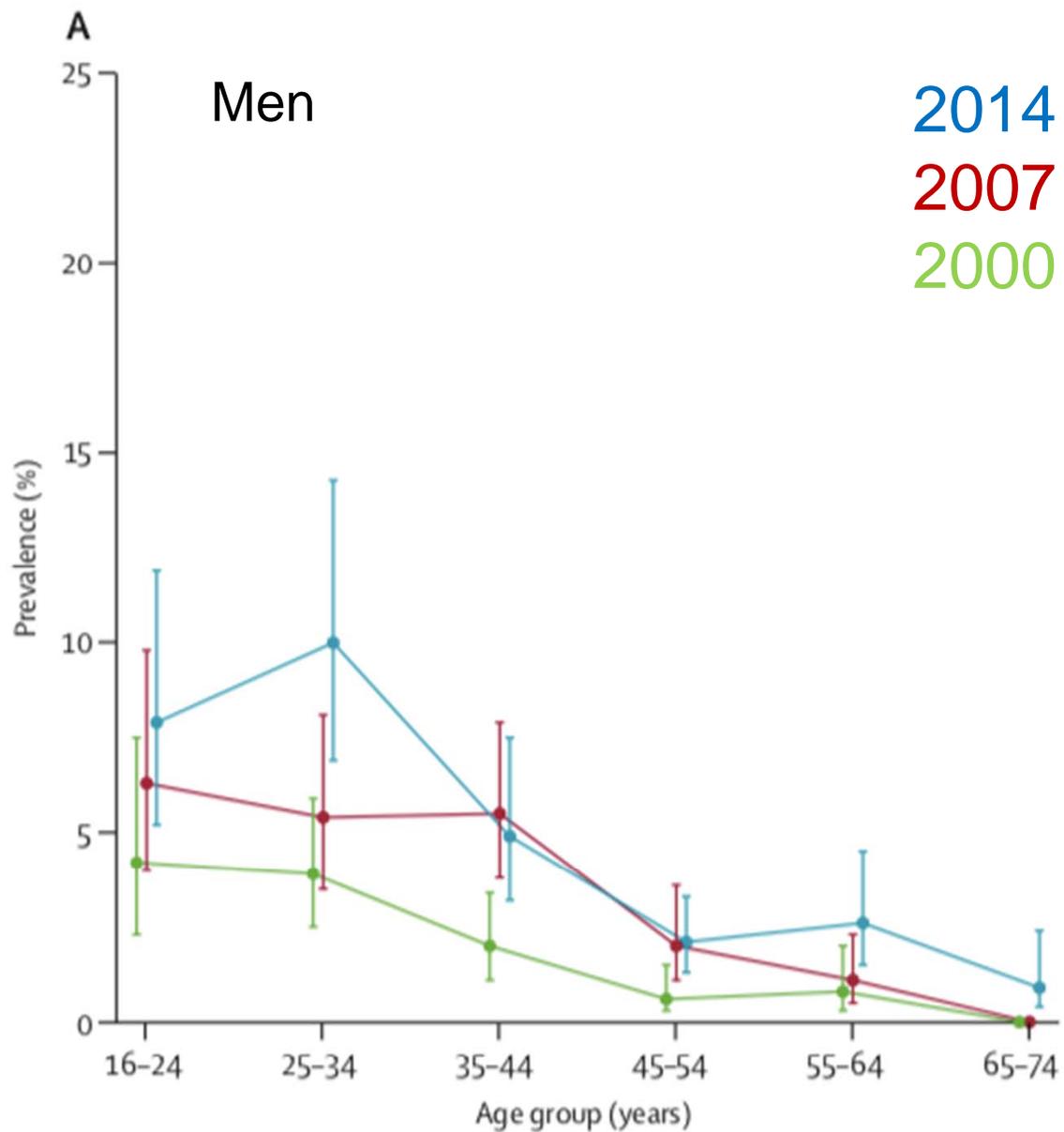
Face to face/self-completion

- Geographical cover - England

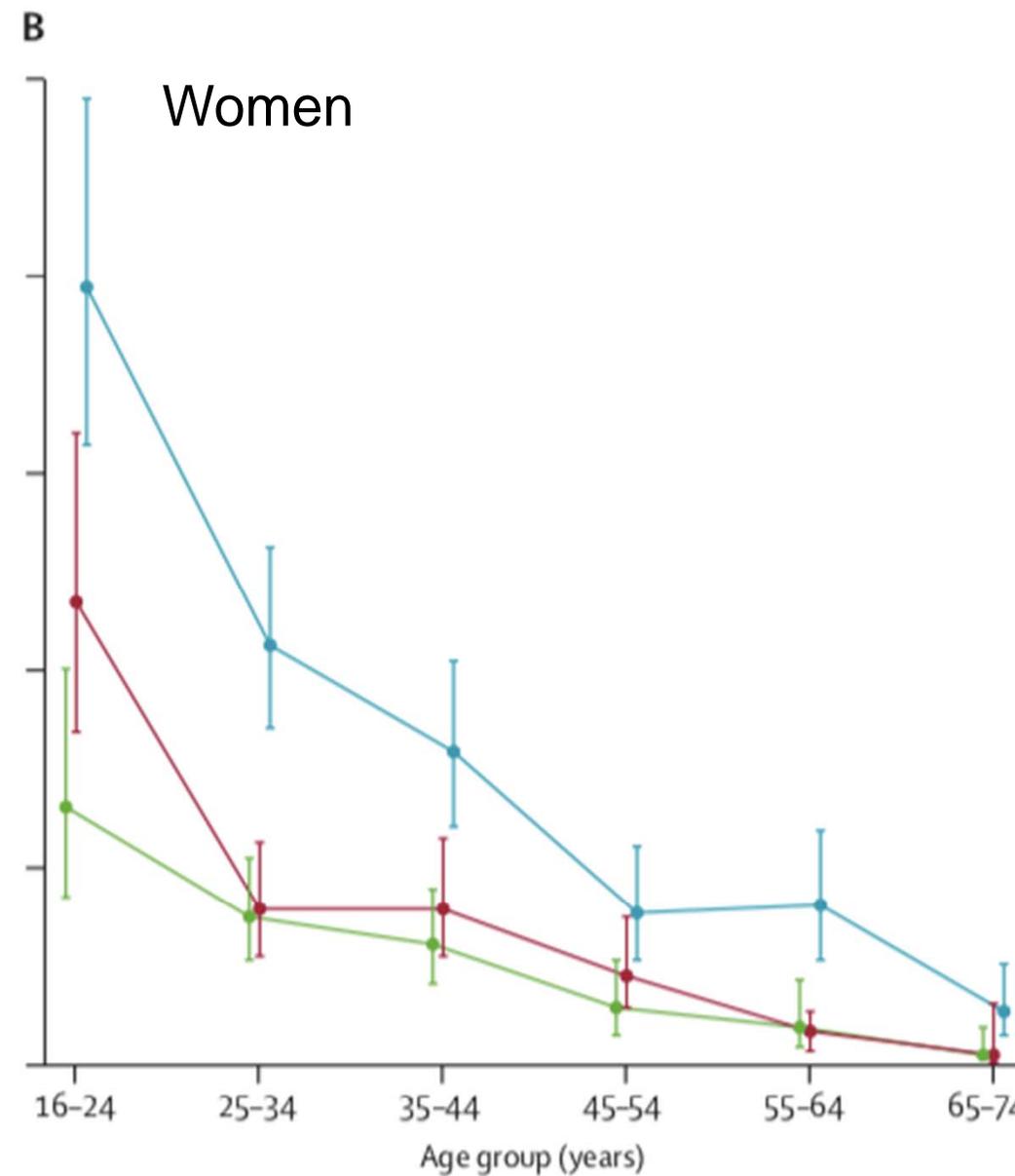
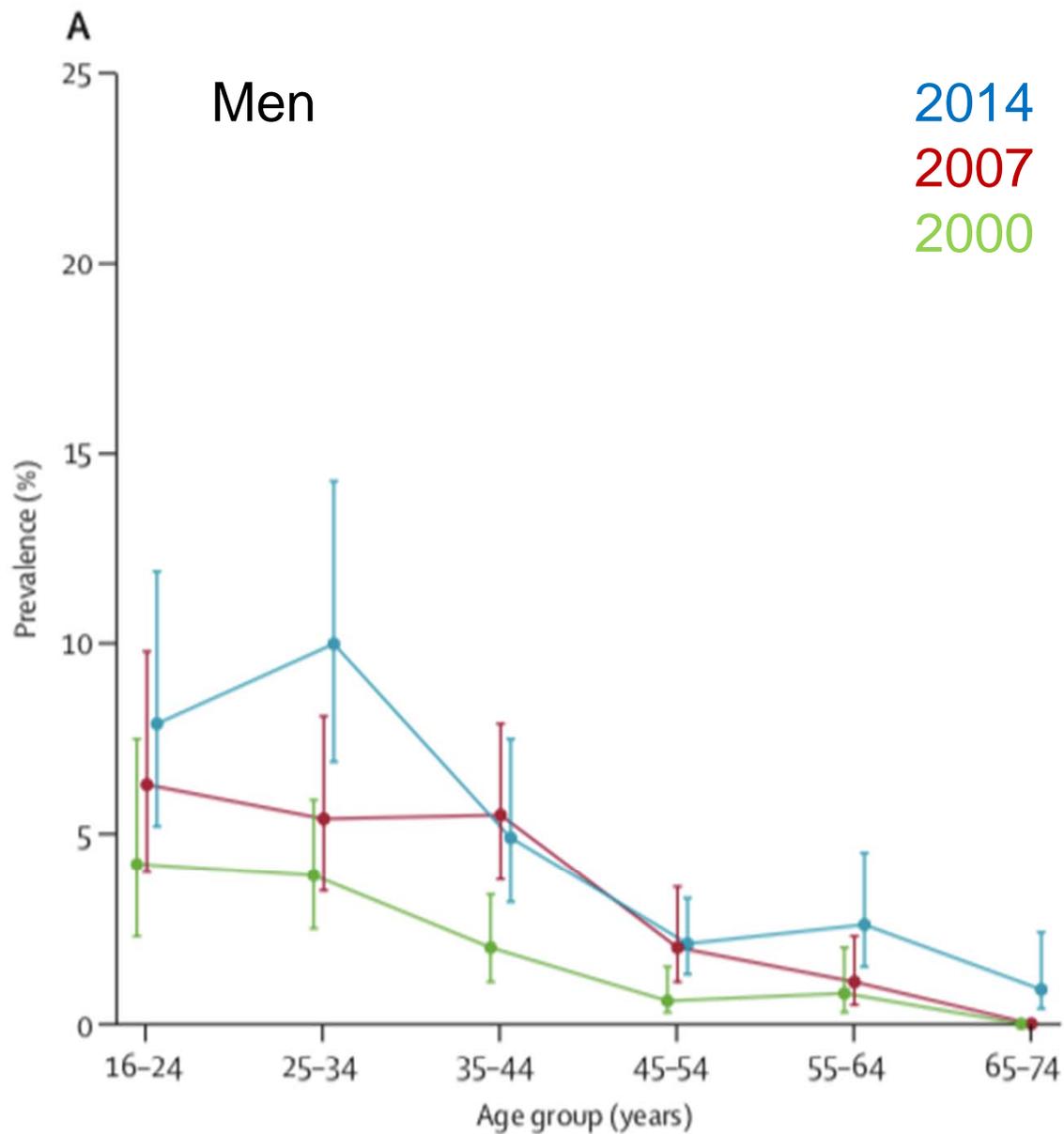
- Age group - 16-74 year-olds

Prevalence: non-suicidal self-harm in 16-74 year-olds in England in 2000, 2007, 2014

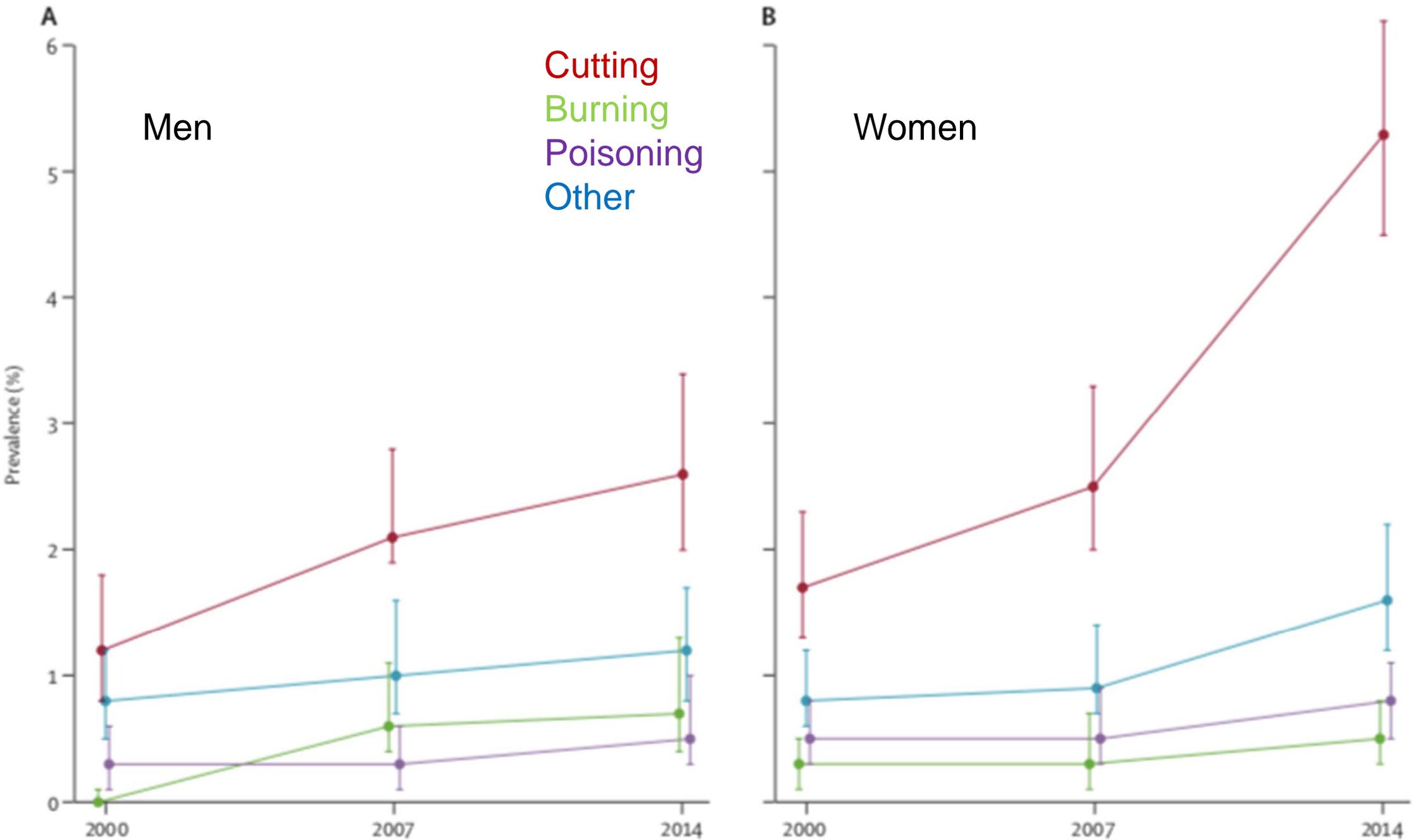
Prevalence: non-suicidal self-harm in 16-74 year-olds in England in 2000, 2007, 2014, by age and sex



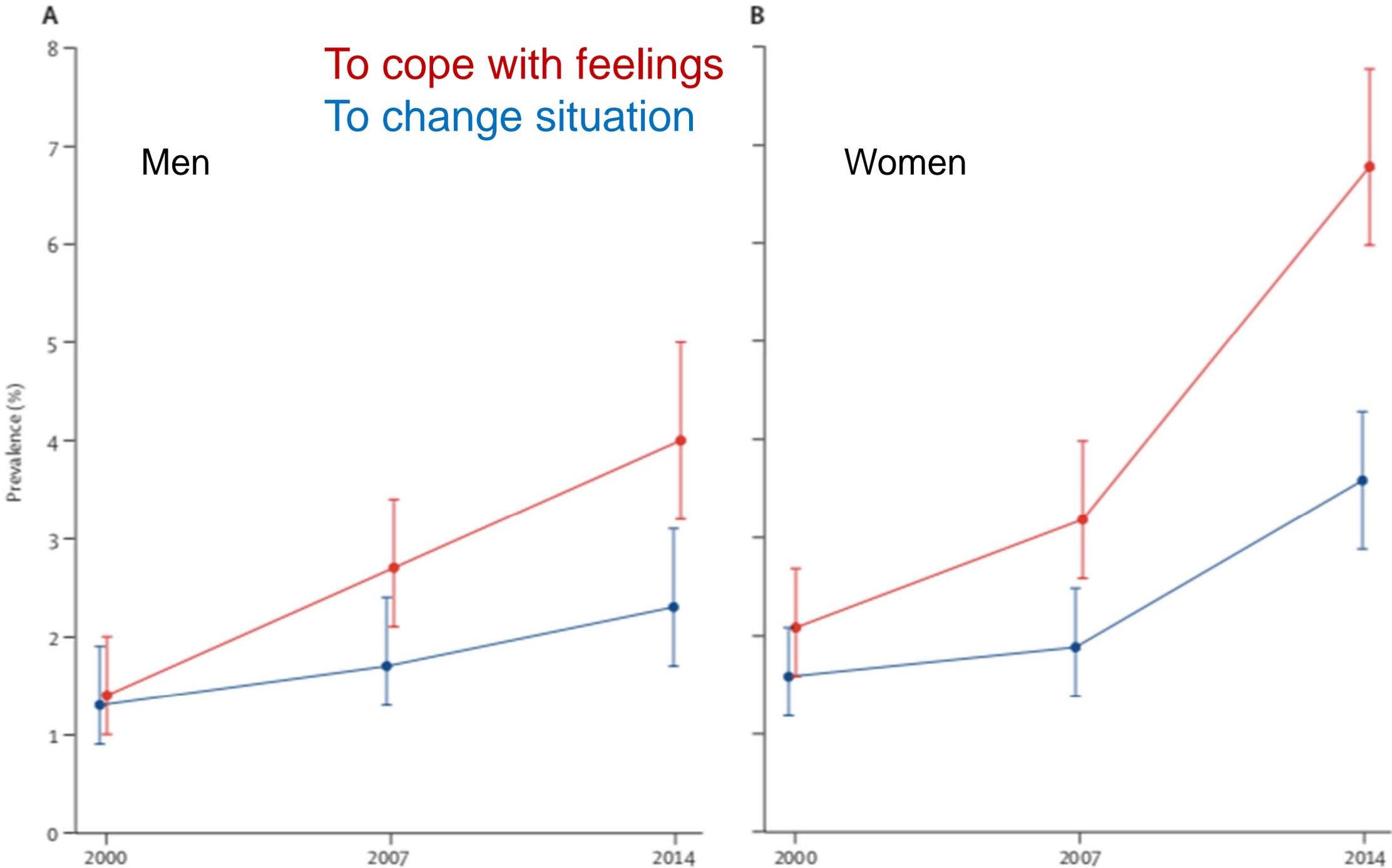
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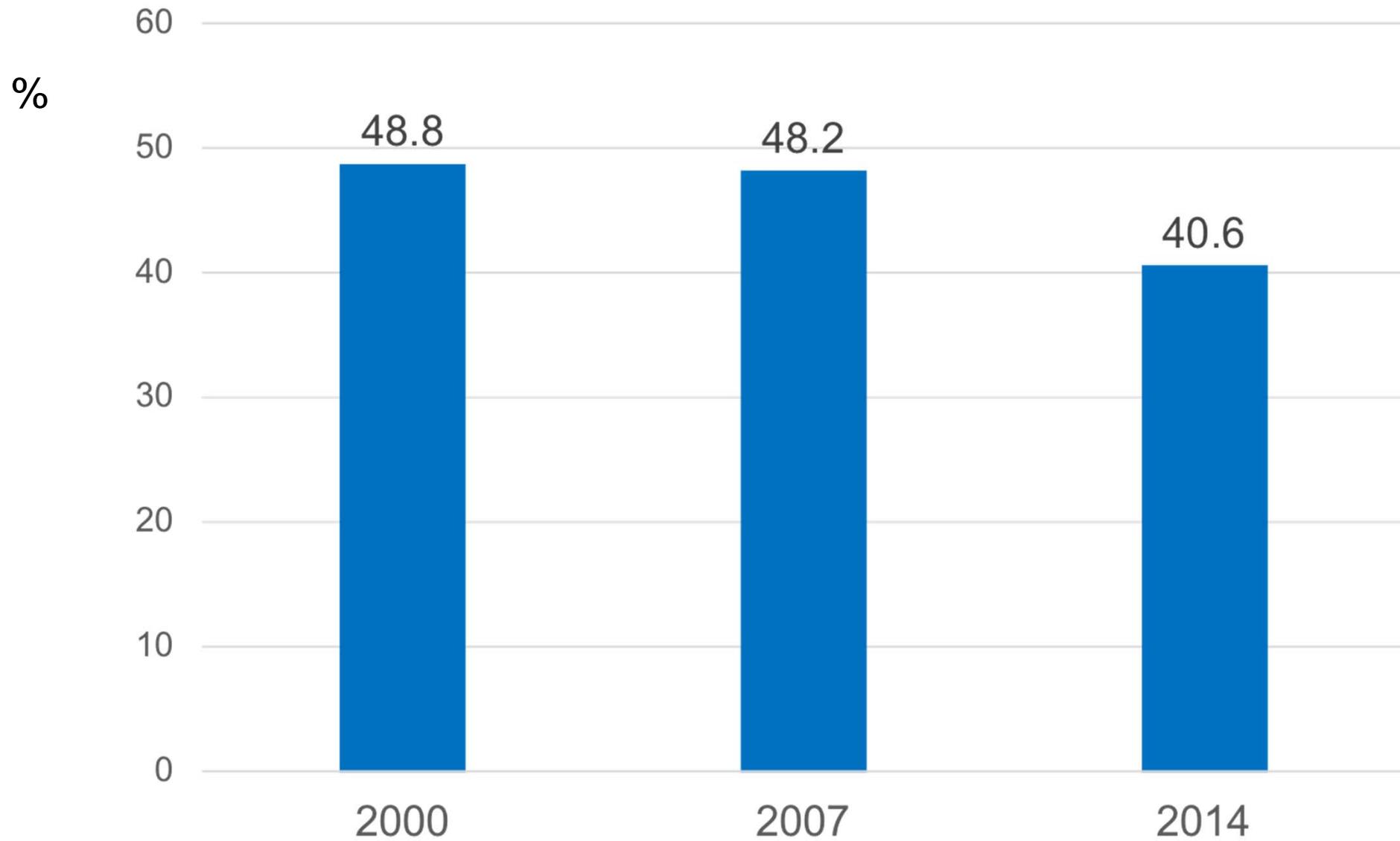
Methods: self-cutting prevalence increased in women since 2007



Motivations: increase in use of self-harm as coping mechanism



Medical or psychological support received as a result of self-harm



Base: all who reported self-harm.

Treatment inequalities: who is most likely to get support?

	Adjusted OR*	P value
Men	ref	
Women	2.49	0.001
16-34	ref	
35-74	1.82	0.029
Not in debt	ref	
Debt arrears	0.68	0.202

Receipt of medical or psychological attention because of self-harming.

*Adjusted for sex, age, tenure, debt arrears, mental health, general health, method, and suicide attempt. Base: all who reported self-harm.

Figure 3P: Requested but not received particular treatment in the past 12 months, by equivalised income tertiles and CIS-R score

Figure 3P: Requested but not received particular treatment in the past 12 months, by equivalised income tertiles and CIS-R score

Base: adults providing information about income

■ <£17,868 ■ >=£17,868 and <£36,228 ■ >=£36,228

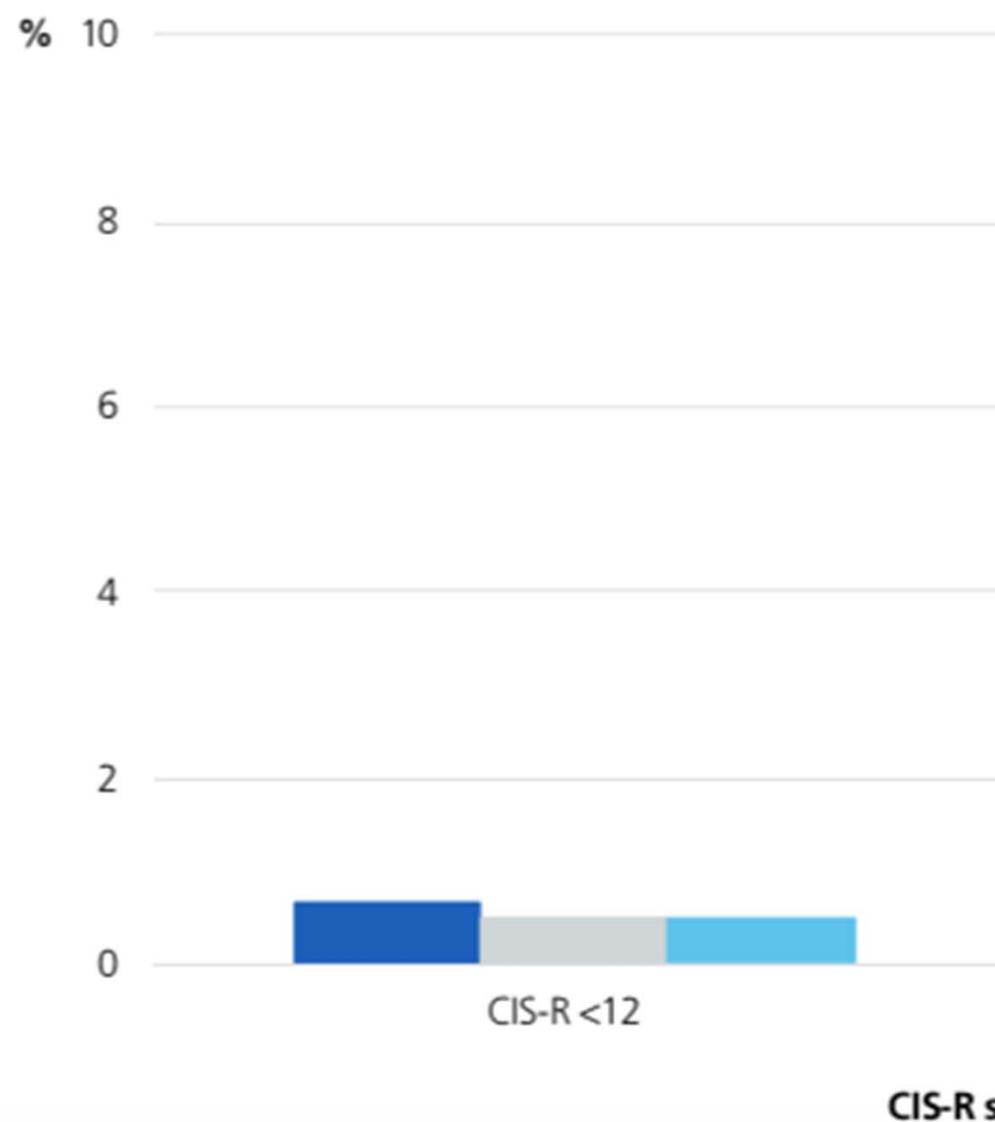
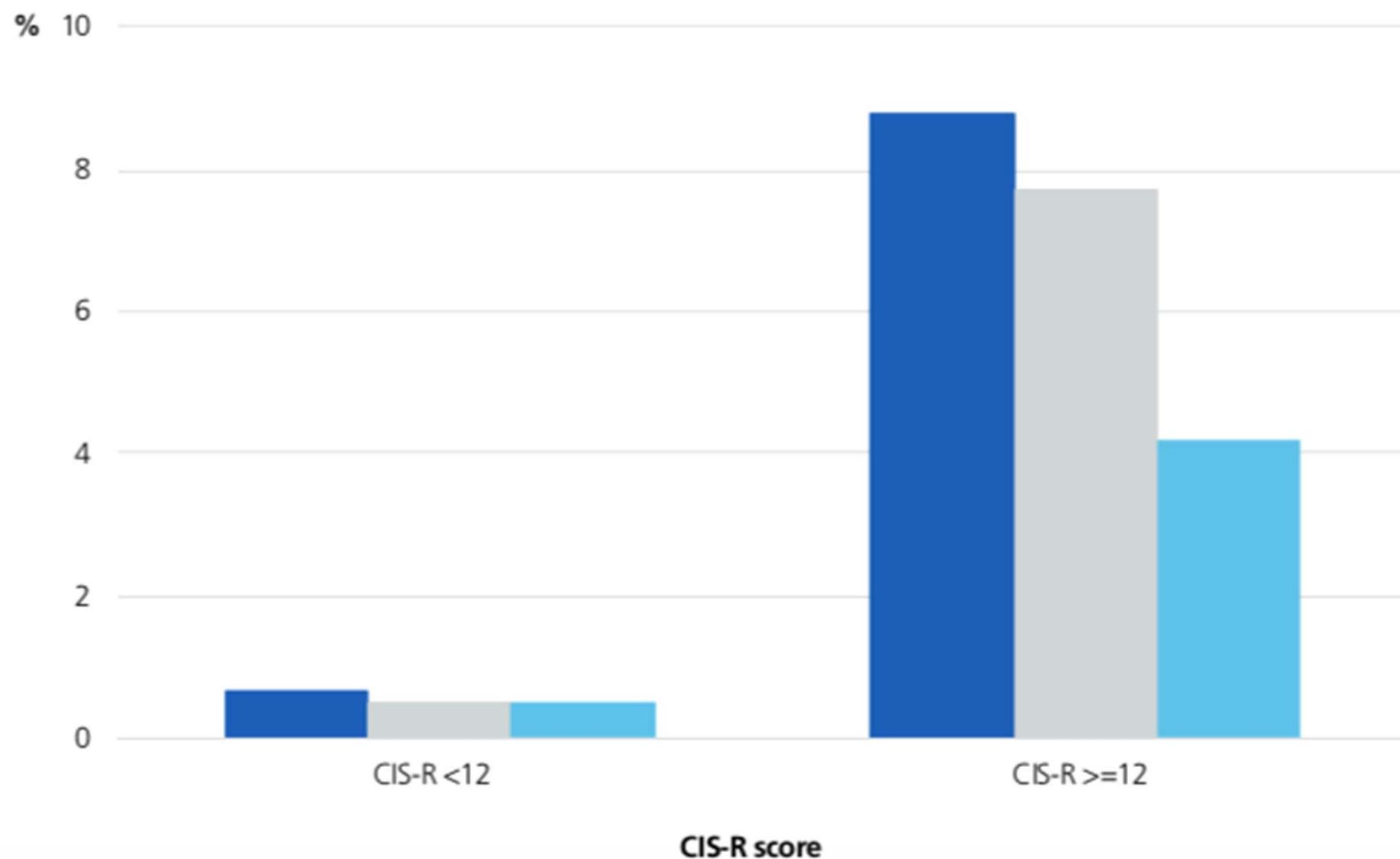


Figure 3P: Requested but not received particular treatment in the past 12 months, by equivalised income tertiles and CIS-R score

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Only a mental health survey series can tell us about...

Extent of mental disorders/behaviours

- Trends over time
- Inequalities in mental health
 - Autism, paranoia, insomnia, suicidal ideation, problem gambling...
 - Variations by experience of abuse, intellectual impairment, epilepsy...

Only a mental health survey series can tell us about...

Extent of mental disorders/behaviours

- Trends over time
- Inequalities in mental health

Proportion in treatment

- Trends over time
- Inequalities in treatment

- Increased use of medication, primary care
- Ethnic, age inequalities

Only a mental health survey series can tell us about...

Extent of mental disorders/behaviours

- Trends over time
- Inequalities in mental health

Proportion in treatment

- Trends over time
- Inequalities in treatment

Context of people's lives

- Potential risk factors
- Population profile

- Debt, job quality, housing, poverty, discrimination, domestic violence
- Veterans, ex-prisoners
- Conceptual: wellbeing/disorder, segmentation



NHS
Digital



Mental Health and Wellbeing in England

Adult Psychiatric Morbidity Survey 2014

A survey carried out for NHS Digital by NatCen Social Research and
the Department of Health Sciences, University of Leicester

Publications list

<https://mentalhealthsurveys.org/>

Survey report

<http://content.digital.nhs.uk/catalogue/PUB21748>

Data, measures, documentation

<https://discover.ukdataservice.ac.uk/series/?sn=2000044>

Data use permission (for 2014)

<https://mentalhealthsurveys.org/>

Questions about using the data

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NatCen
Social Research

Thanks