Introduction

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1.1 Background to the Adult Psychiatric Morbidity Survey 2007

Poor mental health has a very great economic and social impact. In the 1990s mental health and illness were identified as key public health priorities in England[1,2] and frameworks for action were set out.[3,4] The NHS Plan, launched in 2000, also identified mental health as one of the clinical priorities of the NHS and set precise and challenging targets for mental health services nationally.[5] In the first years of the reform, much of the focus was on specialist mental health services. However, this has shifted in recent years towards the mental health of the community as a whole.

In key aspects, such as community outreach and early intervention, the provision of mental health services in England has been identified as among the best in Europe.[6] However a recent Foresight report highlighted that particular disorders, such as common mental disorders, addictions and personality disorder, remain poorly diagnosed and treated, and that social factors make highly significant contributions to their onset and outcomes. Hence there is a need for prevention efforts and for closer working between primary care, social and occupational services.[7] It is also recognised that little is known of the prevalence and effects in adulthood of disorders now recognised in children, including attention deficit hyperactivity disorder (ADHD) and Autism Spectrum Disorders such as Asperger syndrome.

Current Government policy priorities in this area include:

- Improved access to psychological therapies;[8]
- Removing inequalities in access to services;[9] and
- Social inclusion and improving the lives of people with mental illness.[7,10]

The community-based psychiatric morbidity survey series is particularly well placed to inform and monitor such initiatives. Previous surveys in this series were carried out by the Office for National Statistics, and were commissioned by the Department of Health, Scottish Executive and National Assembly for Wales. They covered a wide range of different population groups, including:

- Adults living in private households: aged 16 to 64 in 1993[11] and aged 16-74 in 2000;[12]
- Residents of institutions providing care and support to people with mental health problems;[13]
- Homeless adults;[14,15]
- Adults with a psychotic disorder;[16,17]
- Prisoners and young offenders; [18,19,20]
- Young people in local authority care;[21]
- Children and adolescents;[22,23] and
- Carers.[24]

The Adult Psychiatric Morbidity Survey 2007 (APMS 2007) is the third survey of psychiatric morbidity in adults living in private households. It was carried out by the National Centre for

Social Research (NatCen) in collaboration with the University of Leicester, and was commissioned by The NHS Information Centre for health and social care.

APMS 2007 retains the same core questionnaire coverage and methodological approach as the 1993 and 2000 surveys, to enable the analysis of change over time. However, the latest survey also included a number of new topics to reflect emerging policy priorities. In summary, the distinguishing attributes of the 2007 household survey were that it:

- Was conducted in England only;
- Had no upper age limit for participation;
- Was in the field over the course of a whole year; and
- Included new topics, such as additional conditions and associated risk factors.

See Chapter 13, Methods for further details of topic coverage and a list of the differences between the 2000 and 2007 surveys. The phase one questionnaire is in Appendix D.

1.2 Aims of the survey

The main aim of the survey was to collect data on mental health among adults aged 16 and over living in private households in England.

The specific objectives of the survey were:

- To estimate the prevalence of psychiatric morbidity according to diagnostic category in the adult household population of England. The survey included assessment of common mental disorders; psychosis; borderline and antisocial personality disorder; Asperger syndrome, substance misuse and dependency; and suicidal thoughts, attempts and self-harm.
- To screen for characteristics of eating disorder, attention deficit hyperactivity disorder, posttraumatic stress disorder, and problem gambling.
- To examine trends in the psychiatric disorders that have been included in previous survey years (1993 and 2000).
- To identify the nature and extent of social disadvantage associated with mental illness.
- To gauge the level and nature of service use in relation to mental health problems, with an emphasis on primary care.
- To collect data on key current and lifetime factors that might be associated with mental health problems, such as experience of stressful life events, abusive relationships, and work stress.
- To collect data on factors that might be protective against poor mental health, such as social support networks and neighbourhood cohesion.

It should be noted that for many of the disorders assessed on APMS 2007, a survey of the household population of this kind is likely to under-represent adults with the condition, who in the case of psychosis and alcohol dependence for example are more likely to be homeless or in an institutional setting. Moreover, adults with severe mental health problems who do live in private households may be less available, able or willing to respond to surveys.

1.3 Overview of the survey design

Fieldwork was carried out between October 2006 and December 2007. 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 mental disorders, as well as questions about 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 in the second phase interview to permit assessment of psychosis, borderline and antisocial personality disorder, and Asperger syndrome. The assessment of these conditions requires a more detailed and flexible interview than was possible at the first phase, and the use of some clinical judgement in ascertaining a diagnosis.

Details of the sample design and methods are provided in Chapter 13.

1.4 Coverage of this report

Each of the main disorders and behaviours covered by APMS 2007 is discussed in a separate chapter. The chapters present disorder prevalence by age, sex, ethnicity, marital status, region, and the level and nature of treatment and service use. Where the disorder was also covered in the 1993 and 2000 surveys, change in rate is also considered.

The data collected as part of APMS 2007 relating to Asperger syndrome are not presented in this report. This is because subsequent fieldwork has been undertaken to validate and extend this work. These data will be analysed together, and published separately at a later date.

Further analyses of the 2007 data are planned. Publications based on data collected in the previous surveys in the series are listed in Appendix F.

1.5 Access to the data

As with the previous general population surveys, a copy of the 2007 APMS dataset will be deposited at the UK Data Archive. Copies of anonymised data files can be made available for specific research projects. Information on this process is available at the data archive website (www.data-archive.ac.uk).

A list of the derived variables used in this report can be found in Appendix C.

1.6 Ethical clearance

Ethical approval for APMS 2007 was obtained from the Royal Free Hospital and Medical School Research Ethics Committee.[25]

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