Mental health data webinar

Eoin McElroy, Leicester University Sally McManus, National Centre for Social Research Sarah King-Hele, UKDS

9th December 2019 2-3pm







UKDS: range of relevant cross-sectional surveys

Specialist mental health surveys

Psychiatric morbidity surveys (1993+)

Mental Health Trusts: Community Mental Health Service User Survey (2006+)

General health surveys

Health Survey for England (1991+)

Welsh Health Survey (1998-2015)

Scottish Health Survey (1995+)

Attitudinal surveys

British Social Attitudes Survey (1983+)

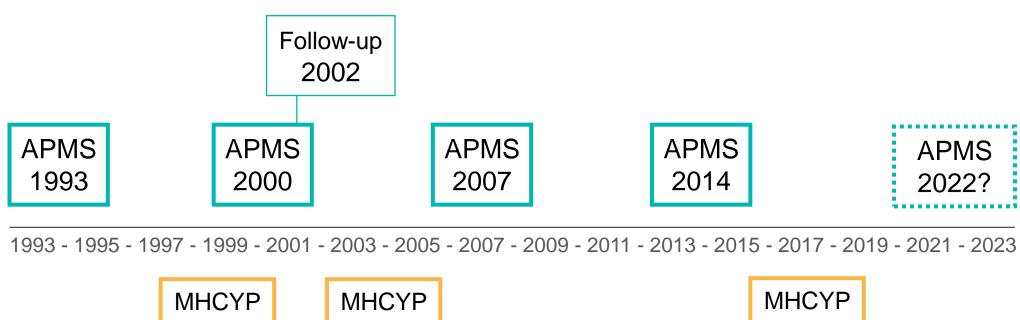
Scottish Social Attitudes Survey (1999+)

Surveys with subjective wellbeing measures

Annual Population Survey (wellbeing: 2011/12+)

Crime Survey for England and Wales

Specialist mental health surveys of adults (APMS) and children (MHCYP) in England

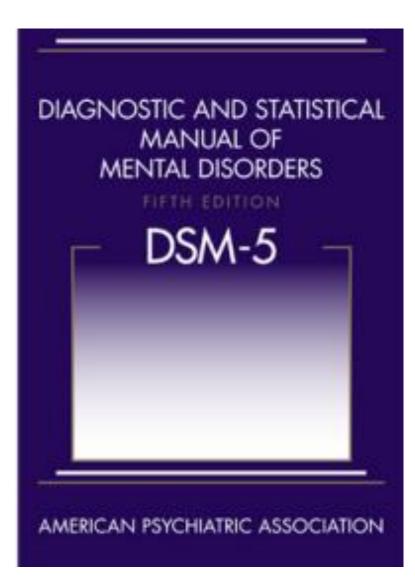




Adult Psychiatric Morbidity Survey series

- DHSC funded, NHS Digital commissioned
- Repeated: 1993, 2000, 2007, 2014, 2021/2?
- Cross-sectional series
- Probability sample, 7-8,000
- In home, 1.5 hours
- Assessment to diagnostic criteria





ICD-10

The International Statistical Classification of Diseases and Health Related Problems

Tenth Revision

Volumen 1

PAN AMERICAN HEALTH ORGANIZATION Pan-American Sanitary Office, Regional Office of THE WORLD HEALTH ORGANIZATION

Clinical Interview Schedule - revised (CIS-R)

14 symptoms

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
- Self harm thoughts and behaviours

Clinical Interview Schedule - revised (CIS-R)

6 common mental disorders and a severity score

- Generalised anxiety disorder
- Panic disorder
- Phobic disorder
- Obsessive compulsive disorder
- Depressive disorder
- CMD not otherwise specified
- Any CMD

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.

- CIS-R score 12+
- CIS-R score 18+

Types of questions APMS data is ideal to answer

Population prevalence

Temporal trends

Treatment gap

Subgroup trends

Inequalities and circumstances



Article

Metrics

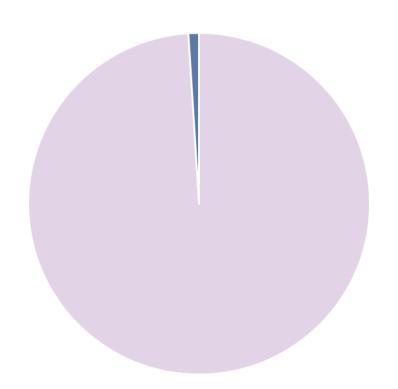
eLetters

FirstView

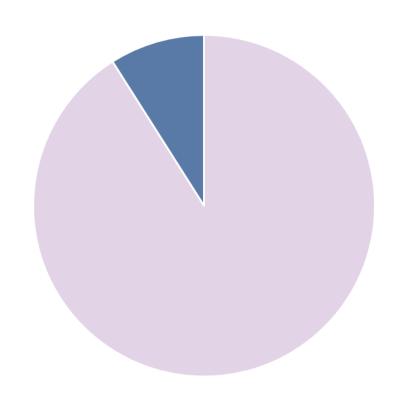
Revisiting the one in four: the prevalence of psychiatric disorder in the population of England 2000–2014

Paul E. Bebbington (a1) and Sally McManus (a2)

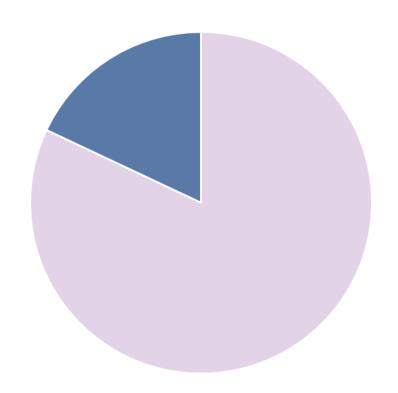
1 in 100: psychotic episode in past year



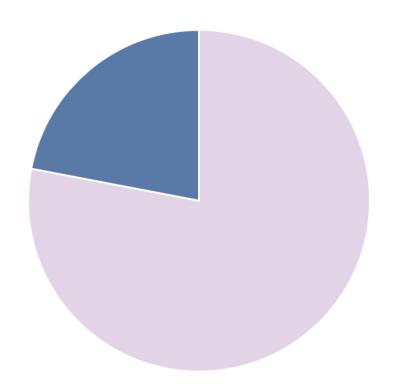
1 in 10: severe anxiety/depression (CIS-R 18+) and/or psychosis



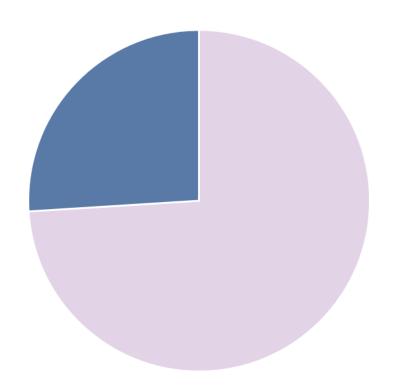
<1 in 5: any anxiety/depression (CIS-R 12+)/psychosis



>1 in 5: anxiety/depression/psychosis/dependence



1 in 4: anxiety/ depression/ psychosis/ dependence/ ADHD



Range of mental health indicators

- 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: CIS-R

Types of questions APMS data is ideal to answer

Population prevalence – e.g. 'one in four'

Temporal trends – e.g. self-harm and service contact 2000-14

Treatment gap

Subgroup trends

Inequalities and circumstances

Articles

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

When producing trends ensure...

- Consistent question or measure
- •Consistently defined sample In 1993, only asked of those with depressive ideas
- Consistent mode
 Face to face/self-completion
- •Geographical cover 1993, 2000: GB, 2007, 2014: England
- •Age group 1993 16-64; 2000 16-74; 2007, 2014 16+

McManus et al. (2019) Prevalence of non-suicidal self-harm and service contact in England 2000-14: repeated cross-sectional surveys of the general population *Lancet Psych*

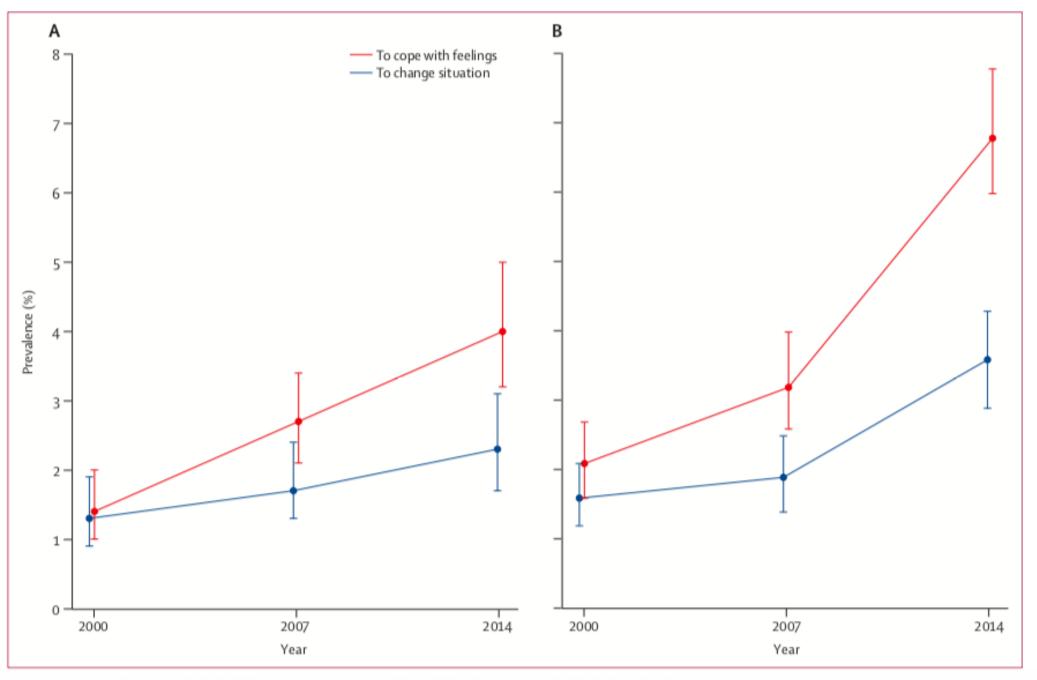


Figure 3: Reasons for non-suicidal self-harm among men and boys (A) and women and girls (B) aged 16-74 years

Types of questions APMS data is ideal to answer

Population prevalence – e.g. 'one in four'

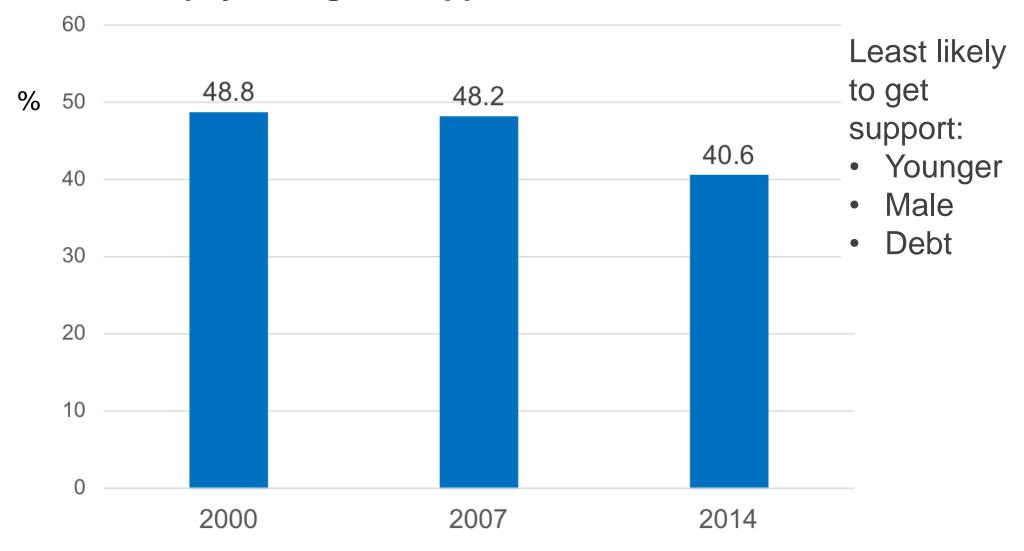
Temporal trends – e.g. self-harm and service contact 2000-14

Treatment gap – e.g. what predicts service contact after self-harm?

Subgroup trends

Inequalities and circumstances

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



Base: all who reported self-harm. McManus et al. (2019) Prevalence of non-suicidal self-harm and service contact in England 2000-14: repeated cross-sectional surveys of the general population *Lancet Psych*

Types of questions APMS data is ideal to answer

Population prevalence – e.g. 'one in four'

Temporal trends – e.g. self-harm and service contact 2000-14

Treatment gap – e.g. what predicts service contact after self-harm?

Subgroup trends – e.g. students mental health

Inequalities and circumstances – e.g. disability, debt

Range of characteristics and context...

- Sexual identity
- Sexual behaviour
- Religion
- Discrimination
- Debt and poverty
- Housing conditions
- Veterans
- Experience of homelessness

- Employment context
- Disability
- Physical health
- Activities of daily living
- Childhood neglect and abuse
- Social support
- Intellectual impairment
- Caring responsibilities

BRIEF REPORT



Trends in mental health, self-harm and suicide attempts in 16–24-year old students and non-students in England, 2000–2014

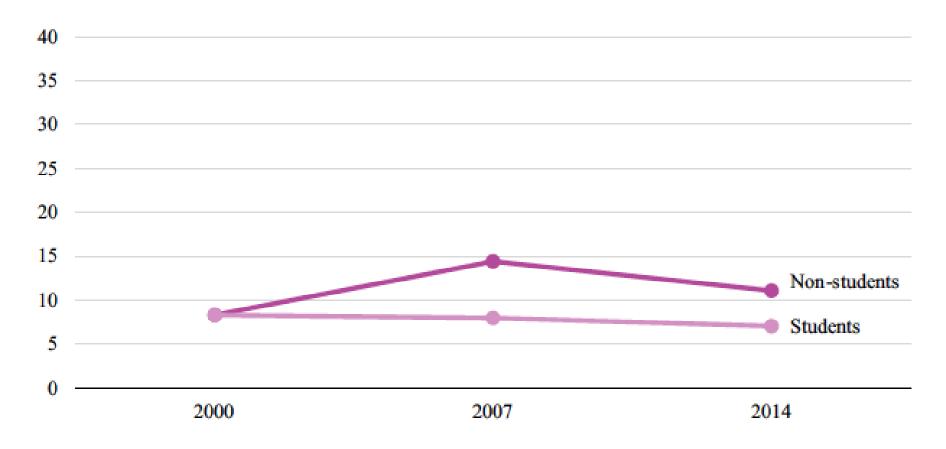
S. McManus¹ D. Gunnell^{2,3}

Received: 19 August 2019 / Accepted: 9 October 2019 © The Author(s) 2019

Abstract

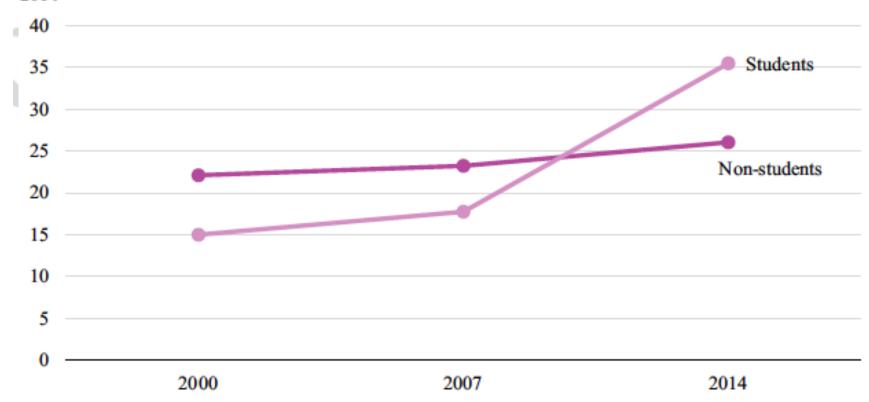
There are concerns about high levels of mental ill-health amongst university students, but little is known about the mental health of students compared to non-students over time. Using data on young people (16–24) from three UK National Psychiatric Morbidity Surveys (2000, 2007, and 2014), we found no evidence that the overall prevalence of common mental disorder (CMD), suicide attempts, or non-suicidal self-harm (NSSH) differed between students and non-students, although there was an indication that CMDs rose markedly in female students between 2007 and 2014. A rise in NSSH is apparent in both students and non-students.

b Proportion of male students and non-students aged 16-24 with CMD in 2000, 2007 and 2014



McManus S and Gunnell D. (2019) Trends in mental health, self-harm, and suicide attempts in 16-24 year old students and non-students in England, 2000-2014. Social Psychiatry and Psychiatric Epidemiology

C Proportion of female students and non-students aged 16-24 with CMD in 2000, 2007 and 2014



McManus S and Gunnell D. (2019) Trends in mental health, self-harm, and suicide attempts in 16-24 year old students and non-students in England, 2000-2014. Social Psychiatry and Psychiatric Epidemiology



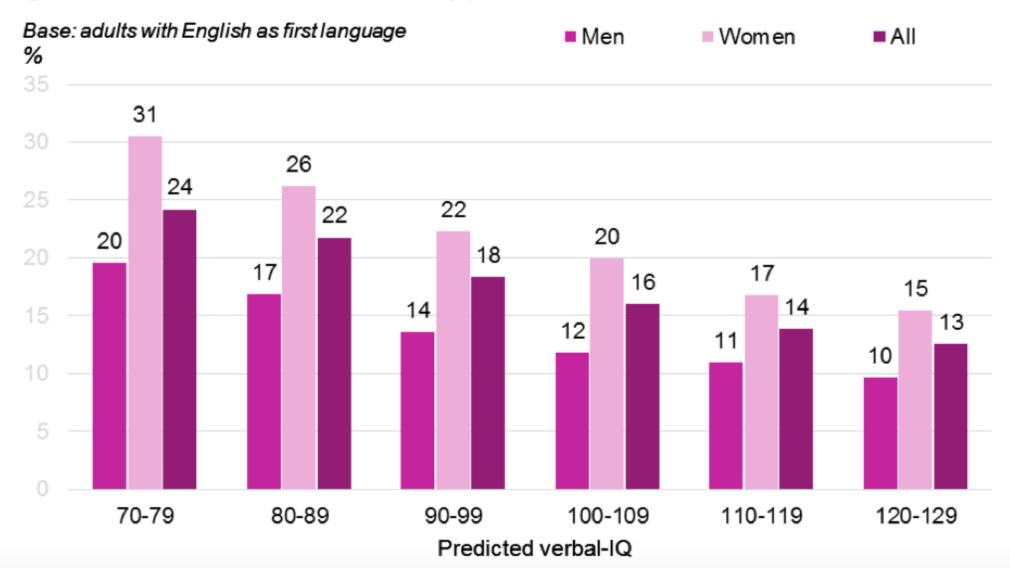
November 2018

Inequalities in health and service use among people with borderline intellectual impairment

Authors: Sally McManus, Afia Ali, Paul Bebbington, Traolach Brugha, Claudia Cooper, Dheeraj Rai, Charlotte Saunders, Andre Strydom, Angela Hassiotis



Figure 3.1: Common mental disorder, by predicted verbal IQ and sex



McManus et al. (2019) *Inequalities in health service use among people with borderline intellectual impairment.* NatCen/DHSC.



Policy Note

March 2019

Author: Merlyn Holkar

Policy Note Number 15

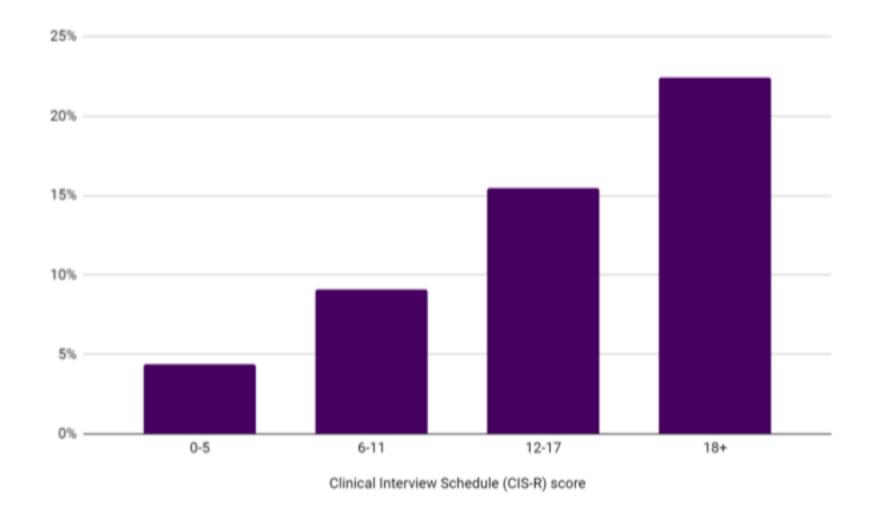
Debt and mental health: a statistical update

Introduction

Money and mental health problems are a marriage made in hell. There is a strong statistical relationship between these problems and often they can feed off each other, creating a vicious cycle of worsening mental health and growing financial difficulties.¹

"When my illness starts to decline, I lose the ability to organise and deal with everyday tasks. I get confused about when or if I've paid something. I cannot concentrate and eventually I am unable to do anything. When I am like this, I even have a problem with using the telephone, and so cannot call and

Figure 2: Prevalence of problem debt by severity of common mental disorder symptoms



Money and Mental Health Policy Institute. (2019) Debt and mental health: a statistical update.

To see what's been published using APMS data: Mentalhealthsurveys.org



MENTAL HEALTH SURVEYS Information about England's Adult Psychiatric Morbidity Survey series

JOURNAL PAPERS

PAPERS DRAWING ON THE ADULT PSYCHIATRIC MORBIDITY SURVEY SERIES

2019

McManus S, Bebbington P, Jenkins R, Morgan Z, Brown L, Collinson D, Brugha T. (2019) Data resource profile: Adult Psychiatric Morbidity Survey International Journal of Epidemiology.

Shoham N, Lewis G, McManus S, Cooper C. (2019) Common mental illness in people with sensory impairment: results from the 2014 adult psychiatric morbidity survey, BJPsych Open.

APMS 1993, 2000, 2007 – download datasets direct from the UKDS

APMS 1993 APMS 2000

APMS 2007 APMS 2014

APMS 2021/2?

1993 - 1995 - 1997 - 1999 - 2001 - 2003 - 2005 - 2007 - 2009 - 201<mark>1 - 2013 - 2015 - 2017 - 2019 - 2021 - 2023</mark>

MHCYP 1999 MHCYP 2004

MHCYP 2017



Use data

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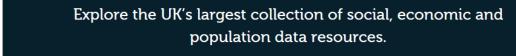
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Qualitative/mixed methods

UK surveys



Professor Michaela Benzeval

The Director of Understanding Society discusses the impact of making data available through the **UK Data Service**



Featured data

Encouraging healthy lifestyles in young people

What is the link between

Latest data

Small Business Survey, 2014

Second Longitudinal Study of Young People in England: Wave 1, 2013: Safe Room Access

Second Longitudinal Study of Young People in England: Wave 1, 2013: Secure Access

ukdataservice.ac.uk

Access conditions

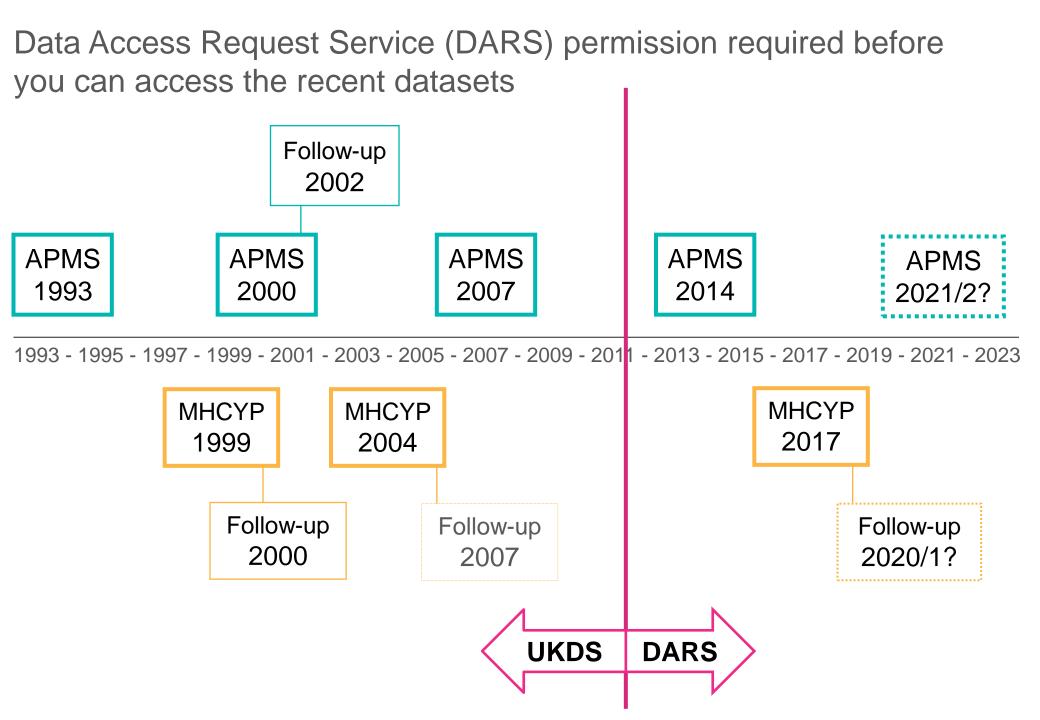
Data Type	Access conditions
Open access Most Census / International - Small number of survey teaching datasets	Open access
End User Licence Most research datasets	Requires registration and user name and password. Apply for a username: https://beta.ukdataservice.ac.uk/myaccount/credentials
Special Licence Most survey microdata with lower level geography	Restricted to 'Approved Researchers' under the Statistics and Registration Act
Secure and safe room access	Restricted to 'Approved Researchers' and access limited through a physical or virtual environment

Adult Psychiatric Morbidity Survey, 2007

Details Documentation Resources Access data

Documentation

Title	File name	Size (MB)
APMS 2007: Autism Report	6379_apms_2007_autism_report.pdf	1.16
APMS 2007: Data Documentation	6379_apms_2007_dataset_documenta tion.pdf	5.46
APMS 2007: Interviewer Instructions	6379_apms_2007_interviewer_instructi ons.pdf	1.37
APMS 2007: Report Appendices and Glossary	6379_apms_2007_report_appendices.p df	3.21
APMS 2007: Research Report	6379_apms_2007_research_report.pdf	1.01
APMS 2007: Survey Documents	6379_apms_2007_survey_documentati on.pdf	0.67
Study information and citation	UKDA_Study_6379_Information.htm	0.01
UK Data Archive Information for Study 6379	read6379.htm	0.01





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DARS: how to make an application

DARS Online customers should use this guidance when completing an application for data.

https://digital.nhs.uk/services/data-access-request-service-dars/



Mental health and wellbeing measures in Understanding Society

An initiative by the Economic and Social Research Council, with scientific leadership by the Institute for Social and Economic Research, University of Essex, and survey delivery by the National Centre for Social Research.

Understanding Society

- Survey of a large nationally representative sample of UK households that started in 2009
- The incorporation of the long running BHPS survey which started in 1991, allows following individuals over 25 years
- Sample members interviewed every year and asked a core set of questions so that change can be measured
- Due to wide geographical coverage, the large sample size and ethnic and immigrant boost sample sizes – various subpopulations can be studied

Mental health and wellbeing	Asked in Waves	
General Health Questionnaire (GHQ) 12-item module	Every wave	
Mental health component of SF-12 module	Every wave	16+
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	Waves 1, 4, 7	year
Diagnosed health condition: clinical depression	Every wave	olds
Overall life satisfaction	Every wave	
Happiness with life, appearance, school work, family, friends, school	Every wave	10- 15
Strengths and Difficulties questionnaire (SDQ)	1, 3, 5, 7,	year olds

Finding variables on mental health

Take a look at the questionnaires

https://www.understandingsociety.ac.uk/documentation/mainstage/questionnaires

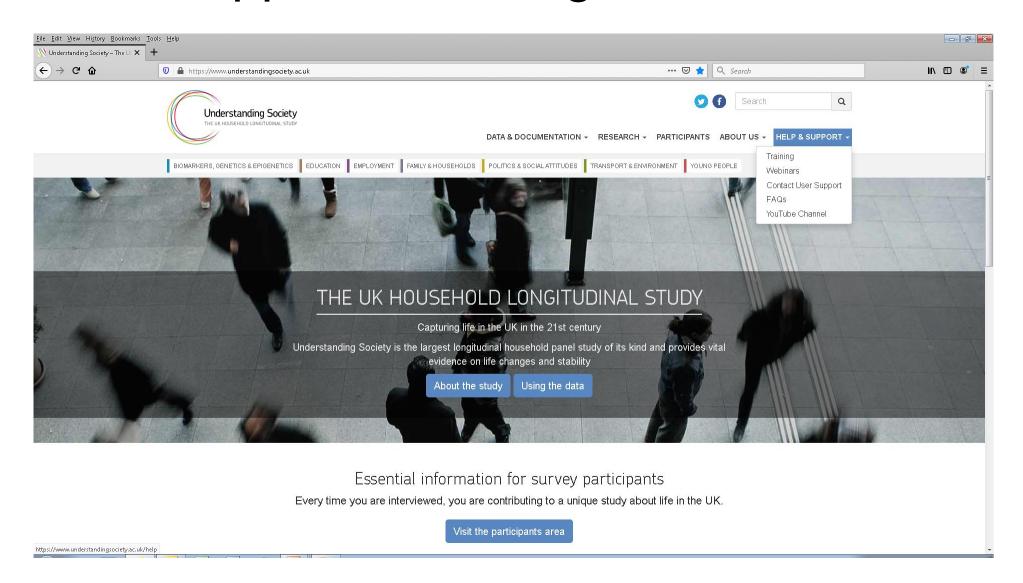
Key word search

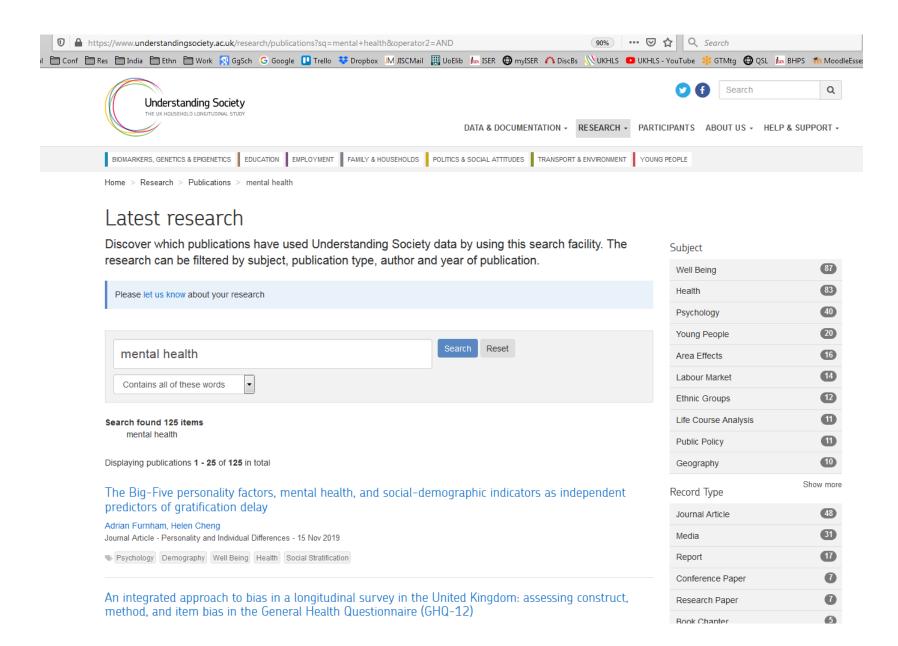
https://www.understandingsociety.ac.uk/documentation/mainstage/dataset-documentation

Search by index terms

https://www.understandingsociety.ac.uk/documentation/mainstage/dataset-documentation/index-terms

User support & training





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https://www.understandingsociety.ac.uk/email/signup

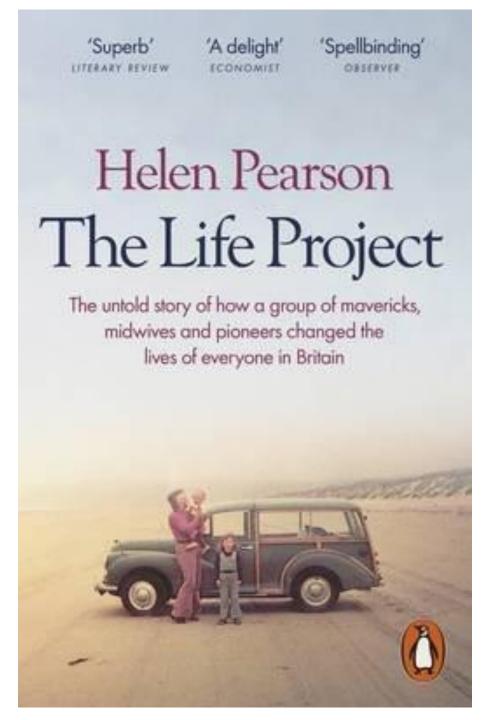
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Eoin McElroy Leicester University