

Psychiatric Morbidity among Adults living in Private Households, 2000: Summary Report

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Notes to tables and figures

- 1 The percentages may not add to 100 because of rounding
- 2 The percentages shown in the tables and figures are those found among the respondents to the survey. However, where the bases (sample sizes) are quite small, the sampling error associated with these estimates will be quite large and could result in the appearance of differences between groups that are not present in the whole population. Sampling errors were calculated for all the data presented in the report and these were used to test apparent differences between groups for statistical significance. All differences mentioned in the text have been found to be statistically significant at the 95% confidence level.

1. Aims, concepts and methods

Background

This survey of psychiatric morbidity among adults in private households was carried out in 2000 by the Office for National Statistics on behalf of the Department of Health, the Scottish Executive and the National Assembly for Wales. It is part of a series of such surveys among different population groups and is a repeat of the first survey in the series which was carried out in 1993 (Meltzer *et al*, 1995).

Aims of the survey

The main aim of the survey was to estimate the prevalence of psychiatric morbidity according to diagnostic category among the adult household population of Great Britain. The disorders covered in the survey were neurotic disorders, such as anxiety and depression, psychotic disorder, alcohol and drug dependence, which were covered in the first survey in 1993. In the 2000 survey, personality disorder was assessed for the first time.

The second aim was to examine the varying use of services and receipt of care in relation to mental disorder and to identify the nature and extent of disability associated with mental disorder. Thirdly, the survey aimed to examine key current and lifetime factors which may be associated with mental disorder and, finally, to provide information on

changes in the prevalence of disorder and related factors between 1993 and 2000.

Topics covered

Topics covered in the survey included:

- assessments of neurotic symptoms and disorders, psychoses, personality disorder, and substance misuse and dependence;
- general health and service use;
- intellectual functioning;
- suicidal thoughts and attempts and stressful life events;
- social networks and social support;
- activities of daily living and the need for informal care; and
- socio-demographic and general background data including employment, finances and accommodation.

The instruments used to assess mental disorders in the survey are shown in Table 1.1. A two-stage approach to the assessment of disorder was used. Initial structured interviews were carried out by ONS interviewers and lasted on average one and a half hours. These covered all the topics listed above. A sub-sample of people were also asked to take part in a second-stage, semi-structured, clinical interview, carried out by interviewers employed and supervised by the University of Leicester, which focussed on psychosis and personality disorder.

(Table 1.1)

Table 1.1 Instruments used to assess mental disorder in the survey

Topic	Lay/clinical interview	Assessment instrument	Reference
Personality disorder	Clinical interview	Structured Clinical Interview for DSM-IV (SCID-II)	First <i>et al</i> (1997)
Psychotic disorder	Clinical and lay interview	Schedules for Clinical Assessment in Neuropsychiatry (SCAN) (version 2.1) and algorithm using lay interview data for non-responders	World Health Organisation (1999)
Neurotic disorder	Lay interview	Clinical Interview Schedule – Revised (CIS-R)	Lewis and Pelosi (1990); Lewis <i>et al</i> (1992)
Alcohol misuse	Lay interview	Alcohol Use Disorders Identification Test (AUDIT); Severity of Alcohol Dependence Questionnaire (SAD-Q)	Babor <i>et al</i> (1992); Stockwell <i>et al</i> (1983)
Drug dependence	Lay interview	Five questions taken from the ECA study and used in other ONS (OPCS) psychiatric morbidity surveys	Robins and Regier (1991)

This report summarises, in Section 2, the key findings relating to the prevalence of the five disorders mentioned above. Section 3 examines changes, between 1993 and 2000, in the prevalence of the disorders for which comparable assessment approaches were used in both surveys. Section 4 looks at the characteristics of people with and without neurotic disorder, probable psychosis, alcohol problems and drug dependence, while Section 5 considers their treatment and service use. People with personality disorder were not included in these last two sections because assessments of personality disorder were only available on the small sub-sample who had a clinical interview. A later report will consider the findings relating to personality disorder in more detail.

As this is a summary report, figures and tables are shown in support of some, but not all, of the data provided in the text. The full set of tables is available in the main report of the survey (Singleton *et al*, 2001).

Sample design

The survey covered people aged 16 to 74 years living in private households in England, Wales and Scotland (including the Highlands and Islands).

The sample was drawn from the small-user Postcode Address File using a two stage approach. Initially postcode sectors were stratified on the basis of socio-economic status within region and 438 sectors selected with a probability proportional to size. Then, within each selected sector, 36 addresses were randomly selected for inclusion in the survey. Interviewers visited each address to identify private households with at least one person aged 16 to 74 years and then one person per household was randomly selected for interview.

Fieldwork took place between March and September 2000. Initial interviews were completed with over 8,800 individuals, a response rate of just under 70%. The response rate at the second stage was 73% with over 600 clinical interviews being completed. (Table 1.2)

Table 1.2 Response to the survey

	Number	%
Initial interview stage		
Set sample of households	12,792	100
Refusals	3,009	24
Non-contacts	782	6
Incapable	115	1
Co-operating adults	8,886	69
Second stage interviews		
Set sample for second stage	874	100
Refusals/non-contacts	236	27
Interviews completed	638	73

2. Prevalence of mental disorders and substance misuse

Neurotic symptoms and disorders

The most commonly reported neurotic symptoms among both men and women were sleep problems, fatigue, irritability and worry (not including worry about physical health). The proportions of all adults experiencing these symptoms ranged from 29% for sleep problems to 19% for worry. The next most frequently occurring symptoms were depression, poor concentration and forgetfulness, depressive ideas and anxiety, reported by about 10% of respondents. The symptom with the lowest prevalence was panic (2%). (Table 2.1)

About 1 in 6 adults were assessed as having a neurotic disorder in the week before interview (164 cases per 1,000 adults). The most prevalent neurotic disorder among the population as a whole was mixed anxiety and depressive disorder (88 cases per 1,000). Generalised anxiety disorder was next most commonly found (44 adults per 1,000). The remaining disorders (depressive episode, phobias, obsessive-compulsive disorder and panic) were less prevalent, ranging from 26 to 7 cases per 1,000.

Prevalence rates were higher among women than men for all neurotic disorders except panic (7 cases per 1,000 for both men and women). The disparity between the rates for women and men was significant for phobias (22 and 13 cases per 1,000 respectively) and mixed anxiety and depressive disorder (108 and 68 cases per 1,000). (Figure 2.1)

Table 2.1 Proportion of adults with a score of two or more on each CIS-R symptom

by sex			
	Women	Men	All adults
<i>Percentage of adults with a score of 2 or more on each symptom</i>			
Sleep Problems	34	24	29
Fatigue	32	23	27
Irritability	22	18	20
Worry	21	17	19
Depression	12	10	11
Concentration and forgetfulness	11	9	10
Depressive ideas	11	8	9
Anxiety	9	8	9
Somatic symptoms	8	5	7
Worry-Physical health	7	7	7
Obsessions	7	4	6
Phobias	6	3	5
Compulsions	4	2	3
Panic	2	2	2
<i>Base</i>	<i>4728</i>	<i>3852</i>	<i>8580</i>

The lowest prevalence rates of any neurotic disorder were found among older people. The prevalence among those aged 65 to 69 was 102 cases per 1,000 and among those aged 70 to 74 was 94 cases per 1,000.

The highest prevalence rates for any neurotic disorder, around 200 cases per 1,000, occurred in the three groups aged between 40 and 54. For men the prevalence of any neurotic disorder peaked in the 45 to 49 age group at 204 cases per 1,000. The highest prevalence rate for any neurotic disorder among women was found in the 50 to 54 age group (246 cases per 1,000). (Figure 2.2)

Personality disorder

Personality disorder was assessed on the basis of the second-stage SCID-II clinical interviews. Overall, about 1 in 25 adults were assessed as having a personality disorder of some kind, 44 per 1,000. The prevalence was slightly higher among

Figure 2.1 Prevalence of neurotic disorders in the week before interview by sex

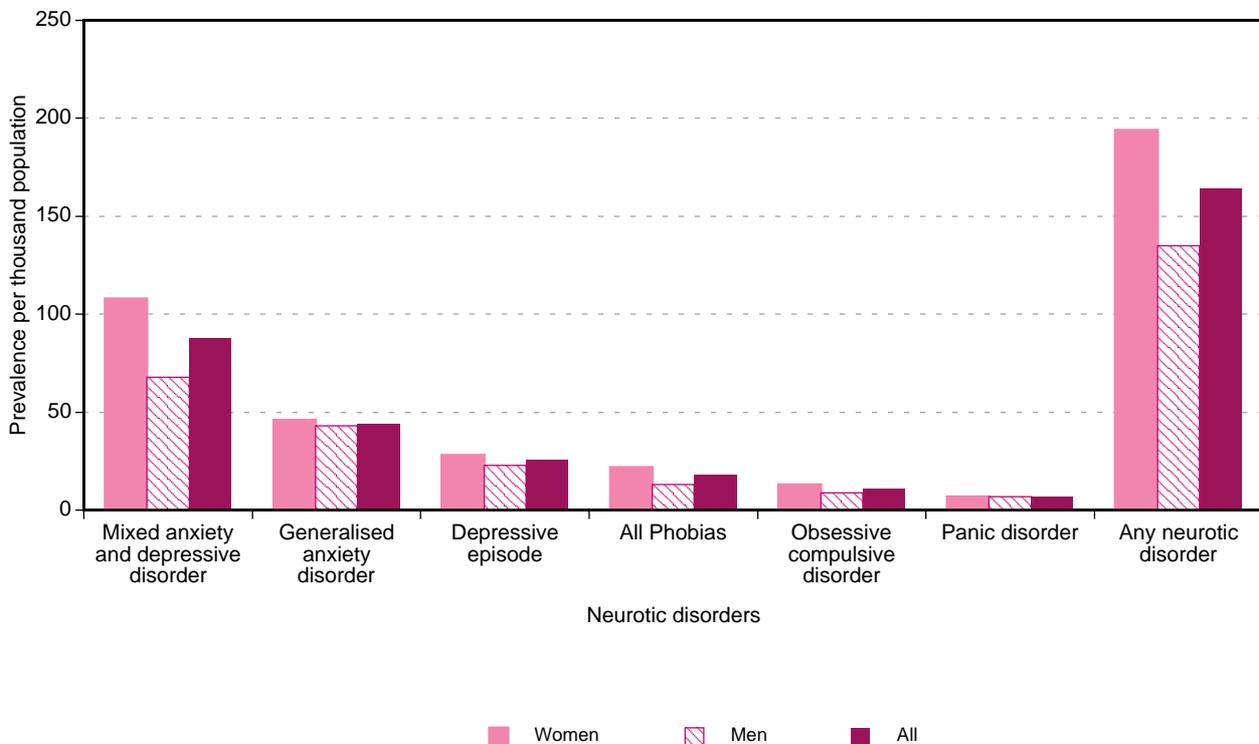
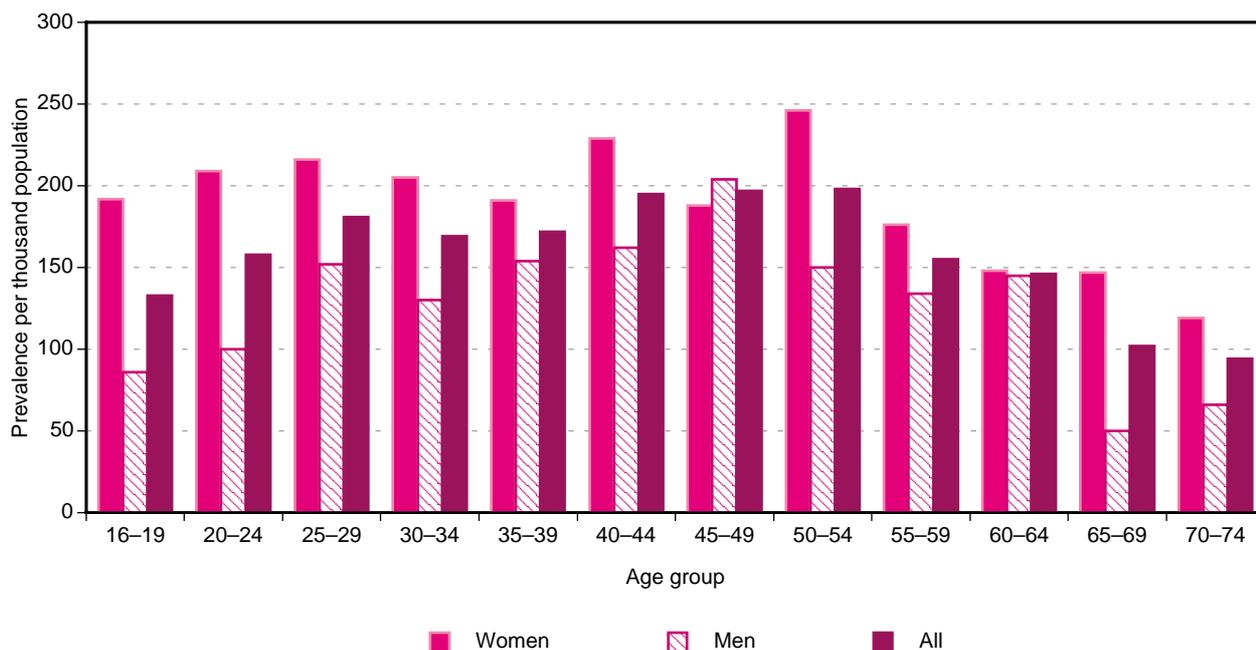


Figure 2.2 Prevalence of any neurotic disorder in the week before interview by age and sex



men than women: 54 per 1,000 men and 34 per 1,000 women were assessed as having a personality disorder. The most prevalent type of personality disorder was obsessive compulsive personality disorder, which had a prevalence of 19 per 1,000 adults. Avoidant, schizoid, paranoid, borderline and antisocial personality disorders each had a prevalence of less than 1% (ranging from 8 to 6 per 1,000 adults). Other types of personality disorder were very rare or not encountered at all. (Table 2.2)

Table 2.2 Prevalence of personality disorder from clinical interviews by sex

Type of personality disorder	Women	Men	All
	Rates per thousand		
Obsessive-Compulsive	13	26	19
Avoidant	7	10	8
Schizoid	8	9	8
Paranoid	3	12	7
Borderline	4	10	7
Antisocial	2	10	6
Dependent	0	2	1
Schizotypal	1	0	1
Histrionic	-	-	-
Narcissistic	-	-	-
Any personality disorder	34	54	44
Base	355	271	626

Psychotic disorder

All people who had one or more indications of possible psychosis at the initial interview were selected for a second stage clinical interview using SCAN (Schedule for Clinical Assessment in Neuropsychiatry). An assessment of probable psychotic disorder was given to those people who:

- (a) sifted positive for psychosis and were assessed as having a psychotic disorder in the SCAN in interviews; or
- (b) if no second interview was carried out, to people who had two or more indications of psychosis at the first interview.

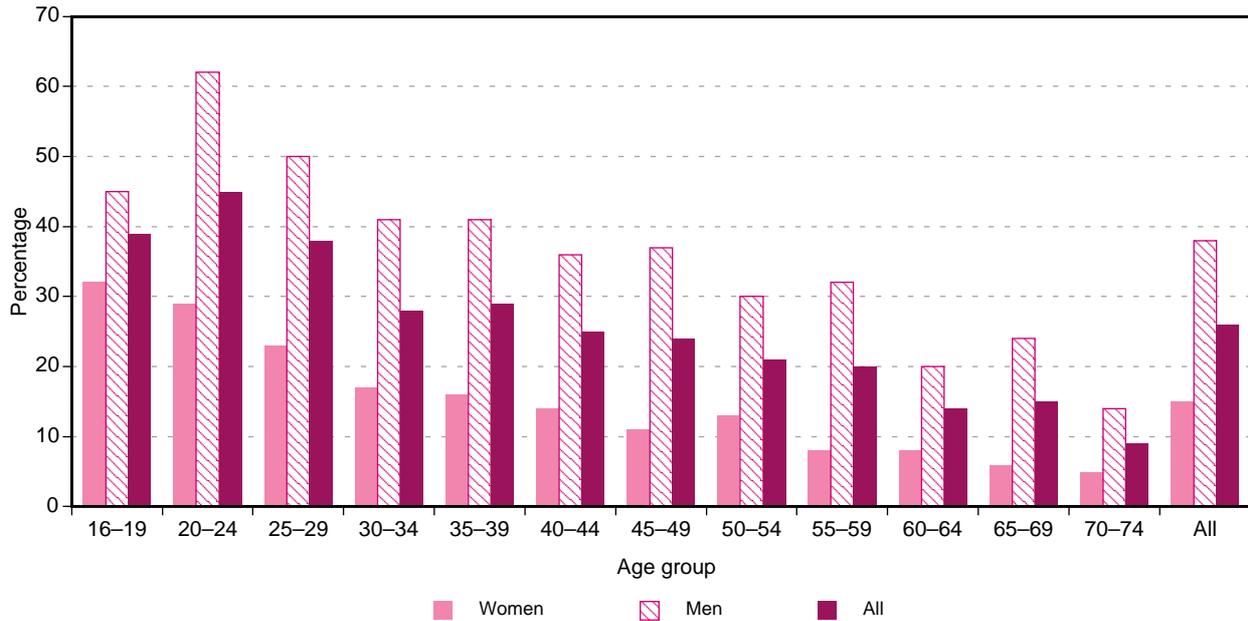
The prevalence rate for probable psychotic disorder in the past year was 5 per 1,000 adults aged 16 to 74. The rate among women was 5 per 1,000 and among men, 6 per 1,000.

Alcohol misuse and dependence

One quarter of informants were assessed as having a hazardous pattern of drinking during the year before interview using the Alcohol Use Disorder Identification Test (AUDIT) (i.e. they had an AUDIT score of 8 or above). The prevalence of hazardous drinking was higher among men (38%) than among women (15%).

Prevalence of hazardous drinking decreased markedly with increasing age, though there were

Figure 2.3 Prevalence of hazardous drinking in the year before interview by age and sex



differences between sexes. For women, prevalence was highest in the group aged from 16 to 19 years (32%), whereas for men the peak was found among those aged 20 to 24 (62%). (Figure 2.3)

The prevalence of alcohol dependence in the 6 months before interview was assessed using the Severity of Alcohol Dependence questionnaire (SAD-Q). The prevalence of alcohol dependence was 74 per 1,000 among the overall population, 119 per 1,000 among men and 29 per 1,000 among women.

Drug use and dependence

Overall, 13% of men and 8% of women aged 16 to 74 reported using illegal drugs in the year prior to

interview. Cannabis was the drug mentioned most commonly by both men and women (10% overall), while amphetamines, cocaine and ecstasy were the next most frequently mentioned by both groups (2% overall, for each drug).

Prevalence of illicit drug use decreased markedly with increasing age. Prevalence of any illegal drug use in the year prior to interview was highest in the 20 to 24 year age groups, both for men (37%) and women (29%). Drug use in the past year declined markedly between the ages of 25 and 40, with prevalence roughly halving in each successive five-year age group. Beyond the age of 45 the proportion of adults who reported drug use in the previous year tailed off to between 2% and 1%. (Table 2.3)

Table 2.3 Any illicit drug use in the year before interview by age and sex

	Age												All ages
	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	
	Percentage reporting use in the past year												
Women	22	29	15	9	7	3	3	1	2	1	1	1	8
Men	32	37	34	18	9	7	6	3	2	1	1	1	13
All adults	28	33	25	13	8	5	4	2	2	1	1	1	11
Base													
Women	151	258	396	572	563	457	363	435	387	403	367	352	4704
Men	183	200	332	378	441	381	358	387	314	331	294	239	3838
All adults	334	458	728	950	1004	838	721	822	701	734	661	591	8542

The London region stood out as the region with the highest proportion of people reporting use of illegal drugs in the previous year. The prevalence of illegal drug use was 16% in London, compared with 11% in Great Britain as a whole. Among women the prevalence of illegal drug use in the past year was almost double the national average (15% compared with 8%), while among men the difference was smaller (18% compared with 13%). (Figure 2.4).

For eight of the main drug types used (cannabis, amphetamines, crack, cocaine, ecstasy, opiates, tranquillisers and volatile substances, eg glue), a series of five questions was asked to measure drug dependence. A positive response to any of the five questions was used to indicate drug dependence; quite a low threshold. Thus people who were habitual users (i.e. daily use for a fortnight or more) or who had developed some tolerance to the drug, so require more to get the same affect, were assessed as dependent. Amongst all respondents, the prevalence of dependence on any of the drugs considered here was 3.7%: that is to say, there were 37 cases of drug dependence per 1,000 in the population aged 16 to 74.

As with the prevalence of drug use, the highest prevalence rates of any drug dependence were found among those between 20 and 24 years of

age. Within this group nearly one in ten women and two in ten men were assessed as drug dependent (94 and 199 cases per 1,000, respectively).

3. Trends in prevalence of mental disorders and substance misuse

The 2000 psychiatric morbidity survey is a repeat of a survey carried out in 1993 (Meltzer *et al*, 1995). Both surveys were conducted among adults living in private households in Great Britain and used a similar sampling approach and covered a similar range of disorders. However, there were some changes in survey methods and coverage between the two. In 2000, the upper age limit for respondents was extended from 64 to 74. Therefore, to permit comparison, only data relating to those adults aged 16 to 64 in the 2000 survey are considered in this section.

The proportions of all adults aged 16 to 64 experiencing various neurotic symptoms in 2000 were similar to those found in 1993. There was no significant change in the overall rates for any neurotic disorder for all adults: in 1993 the proportion of adults with at least one neurotic disorder was 16% or 163 per 1,000, while in 2000 the proportion was 17% (173 per 1,000). However, there was a slight but significant increase in the prevalence

Figure 2.4 Prevalence of illicit drug use in the past year by region and sex

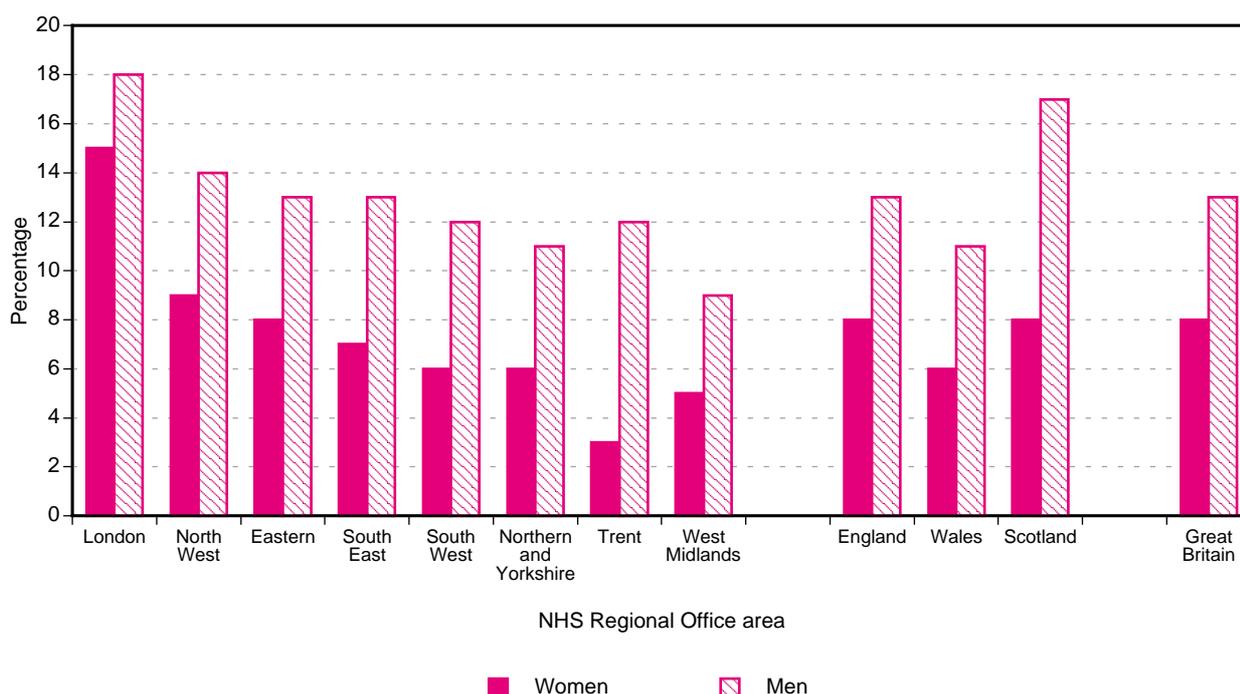
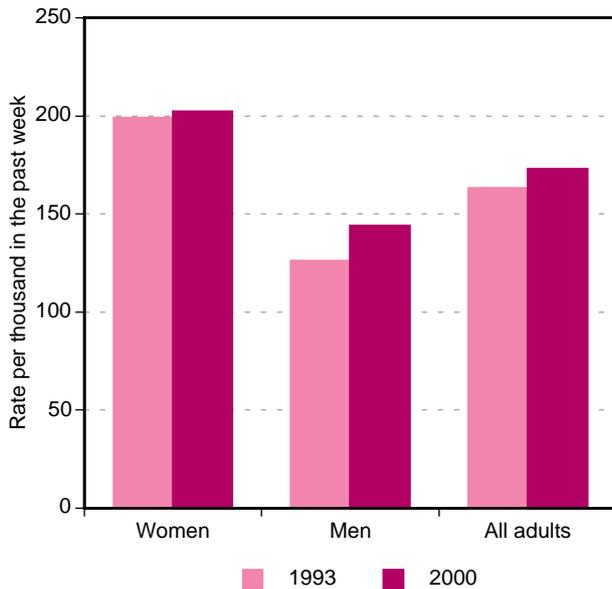


Figure 3.1 Change in the prevalence of neurotic disorder between 1993 and 2000 (people aged 16 to 64 only)



of any neurotic disorder among men, from 126 per 1,000 in 1993 to 144 per 1,000 in 2000. (Figure 3.1)

The overall prevalence of psychotic disorder was the same in 1993 and 2000: 4 cases per 1,000 adults aged 16 to 64 years.

In 1993 indications of any illicit drug dependence were identified in 2% of the population. In 2000 prevalence was considerably higher, drug dependence being identified in 4% of adults aged 16 to 64. Both the proportions of men and women exhibiting signs of drug dependence approximately doubled over the seven-year period, rising to 6% among men and 2% among women. This increase roughly parallels the reported increase in drug use observed between the 1993 and 2000 surveys.

4. Characteristics of adults with mental disorders

Neurotic disorders

Compared with people with no neurotic disorder, those assessed as having a neurotic disorder were more likely to be:

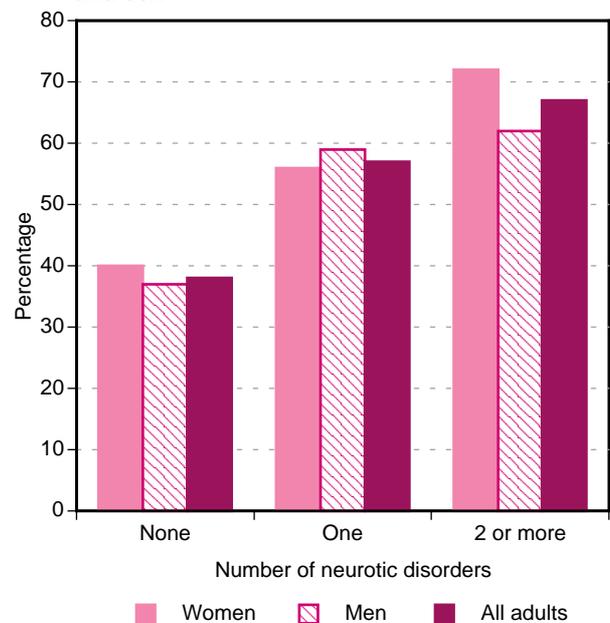
- women (59% compared with 48% of those without a disorder);

- aged between 35 and 54 (45% compared with 38%);
- separated or divorced (14% compared with 7%); and
- living as a one person family unit (20% compared with 16%) or as a lone parent (9% compared with 4%).

Among those with neurotic disorders, 58% were employed and 39% were economically inactive, compared with 69% of those with no disorder who were employed and 28% who were economically inactive. The proportion of unemployed was similar for both groups.

Having a neurotic disorder substantially increased the likelihood of reporting one or more physical complaints. There was a clear relationship between the number of neurotic disorders present and the reporting of a physical complaint. Just under two fifths of adults with no neurotic disorder (38%) reported having a physical complaint. This rose to over half (57%) of those with one neurotic disorder while among those with two or more neurotic disorders, two thirds (67%) reported at least one physical complaint. (Figure 4.1)

Figure 4.1 Prevalence of self-reported longstanding physical complaints by number of neurotic disorders present in the past week and sex



Psychotic disorder

Compared with people who did not have a psychotic disorder those with a probable psychosis were more likely to:

- be separated or divorced (29% compared to 8% of those without disorder);
- living in a one person family unit (43% compared with 16%);
- have low educational qualifications (84% had qualifications no higher than GCSE level compared with 63% of those with no psychotic disorder);
- be in Social Class IV or V (39% compared with 22%);
- be economically inactive (70% compared with 30%);
- to live in accommodation rented from a local authority or housing association (49% compared to 17% of those without psychotic disorder); and
- to live in an urban area (88% compared with 66%). (Figure 4.2)

People assessed as probably having a psychotic disorder were also more likely than those without to report a longstanding physical health problem. Overall, 62% of those with probable psychosis

reported a physical complaint compared with only 42% of those without this disorder.

Alcohol misuse and dependence

Men reported greater alcohol consumption than women and as a result men made up two thirds of those with hazardous levels of alcohol consumption (67%) and four-fifths (80%) of those dependent on alcohol, compared with only 43% of those with no alcohol problem.

There was a clear inverse relationship between level of alcohol problems and the age of the respondent. Among respondents who were dependent on alcohol, 29% were aged under 25, compared with 21% of those with a hazardous pattern of drinking but no dependence and 12% of those with no pattern of hazardous alcohol use. (Figure 4.3)

Among those judged to be dependent on alcohol, fewer than half (45%) were married or cohabiting, compared with 60% of those with hazardous but non-dependent levels of alcohol consumption and 69% of those whose level of consumption was not hazardous. (This is likely to be linked to the relationship between age and level of alcohol consumption described in section 2).

Figure 4.2 Characteristics of people with and without probable psychotic disorder in the year before interview

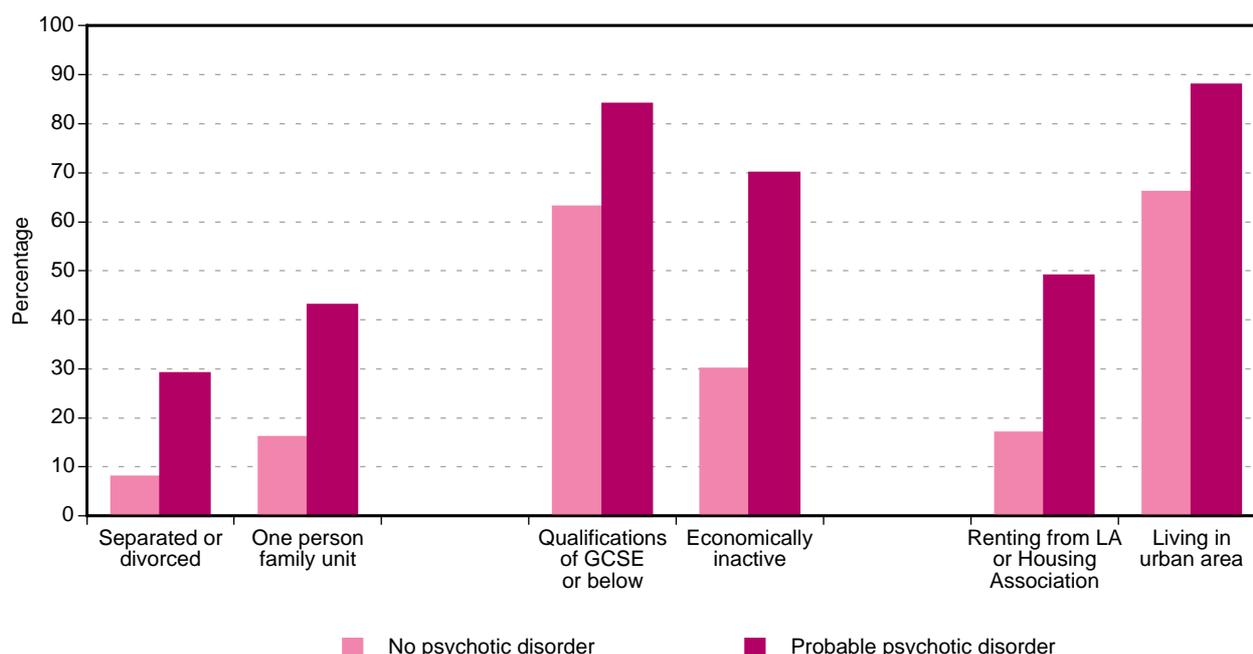
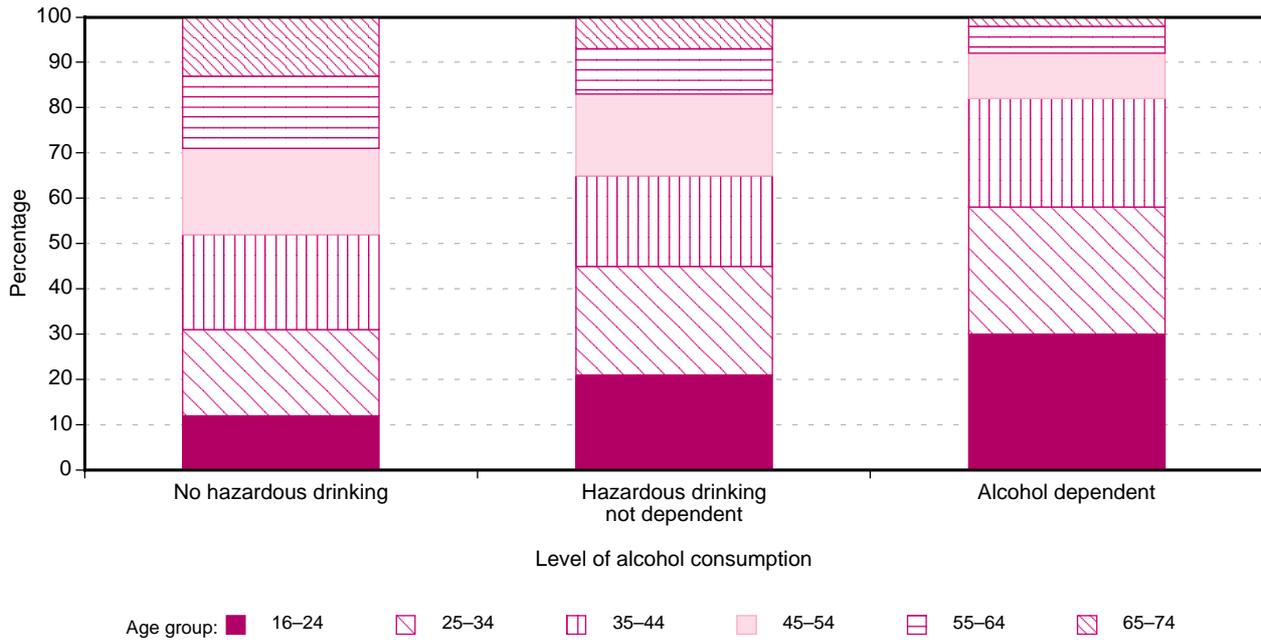


Figure 4.3 Age group by level of alcohol problem



Drug dependence

Those dependent on drugs had a much younger age profile than those not dependent – 46% of those with signs of dependence on cannabis only and 54% of those dependent on other drugs were aged under 25, compared with only 14% of adults who were not drug dependent. They were also more likely to be single, 57% of those assessed as dependent on cannabis and 65% of those dependent on other drugs, compared with 21% of those not dependent on drugs. This would be expected given the younger age profile of those dependent on drugs.

Those dependent on drugs were more likely to be unemployed than people with no drug dependence, 11% of people with signs of cannabis dependence and 10% of those dependent on other drugs were unemployed, compared with 3% of those not dependent on drugs.

5. Treatment and service use

Just under a quarter (24%) of people assessed as having one or more neurotic disorders in the past week were receiving treatment of some kind for a mental or emotional problem at the time of interview. A fifth (20%) were taking psychoactive medication, while 9% were having counselling or therapy. A small proportion, 4%, were receiving both forms of treatment.

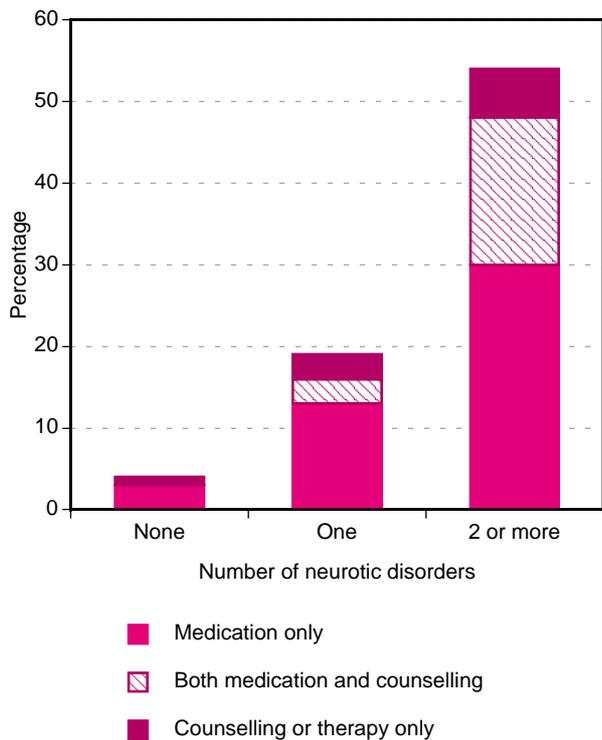
The proportion receiving treatment rose with the number of neurotic disorders present. Among people with no neurotic disorder, 4% were receiving treatment, compared with just under a fifth (19%) of those with one neurotic disorder, and over half (54%) of those with two or more disorders. The proportion of respondents receiving psychoactive medication increased substantially with the number of disorders present, from 3% among people without neurotic disorder to 16% of those with one and 47% of those with two or more disorders. (Figure 5.1)

Almost two-fifths of those with neurotic disorders (39%) had spoken to their GP about a mental or emotional problem in the year before interview, compared with 6% of those without a neurotic disorder.

Among respondents assessed as having a neurotic disorder, 16% had used one or more of the community care services in the last year, compared with 4% of those with no neurotic disorder. In the three months before interview, 8% of those with a neurotic disorder had used community care services, compared with 2% of those with no disorder.

Eighty-five per cent of those with a probable psychotic disorder were having treatment at the time of interview, compared with only 7% of those with no psychotic disorder. Over four-fifths of this group (84%) were receiving medication compared with 6%

Figure 5.1 Treatment received for mental and emotional problems by number of neurotic disorders

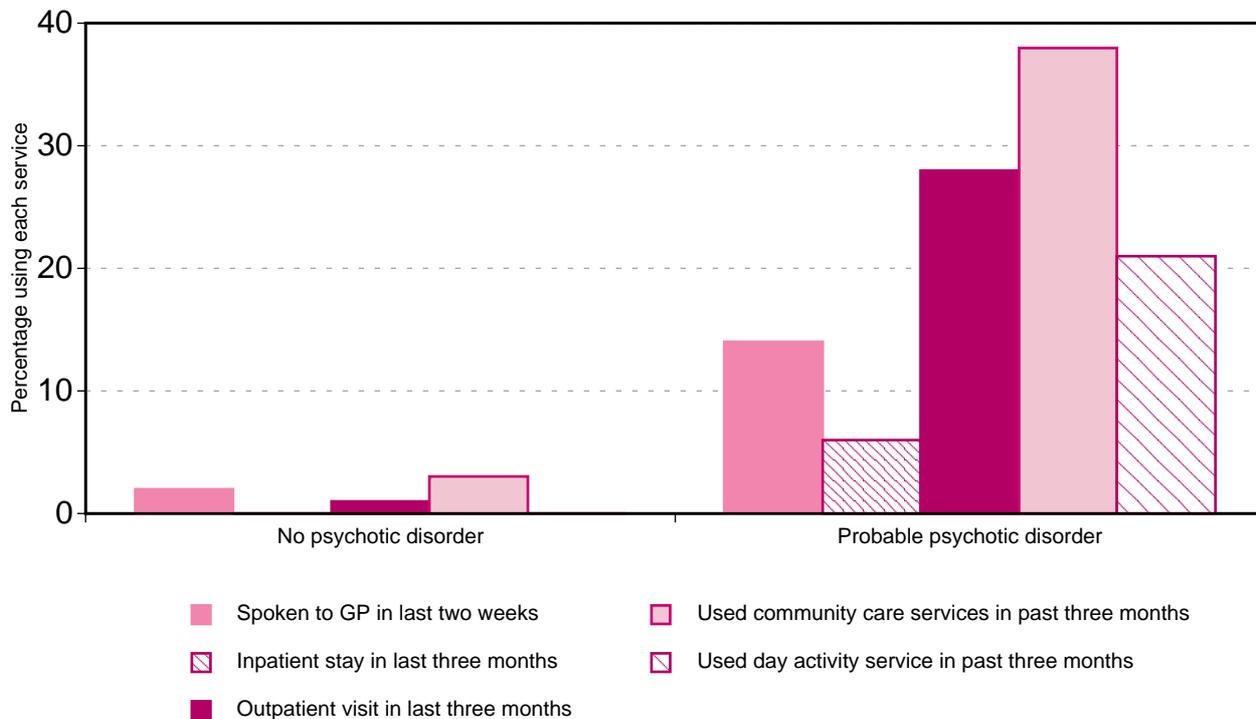


of those without a psychotic disorder, while two fifths (40%) were receiving counselling or therapy.

In the year before interview, 71% of informants who were judged to be probably psychotic had spoken to their GP about a mental or emotional problem, compared with 11% of those without psychosis. Visits to outpatient departments for treatment or check-ups for mental or emotional problems were very uncommon among those with no psychotic disorders, while 28% of those with probable psychotic disorders had made one or more such visits in the three months prior to interview.

Overall, over a third (38%) of those judged to have a psychotic illness had used one or more of the specified community care services in the previous three months, compared with only 3% of non-psychotic informants. Respondents with probable psychotic disorders were also heavy users of day activity services. In the three months before interview, 21% of them had used one or more day activity services, compared with less than half of 1% of respondents without psychosis. (Figure 5.2)

Figure 5.2 Use of health care services for mental and emotional problems by people with and without probable psychotic disorder



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