national STATISTICS

The report of a survey carried out by Social Survey Division of the Office for National Statistics on behalf of the Department of Health, the Scottish Executive and the National Assembly for Wales

Psychiatric morbidity among adults living in private households, 2000

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This report has been produced by the Social Survey Division of the Office for National Statistics in accordance with the Official Statistics Code of Practice.

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1 Tables showing percentages

The row or column percentages may add to 99% or 101% because of rounding.

The varying positions of the percentage signs and bases in the tables denote the presentation of different types of information. Where there is a percentage sign at the head of a column and the base at the foot, the whole distribution is presented and the individual percentages add to between 99% and 101%. Where there is no percentage sign in the table and a note above the figures, the figures refer to the proportion of people who had the attribute being discussed, and the complementary proportion, to add to 100%, is not shown in the table.

The following conventions have been used within tables:

-	no cases
0	values less than 0.5%
..	data not available

2 Statistical significance

Unless otherwise stated, differences mentioned in the text have been found to be statistically significant at the 95% confidence level. Standard errors that reflect the complex sampling design and weighting procedures used in the survey have been calculated and used in tests of statistical significance. Tables giving the standard errors for key estimates are shown in Appendix A.

3 Small bases

Very small bases have been avoided wherever possible because of the relatively high sampling errors that attach to small numbers. In general, percentage distributions are shown if the base is 30 or more. Where the base is lower, actual numbers are shown in square brackets.

Acknowledgements

We would like to thank everybody who contributed to the survey and the production of this report. We were supported by our specialist colleagues in ONS who carried out the sampling, field work and computing elements for the survey.

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Professor G Lewis, University of Wales, Cardiff
Dr M Prince, Institute of Psychiatry, London

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Professor R Jenkins, Institute of Psychiatry, London
Dr D Jones, Department of Health
Ms T Jones, National Assembly for Wales
Dr J Loudon, Scottish Executive
Mr G Russell, Scottish Executive
Mr J Sweeney, National Assembly for Wales

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Summary of key findings

Aims, concepts and methods (Chapter 1)

- 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.

- The aims of the survey were to:
  - estimate the prevalence of psychiatric morbidity according to diagnostic category among the adult household population of Great Britain;
  - examine the varying use of services and receipt of care in relation to mental disorder;
  - identify the nature and extent of disability associated with mental disorder;
  - establish key current and lifetime factors which may be associated with mental disorder; and
  - to provide information on changes in the prevalence of disorder and related factors between 1993 and 2000.

- 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.

- 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; socio-demographic and general background data including employment, finances and accommodation.

- 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 by the University of Leicester, which focussed on psychosis and personality disorder.

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

Summary - *continued*

Prevalence of mental disorders and substance misuse (Chapter 2)

- 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%).

- 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).

- The lowest prevalence rates of any neurotic disorder were found among older people, those aged 65 to 69 (102 cases per 1,000) and 70 to 74 (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. Among women the highest prevalence was found in the 50 to 54 age group (246 cases per 1,000).

- The prevalence of any personality disorder, based on the results of the second-stage SCID-II clinical interviews, was 54 per 1,000 men and 34 per 1,000 women.

- 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.

- 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 with age, though there were 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%).

- Respondents who identified themselves as White had higher prevalence rates of hazardous drinking than those who did not. Overall, 27% of White adults had an AUDIT score of 8 or more, compared with 18% of Black and 8% of South Asian adults.

Summary - *continued*

- 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.

- Overall, 13% of men and 8% of women aged 16 to 74 reported using illicit 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 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%.

- 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%).

- For eight of the main drug types used (cannabis, amphetamines, crack, cocaine, ecstasy, opiates, tranquillisers and volatile substances, such as glue), a series five questions were asked to measure drug dependence. A positive response to any of the five questions was used to indicate drug dependence, quite a low threshold. People who are habitual users (i.e. daily users for a fortnight or more) or who have developed some tolerance for the drug, so require more to get the same affect, will be assessed as dependent. Amongst all respondents, the prevalence of dependence on any of the drugs considered here was 37 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).

Trends in prevalence of mental disorders and substance misuse (Chapter 3)

- The 2000 psychiatric morbidity survey is a repeat of a survey carried out in 1993. 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 neurotic symptoms in 2000 were similar to those found in 1993. The differences in the prevalence of most symptoms were not statistically significant and where significant differences did occur they tended to be relatively small. The largest difference was found with the number of adults reporting sleep problems, the most common type of neurotic symptom. In 1993, 21% of men and 28% of women reported experiencing problems with sleep. In 2000, the equivalent figures were 24% and 34%.

Summary - *continued*

- 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 of neurotic disorder among men, from 126 per 1,000 in 1993 to 144 per 1,000 in 2000.

- The overall prevalence of psychotic disorder, applying the approach for ascertaining cases used in 1993, 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.

Characteristics of adults with psychiatric disorders (Chapter 4)

- 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.

- People with probable psychotic disorder compared with those without psychosis were more likely to be separated or divorced (29% compared to 8% of those without disorder) and living in a one person family unit (43% compared with 16%). They were less likely to be married or cohabiting, only 39% of those with probable psychosis were married or cohabiting compare with 66% of those without disorder.

- Compared with people who did not have a psychotic disorder those with probable psychosis were more likely to have low educational qualifications (84% had qualificatons 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%) and be economically inactive (70% compared with 30%).They were also more likely to live in accommodation rented from a local authority or housing association (49% compared to 17% of those without psychotic disorder) and live in an urban area (88% compared with 66%).

- People assessed as probably having a psychotic disorder were 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.

Summary - *continued*

- Men comprised 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 association between hazardous alcohol use and the age of the respondent. Among respondents who were dependent on alcohol, 30% were aged under 25, compared with 21% of those with a hazardous pattern of drinking but no dependence and 12% of those with no alcohol problem.

- 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.

- 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 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.

Treatment and service use (Chapter 5)

- Just under a quarter (24%) of people assessed as having a neurotic disorder were receiving treatment of some kind for a mental or emotional problem at the time of interview. A fifth (20%) were taking 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.

- Those with neurotic disorders were 6 times as likely as those without neurotic disorder to be taking psychoactive medication (20% compared with 3% without neurotic disorder). The proportion of respondents receiving psychoactive medication increased substantially with the number of neurotic disorders, from 16% among people with one disorder to 47% of those with two or more disorders.

- Just under a tenth (9%) of people with neurotic disorders were receiving counselling or therapy, compared with 1% of those with no neurotic disorder.

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

Summary - *continued*

- 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% 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 3 months prior to interview.

- Overall, over half (51%) of those judged to have a psychotic illness had used one or more of the specified community care services in the previous twelve months, compared with only 6% of non-psychotic informants. Among the group judged probably psychotic, the most frequently used service was community psychiatric nursing, used by 30% of those with a probable psychosis, but by less than half a per cent of other respondents.

- Respondents with probable psychotic disorders were also heavy users of day activity services. In the twelve months before interview, 37% of them had used one or more day activity services, compared with 1% of respondents without psychosis. The service most likely to be used was a community mental health centre, used by 31% in the previous year and 16% in the previous quarter.

- People with drug dependence were more likely than those without to report having consulted their GP in the year before interview. Among the group who were dependent on other drugs with or without cannabis 27% had seen their GP in the previous 12 months as had 18% of those with signs of dependence on cannabis only. Among those not dependent on drugs only 11% had done so.

Aims, concepts and methods

1.1 Background, aims and coverage of the survey

1.1.1 Background

Mental illness was identified as one of the key areas for action in *The Health of the Nation*, a White Paper published by the Department of Health in July 1992 (Department of Health, 1992) and subsequently in *Our Healthier Nation* (Department of Health, 1999a) and *The NHS Plan* (Department of Health, 2000). Frameworks for action have been set out in the *Health of the Nation Mental Illness Key Area Handbook* (Department of Health, 1994), *The Spectrum of Care* (Department of Health, 1996) and most recently in the *National Service Framework for Mental Health* (Department of Health, 1999b).

To provide information to support and monitor these initiatives, a series of national surveys of psychiatric morbidity have been carried out by ONS (formerly OPCS) over the past decade, commissioned by the Department of Health, the Scottish Executive and the National Assembly for Wales. These surveys covered a wide range of different population groups:

- adults aged 16 to 64 living in private households (Meltzer *et al,* 1995a, b, c);
- residents of institutions specifically catering for people with mental health problems: hospitals, nursing homes, residential care homes, hostels, group homes and supported accommodation (Meltzer *et al*, 1996a, b, c);
- homeless adults living in hostels, nightshelters, private sector leased accommodation or roofless people using day centres (Gill *et al,* 1996);
- adults known by services to have a psychotic disorder (Foster *et al*, 1996);
- prisoners (Singleton *et al,* 1998); and
- children and adolescents (Meltzer *et al*, 2000).

The results from these surveys of psychiatric morbidity have shown the value of using the same psychiatric assessment procedures and having the same or similar questions on medication, service use, social functioning etc. for all populations. The survey covered in this report was carried out in 2000 and is a repeat of the first survey of adults living in private households. However, the survey included a number of developments, which are described in more detail below. Most notably, there was a slight increase in the age range, so that it covered people aged 16 up to 74 years, and measures of personality disorder and intellectual functioning were included.

The supplementary survey of people likely to be suffering from a psychotic illness and living in the community has also been repeated and the results will be published in a separate topic report focusing on people with psychotic disorder. This report will include data collected in both the main and supplementary survey.

1.1.2 Aims of the survey

The main aim of the survey was to collect data on the prevalence of mental health problems among adults aged 16 to 74 years living in private households in Great Britain. These data will be compared with corresponding data from the previous OPCS/ONS surveys of psychiatric morbidity.

More specifically, the survey aimed to:

- estimate the prevalence of psychiatric morbidity according to diagnostic category among the adult household population of Great Britain.

  The choice of diagnostic categories had to be a compromise between what would be theoretically preferred and what can be reliably collected from a social survey interview with a limited sample size and where the incidence of some psychiatric illness is rare. Prevalence rates for neurotic symptoms as well as diagnoses have been calculated because of the relationship between the presence of symptoms, social disabilities and the need for services. Apart from the mental disorders covered in all the earlier surveys, neurosis, psychosis, alcohol misuse and drug dependence, the survey also included

assessments of personality disorder and deliberate self-harm, as in the survey of prisoners, and a measure of intellectual functioning. Prevalence data are presented by age, sex, ethnicity and region;

- examine the varying use of services (including medication) and the receipt of care in relation to mental disorders and their related social disabilities. The range of services considered is similar to the first survey but with a greater emphasis on use of and satisfaction with primary care;

- identify the nature and extent of disability and disadvantage associated with mental illness. Topics covered here include employment, accommodation, income and debt, as well as social networks and perceived social support;

- establish key, current and lifetime factors which may be associated with mental disorders, such as life course factors, eg abuse as a child, playing truant or being suspended/expelled from school, leaving school early with no qualifications, having been in local authority care, and recent stressful life events; and

- examine the changes in the prevalence of disorders and related factors between 1993 and 2000.

1.1.3 Coverage of the survey

Region

The surveyed population included adults living in private households in England, Wales and Scotland (including the Highlands and Islands).

Age

The survey focused on adults aged 16 to 74 years. Children, defined as those under the age of 16, had been covered in an earlier survey using instruments and procedures appropriate to that age group (Meltzer *et al,* 2000). Surveys of psychiatric morbidity among elderly people also require different assessment instruments, sampling and interviewing procedures. Dementia is common in this group and an appreciable proportion are living in residential care homes. Therefore, those aged 75 and above were also excluded from the current survey.

Place of residence

The survey covered only adults resident in private households included in the small user Postcode Address File (PAF). A small proportion of adults in the age range 16 to 74 years will be resident elsewhere, for example in institutions or other communal establishments or may be homeless. However, many of these groups have been covered in the earlier surveys of psychiatric morbidity.

1.1.4 Coverage of this report

The main purpose of this report is to present the prevalence rates of psychiatric morbidity among adults aged 16 to 74 living in private households in Great Britain in 2000 and to provide a brief overview of the survey findings. In order to interpret the results, it is important to have an understanding of the conceptual approach and the methods used in the survey. These are described in the remainder of this chapter.

The prevalence rates for the different mental disorders covered in the survey are described in Chapter 2. In Chapter 3, the results from this survey are compared with those found in 1993 taking account of the changes in methods used (see section 1.3). In Chapter 4 people with different types of mental disorder are compared with those without disorder on a range of socio-demographic factors and health status measures, while Chapter 5 looks at the variation in medication and service use among these same groups.

1.1.5 Plans for later reports

Because of the wealth of information collected in the survey and the wide range of mental disorders covered, a single report cannot adequately describe the data collected and a series of reports are planned:

- this main report of key survey findings;
- a short summary report; and
- a technical report giving details of the questionnaire, assessment procedures, sampling and weighting procedures.

A number of other reports are also planned focusing in more detail on the following topics:

- psychotic disorder;
- personality disorder;

- suicidal thoughts and behaviours;
- substance use and misuse: tobacco, alcohol and other drugs;
- the cognitive and mental health of older people (defined for the purpose of this survey as those aged 60 to 74 years); and
- the social and economic circumstances of people with mental disorder.

1.1.6 Access to the data

Anonymised data from the survey will be lodged with the Data Archive, University of Essex, within 3 months of the publication of this report. Independent researchers who wish to carry out their own analyses should apply to the Archive for access. For further information about archived data, please contact:

The Data Archive
University of Essex
Wivenhoe Park
Colchester
Essex CO4 3SQ
Tel: (UK) 01206 872001
FAX: (UK) 01206 872003
Email: **archive@essex.ac.uk.**

1.2 Sampling and interviewing procedures

The survey was carried out between March and September 2000. A two-stage approach to the assessment of mental disorders was used. The first stage interviews were carried out by ONS interviewers and included structured assessment and screening instruments for measuring mental disorders, as well as covering a range of other topics, such as service use, risk factors for disorder and background socio-demographic factors. A sub-sample of people were then selected to take part in a second stage interview to assess psychosis and personality disorder, the assessment of which requires a more detailed interview than was possible at the first stage and some clinical judgement. These interviews were carried out by specially trained psychologists employed by the University of Leicester. More details of the topics covered and the assessment instruments used in the two stages are given in section 1.3.

1.2.1 Sampling procedures for the initial interview

The small users postcode address file (PAF) was used as the sampling frame for the survey because of its good coverage of private households in Great Britain. In the PAF, the postcode sectors were stratified on the basis of socio-economic group within NHS Region.

Initially, 438 postal sectors (the primary sampling units) were selected with a probability proportional to size (number of delivery points). This included 370 sectors in England, 22 in Wales and 46 in Scotland. This included a slight oversampling in Scotland to increase the sample size to ensure some sampling in the Highlands and Islands Region. A postal sector contains on average 2,550 delivery points. Within each of these sectors, 36 delivery points were selected (with the exception of one sector which was accidentally sampled twice), yielding a sample of 15,804 delivery points. This sample design was similar to that used in the 1993 survey of psychiatric morbidity among adults in private households but was less 'clustered', i.e. more primary sampling units were selected (438 in 2000 compared with 200 in 1993) with fewer delivery points in each cluster (36 compared with 90 in 1993). The survey is thus able to provide estimates with a similar level of precision to the 1993 survey with a slightly smaller sample size.

Interviewers visited the 15,804 addresses to identify private households with at least one person aged 16 to 74 years. The Kish grid method was used to select systematically one person in each household (Kish, 1965). More details of sampling procedures can be found in the Technical Report.

1.2.2 Organisation of the initial interview

The selected adult in each household was asked to take part in an initial interview carried out by ONS interviewers, which lasted on average 1½ hours. The interview included sections on all topics covered in the survey. The interview used Computer-Assisted Personal Interviewing (CAPI) using a questionnaire programmed in Blaise. There were two self-completion sections – the personality disorder screen and alcohol and drug use and dependence – in which respondents entered their responses directly into the computer. A small number of people asked for assistance with these

sections and in these cases interviewers either read the questions out and the respondent entered their own responses or the interviewer both read out the questions and entered the responses.

1.2.3 Interviewing procedures

A small pilot survey was undertaken to test the questionnaire and interviewing procedures. This showed that the questionnaire content was basically acceptable but that it was too long (in the pilot, the average interview length was about 2 hours). As a result several sections were removed from the questionnaire or trimmed down.

The ONS interviewers who were selected to carry out the initial interviews were generally experienced interviewers, many of whom had worked on previous surveys of psychiatric morbidity. They were all given a one-day course of survey-specific training covering: how to introduce the survey, the content of questionnaire, confidentiality, and what to do should a respondent become distressed.

Each interviewer was allocated a quota of 36 addresses to complete within a month. Advance letters were sent to all addresses explaining that they had been selected for the survey, giving some basic information about the survey and telling them that an interviewer would be calling to tell them more about the survey and asking them if they would be willing to be interviewed.

In a few cases it was not possible to carry out an interview with the respondent even though the respondent was willing to take part. For example, in some cases informants were too ill, had speech or hearing problems, had language problems, or were away the entire month of the field period. In such circumstances, where possible, proxy information was collected to allow the identification of potential bias as a result of excluding these people. The proxy information included some information on the health of the respondent and medication and service use together with some basic socio-demographic information.

The nature of the interview does not readily permit the use of an interpreter for informants who have problems understanding English. This is because many of the concepts do not have equivalent terms in other languages. However, a separate survey has been commissioned to investigate the prevalence of mental health problems in a number of ethnic minority groups which has been conducted by the National Centre for Social Research.

1.2.4 Sampling and interviewing procedures for the second stage interviews

All respondents who completed an initial interview were asked if they would be willing to be contacted again if selected take part in a second stage. A second stage sample was then drawn to include people as follows:

- all respondents who satisfied one or more of the sift criteria (see section 1.3.3) for psychotic disorder (regardless of whether or not they sifted positive for personality disorder as well);
- half of those who sifted positive for anti-social and borderline personality disorder with no evidence of psychotic disorder;
- 1 in 14 of those who sifted positive for other personality disorders with no evidence of psychotic disorder; and
- 1 in 14 people who showed no evidence of either psychosis or personality disorder.

However, only those who agreed to being contacted for a second stage interview were then included in the second stage of the survey.

The second stage interviews were carried out by 7 psychologists who had received training and clinical experience in the use of the SCAN and SCID interviews extending over a month. They were supervised throughout the fieldwork period by an experienced field manager to provide quality assurance and standardisation. They contacted the selected respondents by telephone, where a number had been provided at the time of the initial interview, to arrange an interview or, if necessary, called round when they were in the area. A total of 1,036 respondents were selected for the second stage of the survey of whom 874 agreed to being approached for a second interview.

1.2.5 Results of the sampling procedures

Figure 1.1 summarises the survey procedures and shows the numbers involved at the different stages. Overall, 10% of sampled addresses were ineligible because they contained no private households. Of the remaining addresses, 11% contained no-one within the eligible age range, which left an eligible sample of 12,792 addresses. *(Table 1.1)*

The proportion of selected adults who agreed to take part in an initial interview is shown in Table 1.2. At the initial interview stage, just under 70% of those approached agreed to take part in an interview. Despite the length of the interview, the vast majority of respondents (95%) completed the full interview. *(Table 1.2)*

Of the 874 people included in the second stage of the survey 638 were interviewed. The majority of these (96%) completed both SCAN and SCID interviews. *(Table 1.3)*

Table 1.1 Households eligible for interview

	Number	%
Sample of addresses	**15,804**	**100**
Vacant premises	817	5
Institution/business premises	215	1
Demolished/no trace of address	257	2
Second homes, foreign diplomats etc	230	1
Private household addresses	**14,285**	**90**
Private household addresses	**14,285**	
Extra households found	149	
Total number of households	14,434	100
Household with no-one aged 16 to 74	1,642	11
Households eligible for interview	**12,792**	**89**

Table 1.2 Response of adults at initial interview stage

	Number	%
Set sample of households	**12,792**	**100**
Refusals	3,009	24
Non-contacts	782	6
Incapable	115	1
Co-operating adults	**8,886**	**69**
Co-operating adults	**8,886**	**100**
Full interviews	**8,450**	**95**
Partial interviews	130	1
Proxy interviews	296	3
Data lost/deleted	10	0

Table 1.3 Response at the second-stage

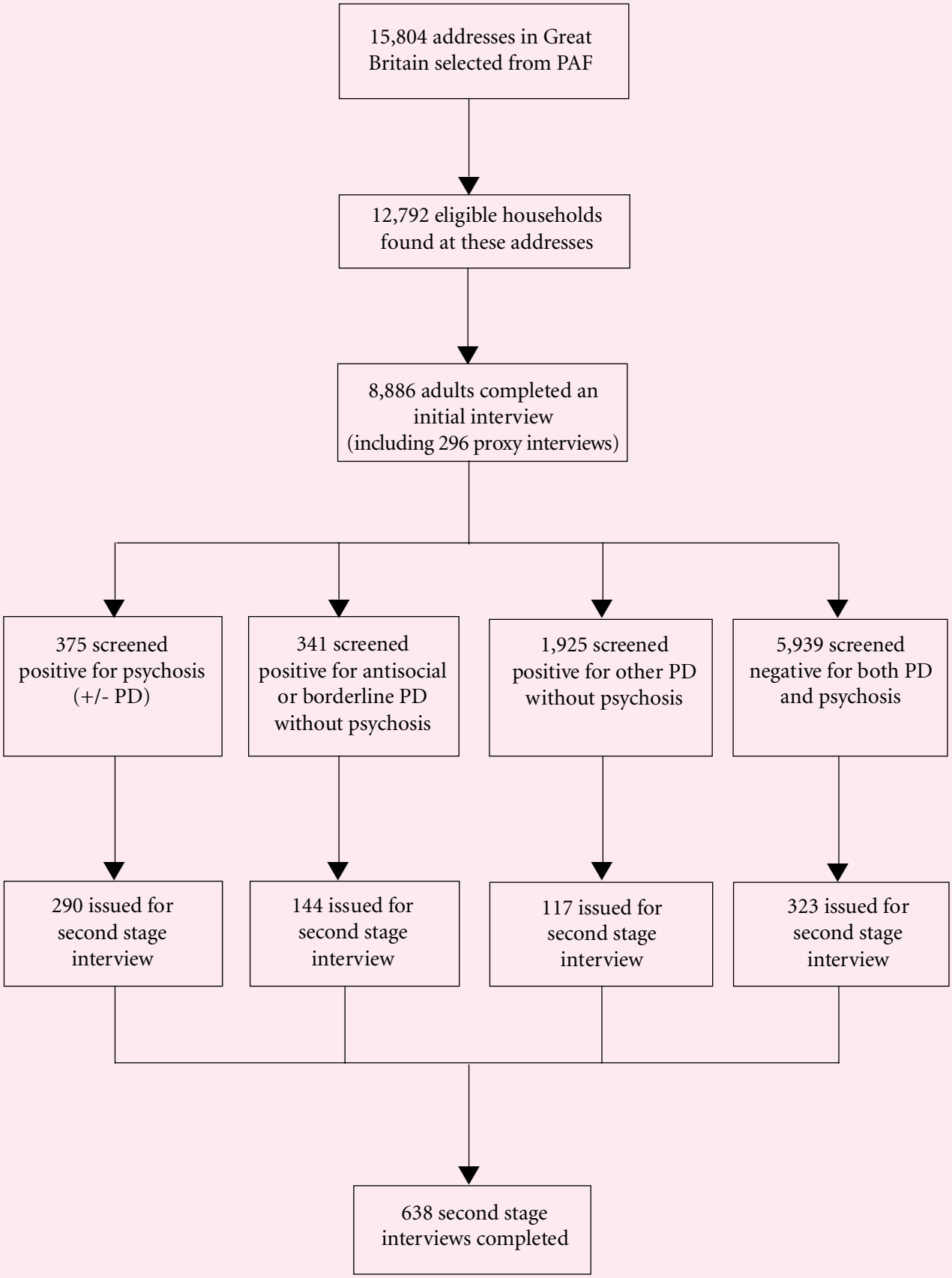
	Number	%
Full or partial 1st stage interviews	**8580**	**100**
Selected for second stage	1036	12
Selected for second stage	**1036**	**100**
Refused approach about 2nd interview / Not issued – ran out of field time	162	16
Set sample for second stage	**874**	**84**
Set sample for second stage	**874**	**100**
Refusals/non-contacts	236	27
Second stage interviews completed	**638**	**73**
Second stage interviews completed	**638**	**100**
SCAN interview only	12	2
SCAN and SCID interview	611	96
SCID interview only	15	2

1.3 Concepts and methods used in assessing psychiatric morbidity

Estimates of the prevalence of psychiatric morbidity depend on the choice of concepts and the methods used. These, in turn, depend on the particular purposes and aims of the study. This point needs emphasising because it means that estimates from the ONS study of psychiatric morbidity among adults in private households will not necessarily be comparable with those obtained from other studies using different concepts and methods.

The rules of classification systems, such as the International Classification of Diseases (ICD), are intended to set thresholds of disease severity that equate to levels that a psychiatrist would regard as a case likely to require clinical assessment and treatment. However, people with symptoms below this threshold may still suffer distress and impairment of functioning. Most of the instruments used in this study produce a symptom score which reflects the severity of symptoms, thresholds are then set to identify those that meet the criteria for 'caseness' according to disease classification systems. However, in many cases we present both the grouped scores, which give an overall indication of the severity of symptoms, as well as the proportion in each diagnostic category.

Figure 1.1: Flow chart showing the organisation of the sampling and interviewing procedures



Another source of variation in estimates from different surveys is in the type of interviewers used and the extent to which clinical judgement is required by the measurement instruments used. Clinically trained interviewers, such as psychiatrists, may use clinical judgement based on their training and experience to assess whether the symptoms a respondent describes are an indication of disorder. Lay interviewers using structured measurement instruments simply record a respondent's answers without making any judgement as to whether the severity is sufficient to be considered abnormal. Therefore, lay interviewer administered measures tend to provide higher prevalence rates for disorders than those that are clinician administered (Brugha *et al,* 1999).

1.3.1 *Coverage of disorders*

All diagnostic categories of mental disorder included in the survey are given an ICD-10 or, for personality disorder, a DSM-IV classification (World Health Organisation, 1993; American Psychiatric Association, 1994).

ICD-10 lists ten broad categories of diagnoses (World Health Organisation, 1992), shown in Table 1.4. The disorders covered in this survey are those within the four broad categories of F20-29, F30-39, F40-48 and F60-69 Although neurotic disorders are included (F40-48), some stress-related and somatoform disorders – acute stress reaction, post-traumatic stress disorders, adjustment disorders, dissociative (conversion) disorders and somatoform disorders – are not specifically measured. However, any psychological distress due to these less common neurotic disorders is likely to be reflected in the overall score level on the CIS-R and therefore in the catch-all category of mixed anxiety and depression (described below).
This survey gives estimates of the prevalence of psychiatric morbidity in general and of specific diagnostic categories. The choice of diagnostic categories has been determined by what can be reliably collected from a social survey interview where the incidence of some psychiatric illness is rare. The disorders covered in the survey comprise those listed in the second column of Table 1.4.

The term 'Depressive episodes and disorders' (F32-33) is equivalent to the term 'Depressive episode' used

Table 1.4 ICD-10 categories of disorder and their coverage in the survey

ICD-10 categories of disorder		Disorders covered in this survey	
F00 - F09	Organic Mental Disorders		
F10 - F19	Mental and behavioural disorders due to psychoactive substance use		
F20 - F29	Schizophrenia, schizotypal and delusional disorders	**F20- F29**	**Schizophrenia, schizotypal and delusional disorders**
		F20	Schizophrenia
		F21-29	Other non-organic functional psychoses
F30 - F39	Mood (affective) disorders	**F30-F39**	**Mood (affective) disorders**
		F30	Manic episode
		F31	Bipolar affective disorder
		F32-33	Depressive episodes and disorders (mild, moderate and severe)
F40 - F48	Neurotic, stress-related and somatoform disorders	**F40-F48**	**Neurotic, stress-related and somatoform disorders**
		F40	Phobias (agoraphobia, social phobia and specific isolated phobia)
		F41.0	Panic disorder
		F41.1	Generalised Anxiety Disorder
		F41.2	Mixed anxiety and depressive disorder
		F42	Obsessive Compulsive Disorder
F50 - F59	Behavioural syndromes associated with physiological disturbances and physical factors		
F60 - F69	Disorders of adult personality and behaviour	**F60-69**	**Disorders of adult personality and behaviour**
		F60	Specific personality disorders
F70 - F79	Mental retardation		
F80 - F89	Disorders of psychological development		
F90 - F98	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence		

in the earlier surveys of psychiatric morbidity. The instrument used to measure neurotic disorder, the revised Clinical Interview Schedule (CIS-R), does not distinguish between recurrent and first onset episodes and the code F32 used in the earlier reports would have also included code F33. Mixed anxiety and depressive disorder has an ICD code of F41.2 but no recommended operational criteria: it was also used as the 'catch all' category, i.e. for people with a score of 12 or more on the CIS-R who did not meet criteria for any of the other six diagnostic categories for neurotic disorders (Lewis *et al*, 1992). This followed the practice in the 1993 ONS (OPCS) survey of psychiatric morbidity of adults living in private households (Meltzer *et al*, 1995a).

The survey also collected data on alcohol misuse and drug dependence and on intellectual functioning. Dementia, eating and sexual disorders were not covered, at least to an extent that would allow us to present reliable estimates of their prevalence.

1.3.2 Concepts

Period prevalence

This survey aimed to establish the prevalence of mental health problems during a particular period prior to interview. This time period is not the same for each disorder and is subject to various criteria.

- Criteria imposed by the measurement instrument.
  The instrument we used for the assessment of neurosis, the revised Clinical Interview Schedule (CIS-R), asks for the presence of symptoms in the past month and measures their severity, frequency and duration in the past week (Lewis *et al,* 1992).
- Criteria chosen by the research team.
  The instrument used for assessing psychosis was SCAN (Schedules for Clinical Assessment in Neuropsychiatry) (Wing *et al,* 1990; World Health Organisation, 1999). This assesses present state. The period that this covers can be set beforehand: the past month, six months or past year. SCAN also allows for ratings to be made for two time periods. Table 1.5 below shows the time periods used in this survey for the different sections of the SCAN interviews.
- Criteria contingent on the nature of the disorder itself.
  Personality disorder, by definition, covers the person's lifetime or, at least, all the years of adulthood.

Co-occurrence of disorders

Instruments used for clinical assessments of psychiatric disorders often allow for several possible diagnoses to be made. Although it would be possible to impose a hierarchy among different disorders and, in some cases, there is a hierarchy inherent in the way in which cases are assigned to diagnostic categories (eg mild, moderate and severe depression are mutually exclusive categories), the prevalence rates presented in this report do not have a hierarchy imposed on them. This is a change in reporting practice from the 1993 household survey which will faciltiate consideration of the co-ocurrence of disorder. As a result of this change in the way the data is presented, individuals with multiple diagnoses can be represented in several groups.

Table 1.5 Time periods used for different sections of the SCAN interview

Section	Time period 1	Time period 2
Neurosis	Present state/present episode	Week preceding the initial (lay) interview
Psychosis	Present state/present episode	Past year
Alcohol and drugs	Past year	Lifetime before

1.3.3 Choice of measurement instruments for particular disorders

Different strategies were used to obtain prevalence estimates of psychiatric morbidity depending on whether full assessments could be made in the initial interviews carried out by ONS interviewers (neurotic disorders and alcohol and drug misuse) or would require a second stage clinical interviewer for assessment (schizophrenia and other functional psychoses and personality disorder). The initial interviews contained questions that had been found in earlier surveys to be strongly associated with the presence of psychotic disorder. All respondents who answered positively to any one of these questions were asked to take part in a second stage interview. The initial interview also included a self-completion screening instrument for personality disorder and a proportion of those who screened positive on this instrument were randomly selected for second stage clinical interviews together with 1 in 14 people who screened negative for both psychosis and personality disorder. More details of the sampling procedures for the second stage interviews are given in section 1.2.2.

The instruments used for assessing the prevalence of the main types of disorder covered in the survey are shown in Table 1.6.

The main features of the instruments used for the assessment of each disorder are given below with further details in the Technical Report which will be available on the National Statistics Website at www.statistics.gov.uk.

Neurotic symptoms and disorders

Neurotic symptoms and disorders in the week preceding interview were assessed in the first stage lay interviews using the revised version of the Clinical Interview Schedule (CIS-R). Data are presented on the prevalence of 14 neurotic symptoms, six neurotic disorders, and the distribution of total CIS-R scores, which give an indication of severity of symptoms.

The CIS-R comprises 14 sections, each covering a particular area of neurotic symptoms:

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

Table 1.6 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 *et al* (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 Oroganisation (1999)
Neurotic disorder	Lay interview	Clinical Interview Schedule – Revised (CIS-R)	Lewis and Pelosi (1990); Lewis *et al* (1992)
Alcohol misuse	Lay interview	Alcohol Use Disorders Identification Test (AUDIT); Severity of Alcohol Dependence Questionnaire (SAD-Q)	Babor *et al* (1992); Stockwell *et al* (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)

Each section begins with a number of mandatory filter questions. They establish the existence of a particular neurotic symptom in the past month. A positive response leads to a more detailed assessment of the symptom in the past week: frequency, duration, severity, and time since onset. Answers to these questions determine the informant's score on each section. Possible scores range from zero to 4 on each section (except the section on depressive ideas, which has a maximum score of 5). The example in Figure 1.2, shows the elements that contribute to the score for anxiety. Any combination of the elements produce the section score. The elements that contribute to the scores for each of the symptoms can be found in the Technical Report of the survey.

Diagnoses of specific neurotic disorders are obtained by looking at the answers to various sections of the CIS-R and applying algorithms based on the ICD-10 diagnostic criteria for research (World Health Organisation 1992). The items for all disorders are shown in Technical Report. The example shown in Figure 1.3 is for generalised anxiety disorder (GAD).

Six diagnostic categories can be obtained from the CIS-R: generalised anxiety disorder, mixed anxiety and depressive disorder, depressive episode, phobias, obsessive-compulsive disorder and panic disorder. An individual may appear in more than one category of neurotic disorder. Prevalence rates are shown as rates per thousand of the population in the past week, that is, where the respondent experienced symptoms of the disorder during the week before interview.

Figure 1.2 Calculation of symptom score for anxiety from the CIS-R

	Score
Felt **generally** anxious/nervous/tense for **4 days or more** in the past seven days	1
In past seven days anxiety/nervousness/ tension has been **very unpleasant**	1
In the past seven days have felt **any of the following symptoms** when anxious/ nervous/tense (Racing heart, sweating or shaking hands, feeling dizzy, difficulty getting one's breath, dry mouth, butterflies in stomach, nausea or wanting to vomit)	1
Felt anxious/nervous tense for **more than three hours** in total on any one of the past seven days	1

Figure 1.3 Algorithm for generalised anxiety disorder

Conditions which must apply are:

- duration greater than six months;
- free-floating anxiety;
- autonomic overactivity; and
- overall score on Anxiety section was 2 or more

Psychotic disorder

Making assessments of psychotic rather than neurotic disorders is more problematic for lay interviewers. A structured questionnaire is too restrictive and a semi-structured questionnaire requires the use of clinical judgements. A two-stage approach was therefore adopted to assess the presence of psychotic disorder. The criteria from the initial lay interview which were considered indicative of possible psychotic disorder were:

- self-reported symptoms indicative of psychotic disorder, eg mood swings, or having been given a diagnosis of psychotic disorder, such as schizophrenia or manic depression;
- taking anti-psychotic medication;
- a history of admission to a mental hospital or ward; and
- a positive response to question 5a of the psychosis screening questionnaire which asks about auditory hallucinations.

A positive response to any one of these criteria led to selection for a second stage interview using the Schedule for Assessment in Neuropsychiatry (SCAN) (World Health Organisation, 1999). A sample of people who screened negative were also interviewed at the second stage, either because they sifted positive for personality disorder or because they were randomly selected from the sample who screened negative for both types of disorder.

Not all those people who were selected for a second stage interview took part in this stage of the survey, either because they refused a further interview or

could not be contacted during the field work period. To obtain an estimate of the prevalence of psychotic disorder based on the whole sample who had undertaken an initial interview, an assessment of probable psychotic disorder was applied using an algorithm that was first used in the survey of psychiatric morbidity among prisoners (Singleton *et al*, 1998). In the survey of prisoners, data collected from people who had both an initial interview and a second stage SCAN interview were used to identify factors associated with an increased likelihood of receiving a SCAN assessment of psychotic disorder. This found that the presence of any two of the four criteria shown above and used for the initial screening for SCAN interview, was indicative of a probable psychotic disorder.

Therefore, in the current survey, an assessment of probable psychosis was given to those who screened positive for psychosis and were either assessed as having a psychotic disorder at SCAN interview or, if no SCAN interview had been conducted, who reported two or more of the psychosis screening criteria at initial interview. People who screened negative for psychosis were designated unlikely to have psychotic disorder. More details about the assessment of psychotic disorder in the survey and the rationale for this approach are given in Appendix B.

This approach included several changes from that used in the 1993 survey. In 1993, a different screening procedure was used. People who answered positively to any of the items of the Psychosis Screening Questionnaire or who reported symptoms or a diagnosis suggesting the presence of psychosis or who were being prescribed anti-psychotic medication were considered eligible for second stage interviews and no-one who screened negative was followed up. Also, in 1993 doctors, who were training as psychiatrists, were used to undertake the second stage interviews, whereas in 2000 specially trained psychologists were used. These psychologists received 4–6 weeks training in the administration of the SCAN and SCID interviews and were monitored throughout the field period to enhance standardisation. The version of SCAN used in the 2000 survey was version 2.1, while in 1993 version 1.0 was used. However, the same items were rated in both years and the version 1.0 algorithm was applied to the 2000 data to provide the prevalence rates reported here. In addition a different approach was used to provide an assessment of probable psychosis when a SCAN interview could not be carried out. In 1993, people who screened positive but did not have a SCAN interview were considered likely to have a psychotic disorder if they reported a diagnosis or symptoms of psychosis and were receiving anti-psychotic medication.

Personality disorder

Personality disorder is defined as 'an enduring pattern of inner experience and behaviour that deviates markedly from the expectation of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment' (American Psychiatric Association, 1994). There are two major classificatory systems to diagnose personality disorders: the International Classification of Disease (ICD-10) and Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). In DSM-IV the personality disorders are diagnosed along a separate axis (Axis II). Successive classifications within both diagnostic systems have come closer together. However, several categories continue to differ between each.

Personality disorder was assessed for the first time in this series of national surveys of psychiatric morbidity in the survey of prisoners in 1997. At that time a decision was taken to use the Structured Clinical Interview for DSM-IV (SCID-II) questionnaire which is based on the DSM-IV Axis II classification system. The reasons for the choice of this instrument is described in some detail in the report of that survey (Singleton *et al*, 1998). This choice was made in the knowledge that it represents the only departure from the use of ICD-10 in reports of the psychiatric morbidity survey series. However, it was felt that the scientific advantages gained by choosing an instrument based on the DSM classification system outweighed the disadvantages of introducing an exception to the general rule favouring the official ICD classification. The factors which led to the selection of the SCID-II for the prisoners survey remain unchanged and, as the use of this instrument would also allow comparison between the prison and household populations, the SCID-II was also chosen for use in the current survey.

The SCID-II clinical interview covers each personality disorder category in turn and, within each category, each component criterion is

evaluated by a specified question (or questions) and subsequent specified probes. It has 120 items and the clinician must make a judgement of the rating for each item on a four point scale: 'inadequate information', 'negative', 'sub-threshold', and 'threshold'. The SCID-II is in modular form. The latest version has 12 modules (plus a 'not otherwise specified'):

Avoidant
Dependant
Obsessive compulsive
Paranoid
Schizotypal
Schizoid
Histrionic
Narcissistic
Borderline
Antisocial
Passive-aggressive
Depressive

There is also a self-completion screening questionnaire covering the same areas as the clinical interview. In the present survey, it was decided to administer the self-completion (screening) questionnaire of the SCID-II in the initial interviews and to omit two categories of personality disorder, depressive and passive-aggressive, which are omitted from the formal version of the DSM-IV.

Alcohol misuse and dependence

The principal instrument used to assess alcohol misuse was the Alcohol Use Disorders Identification Test (AUDIT). This measure was developed from a six-country WHO collaborative project and has been shown to be a good indicator of hazardous drinking (Saunders *et al*, 1993). It defines hazardous alcohol use as an established pattern of drinking which brings the risk of physical and psychological harm. Taking the year before interview as a reference period, the AUDIT consists of 10 questions covering the topics shown in Figure 1.4. Answers to all questions are scored from zero to 4 and then summed to provide a total score ranging from zero to 40. A total score of 8 indicates hazardous alcohol use. Further details about scoring are given in the Technical Report of the survey.

Figure 1.4 Topics covered by AUDIT questionnaire

- Hazardous alcohol consumption:
  - frequency of drinking;
  - typical quantity; and
  - frequency of heavy drinking.
- Dependence symptoms:
  - impaired control over drinking;
  - increased salience of drinking; and
  - morning drinking.
- Harmful alcohol consumption:
  - feeling of guilt or remorse after drinking;
  - blackouts;
  - alcohol-related injury; and
  - others concerned about drinking.

Alcohol dependence was assessed using the Severity of Alcohol Dependence questionnaire (SAD-Q) (Stockwell *et al*, 1983). The SAD-Q was asked of all respondents who had an AUDIT score of 10 or more. It consists of 20 questions, covering a range of symptoms of dependence, and possible scores range from 0 to 3 on each question. Adding up the scores from all questions gives a total SAD-Q score of between zero and 60 indicating different levels of alcohol dependence. A total SAD-Q score of 3 or less indicates no dependence, while a score of four or above suggests some alcohol dependence. Mild dependence is indicated by a score of between 4 and 19, moderate dependence by a score of 20 to 34, and severe dependence by a SAD-Q score of 35 to 60. The reference period for the questions on alcohol dependence was the 6 months prior to interview. Both instruments were included in the self-completion section of the questionnaire that respondents completed on the laptop.

This approach is different to that used in the 1993 survey and follows the successful use of the AUDIT in the 1997 survey of psychiatric morbidity among prisoners. In 1993, alcohol misuse was measured using 12 questions taken from the 1984 U.S. National Alcohol Survey which focussed on the three components of dependence: loss of control, symptomatic behaviour and binge drinking. Details of these questions can be found in Report 1 from the 1993 survey (Meltzer *et al*, 1994a).

Drug dependence

A number of questions designed to measure drug use were contained in the questionnaire. Information was first collected on all the types of drugs respondents had ever used, and then about drugs used in the year before interview.

Further information about drug use in the past year, and in the past month was collected for: cannabis, amphetamines, crack, cocaine, ecstasy, tranquillisers, opiates and volatile substances, such as glue. Included in the questions about drug use in the past year and month were five questions to measure drug dependence. The topics covered by these questions are shown in Figure 1.5. A positive response to any of the five questions was used to indicate drug dependence. Because people could be dependent on more than one drug, they were further grouped into those who were dependent on cannabis only, those who were dependent on another drug (including those also dependent on cannabis), and those with no drug dependence.

The questions used to measure drug dependence are the same as those used in 1993 but the use of computer-assisted self-interviewing techniques in 2000 allowed questions to be asked separately about different types of drugs as in the 1997 survey of prisoners. The initial questions about types of drugs used were also amended slightly to bring them in line with the those used in the British Crime Survey (Ramsay and Partridge, 1999).

Figure 1.5 Topics included in the assessment of drug dependence

- Frequency of drug use: used drug every day for two weeks or more
- Stated dependence: felt they needed it or were dependent on it
- Inability to cut down: tried to cut down but couldn't
- Need for larger amounts: needed more to get an effect
- Withdrawal symptoms: feeling sick because stopped or cut down

Other topics covered by the survey

Questions to gather information on a range of factors that might be related to mental disorder were also included in the survey questionnaire. The topics covered were:

- general health and service use:
  - self-perceived health status: the SF-12 and long-standing illness;
  - medication and service use: GP, in-patient, out-patient, day care and community care; and
  - lifetime experience of treatment in mental hospitals/wards.
- socio-demographic data:
  - personal characteristics: eg age, marital status, ethnicity;
- education and employment;
- finances – income and debt;
- accommodation – tenure, stability, quality;
- stressful life events experienced;
- social networks and social support;
- activities of daily living and need for informal care; and
- intellectual functioning:
  - all participants completed the New Adult Reading Test (NART), a measure of crystallised intelligence, reflecting the extent of intellectual development by adulthood. NART scores tend to remain stable across the life course (Nelson & O'Connell, 1978; Nelson with Willison, 1991). Those over 60 completed two tests which were likely to be sensitive to cognitive decline associated with ageing or dementia. The Modified Telephone Interview for Cognitive Screening (TICS-m) was developed as a brief screening test for dementia (Plassman *et al*, 1994). Those s scoring below a cut-point have a high probability of significant cognitive impairment, and of meeting criteria for a clinical diagnosis of dementia. The animal naming test assesses verbal fluency, in this case the number of different animals a participant can name in one minute.

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2 Prevalence of mental disorders and substance misuse

2.1 Introduction

This chapter reports the prevalence of mental disorders and substance misuse among adults living in private households in Great Britain. The chapter is divided into 5 sections. They describe, in turn, the prevalence of neurotic symptoms and disorders, personality disorder and functional psychoses, examine alcohol and drug misuse, and consider the occurrence of multiple psychiatric disorders. In all sections in this chapter the variation in prevalence between age groups, sexes, region and ethnicity is described.

Because of the small proportion of the sample in minority ethnic groups, these groups have been collapsed into four for use as a classificatory variable. The three groups, Black Caribbean, Black African and Other Black groups have been combined into a single Black group. The Indian, Pakistani and Bangladeshi groups have been combined into a single South Asian group, while all other groups except the White group have been combined into a fourth group. However, all these sub-groups, except the White group, are small, so quite large apparent differences could appear by chance and care needs to be taken in interpreting the data.

The sample for England can be sub-divided by Region. The regions used for the presentation of data in this report are NHS Regional Office areas. There are 8 such offices. Data is also presented for England as a whole, Wales and Scotland. The sample sizes in a number of regions are quite small and there was also differential non-response between regions. As a result the sampling errors associated with regional estimates can be quite large and few differences in estimates between regions are statistically significant. Examples of sampling errors associated with regional estimates can be found in Table A.5 in Appendix A.

Most of the mental disorders covered in this chapter are comparatively rare, sometimes present in less than 1% of the population. Therefore, to assist comparison between sub-groups, we present the prevalence of disorders (neurotic disorders, probable psychosis, personality disorder and alcohol and drug dependence) as rates per 1,000 population. However the prevalence of symptoms and substance use is considerably higher so these tables present prevalence rates as a percentage of the population.

2.2 Neurotic symptoms and disorders

Neurotic symptoms and disorders in the week preceding interview were assessed in the first stage lay interviews using the revised version of the Clinical Interview Schedule (CIS-R) (Lewis and Pelosi, 1990; Lewis *et al*, 1992). Data are presented on the prevalence of 14 neurotic symptoms, the distribution of total CIS-R scores, which give an indication of the overall severity of symptoms and of six categories of neurotic disorder.

2.2.1 Prevalence of neurotic symptoms

The CIS-R comprises 14 sections, each covering a particular type of neurotic symptoms. This section reports on symptoms of moderate to high severity which were experienced in the week before interview, that is, where the symptom score was two or more. Details of the way in which symptoms are scored can be found in Chapter 1 and the Technical Report. Informants may have reported several neurotic symptoms.

Of the 14 neurotic symptoms the most commonly reported 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 reported by about 10% of respondents, were depression, poor concentration and forgetfulness, depressive ideas and anxiety. The symptom with the lowest prevalence was panic (2%). *(Table 2.1 and Figure 2.1)*

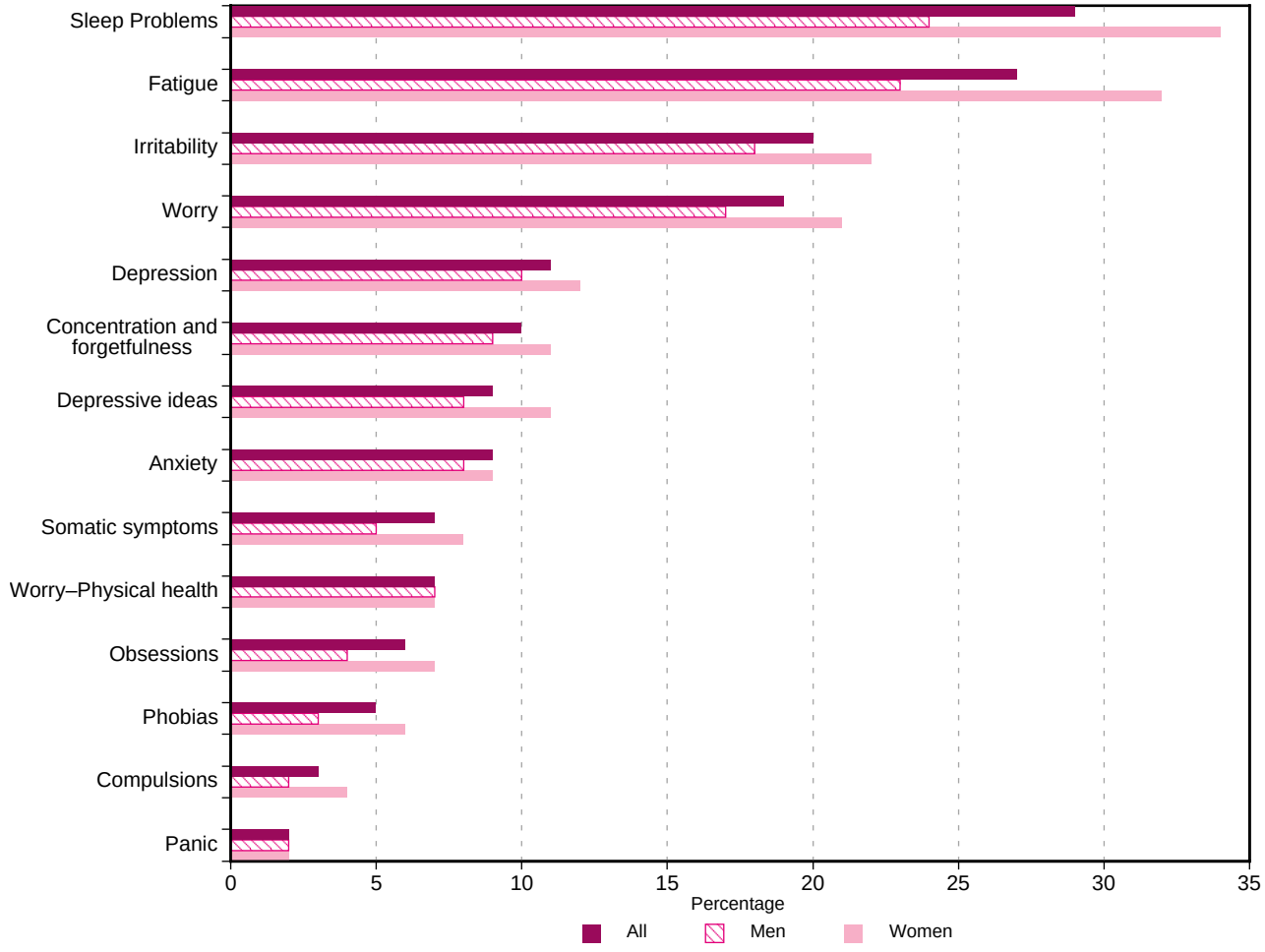
Women were more likely to report neurotic symptoms than men. They were around twice as likely to have obsessions, somatic symptoms, compulsions and phobias, and almost one and a half times more likely to suffer symptoms of fatigue and problems with sleep. However, men were as likely as women to worry about physical health or to have symptoms of panic or anxiety. The small differences in prevalence between men and women for symptoms of depression and poor concentration and forgetfulness were also not statistically significant. *(Table 2.1 and Figure 2.1)*

Older people were least likely to report neurotic symptoms. When compared with the population overall, people aged 65 to 74 years had lower prevalence rates for almost all symptoms, with the exception of sleep problems, compulsions and worry about physical health. For example, symptoms of worry were reported by nearly 1 in 5 of the total population but by only 1 in 10 elderly people. This age difference was more pronounced among men. Compared with men overall, men aged 65 to 74 were half as likely to report depressive ideas, worry, depression, obsessions or compulsions, and only about a third as likely to show symptoms of irritability, anxiety, phobias or panic. *(Table 2.1)*

The only symptom to show a consistent relationship with age throughout the 12 bands was irritability among women, which gradually declined with age. When compared with women aged 70 to 74 years, women aged 16 to 19 were nearly six times more likely to have felt irritable (35% compared with 6%). This group of young women were also more likely to report depressive ideas (20%) when compared with women overall (11%). *(Table 2.1)*

In general, observed differences among the sample according to ethnic group were small, and, because only 4% of the sample identified themselves as belonging to an ethnic group other than White, any apparent differences in the

Figure 2.1 Proportions of adults with a score of 2 or more on each neurotic symptom by sex



prevalence of symptoms are difficult to interpret and are unlikely to be statistically significant.

Although several neurotic symptoms appeared to be more prevalent among people, particularly men, in the Other group, none of the differences were statistically significant. *(Table 2.2)*

The variation in the prevalence of neurotic symptoms between the regions of England, and Scotland and Wales was generally not marked and not statistically significant, but some general patterns could be seen. Prevalence rates higher than the national average for most symptoms were found in the North West, London and Wales for both women and men, and Northern and Yorkshire (men only). Regions with prevalence rates lower than the national average for most symptoms were the West Midlands and Scotland (both women and men), the South West and South East (women only) and Trent (men only). *(Table 2.3)*

2.2.2 Distribution of CIS-R scores

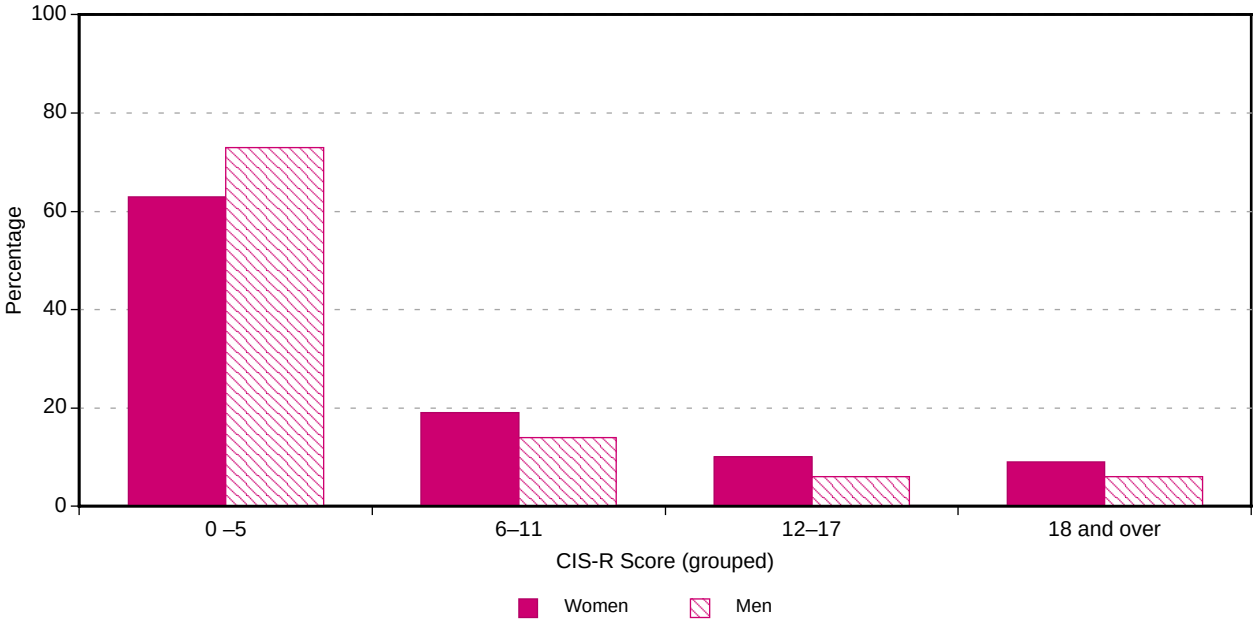
Adding up the scores on all fourteen symptoms covered by the CIS-R produces a total CIS-R score which reflects the overall severity of neurotic symptoms. Total scores range between zero and 57. A score of 12 or above indicates significant levels of neurotic symptoms, while a score of 18 or more suggests a level of symptoms likely to require treatment. Figure 2.2 shows the distribution of the total CIS-R scores for the surveyed sample. Overall, 15% of the sample had total symptom scores on or above the threshold of 12. Most of those with scores below the threshold had a score of less then 6, more than two-thirds of the sample. Among those above the threshold, about half had a CIS-R score of 18 or more, 7% of the sample. *(Table 2.4)*

Women were more likely than men to have a CIS-R score on or above the threshold of 12. The proportion of women with significant levels of neurotic symptoms was 18%, compared with 12% of men. Women were also more likely than men to have a CIS-R score of 18 or more, 9% compared with 6%. *(Table 2.4 and Figure 2.2)*

Among the overall population, the proportion of adults with a score of 12 or more varied little between the ages of 25 and 54 (about 17%), but was significantly smaller among those aged 65 to 74 (9%). There was more apparent variation when men and women are considered separately. Women aged between 50 and 54 were the group most likely to have scores on or above the threshold of 12 (23%), while among men it was those aged between 45 and 49 (19%). The groups with the smallest proportions at or above the threshold were men aged 65 to 74 (5%), men aged 16 to 24 (8%) and women aged 70 to 74 (11%). *(Table 2.4)*

In all ethnic groups, women were more likely than men to have CIS-R scores above the threshold of 12. However, the difference was only significant in

Figure 2.2 Distribution of CIS-R scores (grouped) by sex



the White group. They were also more likely to have scores of 18 or above and this was particularly marked in the South Asian group: 15% of South Asian women had a CIS-R score of 18 or more compared with 4% of South Asian men. *(Table 2.5)*

The small size of the samples from ethnic minority groups means that apparently quite large differences in prevalence rates can occur by chance. The apparent differences in the proportions with CIS-R scores above 12 among the different ethnic groups were not statistically significant.

There was some variation in the distribution of total CIS-R score by region, though this was not generally marked. In a few regions, the differences between local and national averages reached statistical significance. In particular, the largest proportions of both men and women with a CIS-R score of 18 or more were found in the North West, 20% overall, compared with the Great Britain average of 15%. *(Table 2.6)*

2.2.3 Prevalence of neurotic disorders

This section describes the distribution of neurotic disorders among the different groups within the sample. Diagnoses are obtained by looking at the answers to various sections of the CIS-R and applying algorithms based on the ICD-10 diagnostic criteria for research (World Health Organisation,1992).

Six diagnoses are possible from the CIS-R: generalised anxiety disorder, mixed anxiety and depressive disorder, depressive episode, phobias, obsessive compulsive disorder and panic disorder. An individual may appear in more than one category of neurotic disorder. Prevalence rates are shown as rates per 1,000 of the population in the past week, that is, where the respondent experienced symptoms of the disorder during the week before interview.

There were 164 cases per 1,000 of neurotic disorder in the week before interview. This represents about 1 in 6 of all adults.

The most prevalent neurotic disorder among the population as a whole was mixed anxiety and depressive disorder (88 cases per 1,000). This disorder is a 'catch-all' category which included people with significant neurotic psychopathology who could not be coded into any of the other five neurotic disorders. 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.

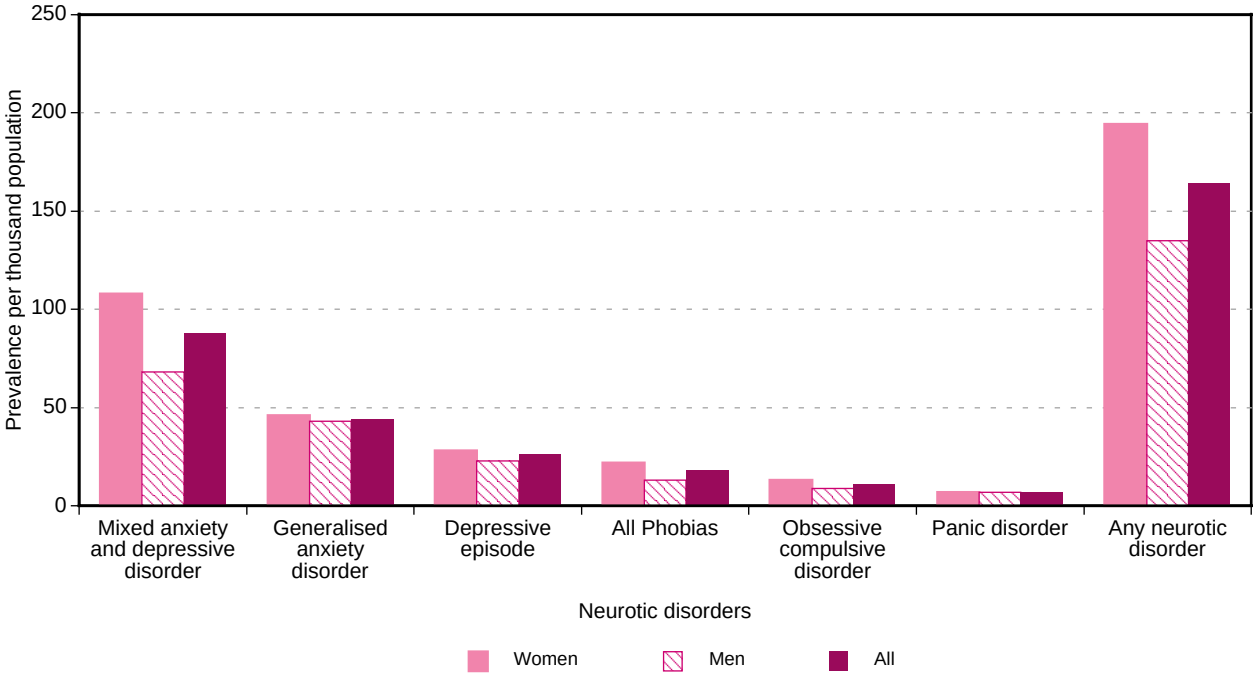
Prevalence rates were higher among women than men for all disorders except panic (7 cases per 1,000 for both men and women). The disparity between the rates for women and men was greatest for phobias (22 and 13 cases per 1,000 respectively) and mixed anxiety and depressive disorder (108 and 68 cases per 1,000), both statistically significant.The differences in prevalence for other disorders were not statistically significant. *(Table 2.7 and Figure 2.3.)*

Prevalence rates of 'any neurotic disorder' showed some variation by age. The lowest prevalence rates of any neurotic disorder were found among older people, in particular those aged 65 to 69 (102 cases per 1,000) and 70 to 74 (94 cases per 1,000). This was most marked among men aged 65 to 74 (57 cases per 1,000) but among women low rates were also found among those aged 70 to 74 (119 cases per 1,000). Unlike women, the prevalence of neurotic disorder among young men also appeared low (86 cases per 1,000 for men aged 16 to 19). *(Table 2.7 and Figure 2.3)*

The highest prevalence rates, nearly 200 cases per 1,000, occurred in the three groups aged between 40 and 54. In most age groups prevalence of any neurotic disorder was higher among women than men. However, prevalence of any neurotic disorder for men peaked in the 45 to 49 age group (204 cases per 1,000) and was higher than for women of the same age (188 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). *(Table 2.7 and Figure 2.3)*

South Asian adults and those in the Other group appeared to have higher rates of prevalence for most neurotic disorders than their white counterparts, while Black adults appeared to have lower rates than both groups but these differences were not statistically significant. *(Table 2.8)*

Figure 2.3 Weekly prevalence of neurotic disorders by sex



The regional variations in the prevalence of neurotic disorders were generally not statistically significant. The highest prevalence of any neurotic disorder occurred in the North West, with 203 cases per 1,000, and was particularly marked among women, 252 cases per 1,000. *(Table 2.9)*

2.3 Personality disorder

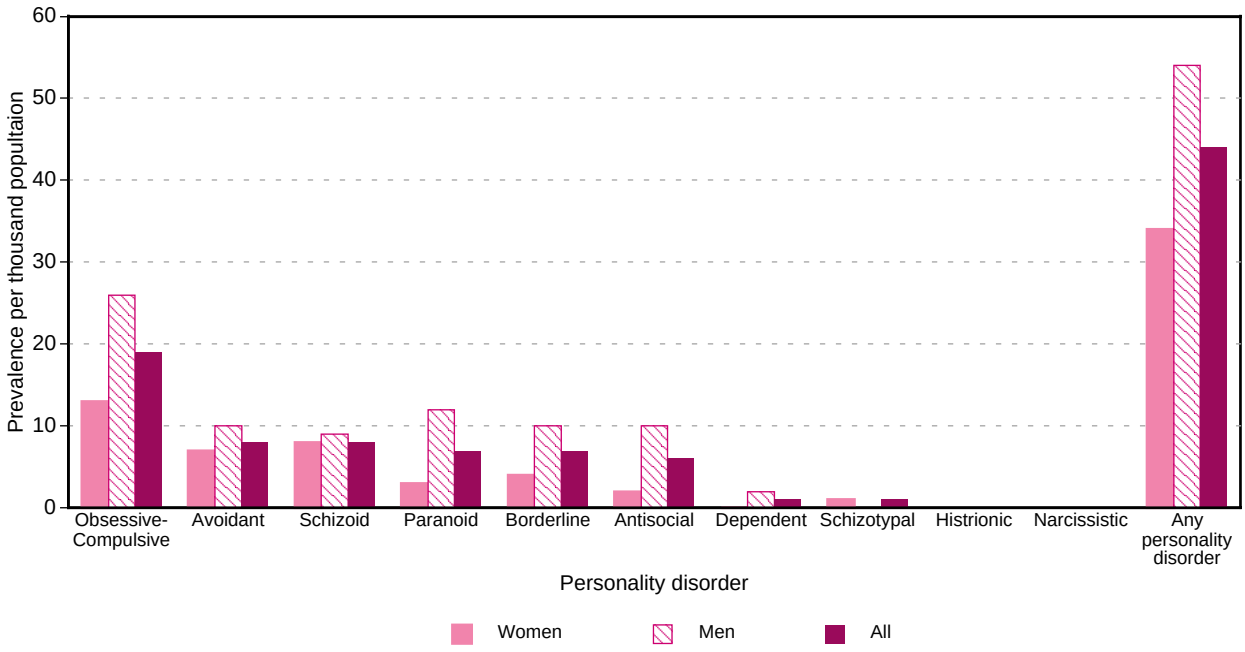
The prevalence rates presented here are based on the results of the second-stage SCID-II clinical interviews which were undertaken by a sub-sample of the people who took part in the initial stage of the survey. The data from this sub-sample have been weighted to take into account non-response at both interview stages and the different sampling fractions used when selecting people for the second stage interviews. Because the prevalence is based on a sub-sample of only 626 interviews, prevalence rates are shown broken down by sex and broad age bands only and not by ethnic group or region.

The prevalence rate for any personality disorder was 54 per 1,000 men and 34 per 1,000 women. Obsessive-compulsive personality disorder had the highest prevalence of any category of personality disorder and was more common among men than women. Among the sub-sample who had a clinical interview, 19 per 1,000 people were assessed as having obsessive-compulsive personality disorder, 26 per 1,000 men and 13 per 1,000 women. The following types of personality disorder were the next most frequently occurring: avoidant, schizoid, borderline, paranoid and anti-social personality disorder. These were assessed as being present in between 6 and 8 cases per 1,000. Paranoid, borderline and anti-social personality disorder all appeared to be more prevalent among men than women but the differences were not statistically significant. The prevalence of dependent and schizotypal personality disorder was very low, only 1 per 1,000 cases, while no cases of histrionic or narcissistic personality disorder were found. *(Table 2.10 and Figure 2.4)*

2.4 Psychotic and severe affective disorders

In the 1993 survey of psychiatric morbidity among adults in private households, psychotic disorder was assessed on the basis of clinical interviews using the Schedule for Clinical Assessment in Neuropsychiatry (SCAN) of a sub-sample of the population who screened positive for possible psychotic disorder. If a SCAN interview could not be conducted, an assessment was made based on an algorithm which used data from the initial interviews. It was assumed that all those who screened negative for psychotic disorder were true negatives. It was felt that the prevalence rates for

Figure 2.4 Prevalence of personality disorder by sex (from clinical interviews)



disorder obtained in this way may have been underestimates as a few cases of psychotic disorder among the screen negative cases might have been missed. In addition, the algorithm used to assign an assessment to those screen positives who did not have a second stage interview might miss people who were not in contact with services because a positive assessment required people to be receiving anti-psychotic medication.

In the 2000 survey, all those who screened positive for psychosis, using a refined screening method, were again eligible for a second stage interview. However, the inclusion of a personality disorder assessment in the second stage interviews meant that some people who screened negative for psychosis but positive for personality disorder received a SCAN assessment. In addition a sample of those who screened negative for both psychosis and personality disorder were also selected for a second interview.

The prevalence rates used in this report have been obtained using a similar approach to that in 1993. For those who screened positive for psychosis the results of the SCAN assessment, if available, is used. For those who did not take part in the second-stage, for whatever reason, an algorithm (based on that developed in the 1997 survey of psychiatric morbidity among prisoners (Singleton *et al*, 1998)) was used to provide an assessment of probable psychosis. Those who screened negative for psychosis were assessed as psychosis negative, regardless of whether or not they had had a second stage SCAN interview. This provides an assessment of probable psychosis for all those who took part in the survey which is used throughout the report.

The reasons for this approach and the implications with respect to the likelihood of underestimating the true prevalence of psychotic disorder are discussed in Appendix B. The prevalence rates obtained using all the second stage interview data are shown in Appendix B and these give an idea of the probable range within which any underestimate might lie.

The prevalence rate for probable psychotic disorder in the year prior to interview was 5 per 1,000. The rate among women was 5 per 1,000 and among men, 6 per 1,000. The pattern of variation in probable psychosis by age appears to show a concentration of cases among those aged between 30 and 54 years of age. However, none of the differences are statistically significant. The highest rates among women was observed in the 40- to 44-year-old age group (12 per 1,000) and for men in the group aged 30 to 34 (13 per 1,000). While cases of probable psychotic disorder were found in nearly all female age groups, observed cases among men were confined to those aged over 30 years. *(Table 2.11 and Figure 2.5)*

The only minority ethnic group among whom probable psychotic disorder was observed was the Black group. Compared to men who classed themselves as White, prevalence of functional psychosis among Black men appeared to be three times greater (6 cases per 1,000 and 18 cases per 1,000 respectively). A similar pattern was found among women. As with all these differences, however, statistical significance was not reached. *(Table 2.12)*

Variation according to region, lacked any consistent pattern and the differences are not large enough to reach statistical significance. *(Table 2.13)*

2.5 Substance misuse and dependence

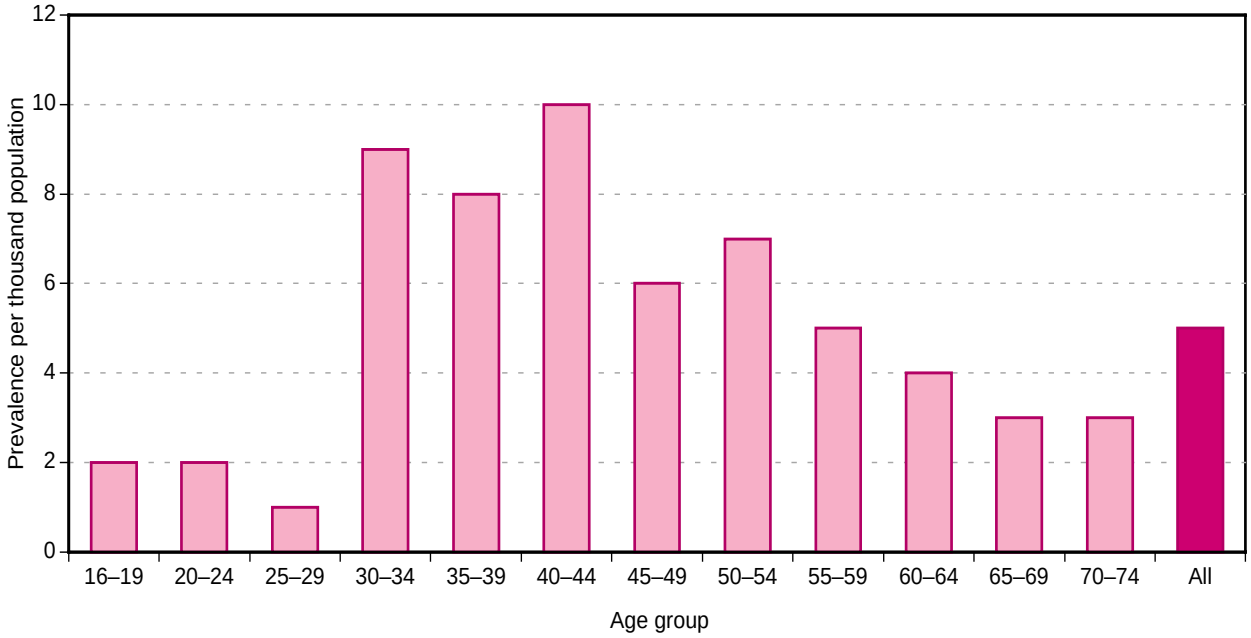
All respondents were asked a series of questions about their use of alcohol and illegal drugs. Those who drank alcohol or used drugs such as cannabis, heroin or cocaine were asked further questions to assess their consumption and possible dependence. This section describes the presence of hazardous drinking and then alcohol dependence, before examining drug use and dependence.

2.5.1 Prevalence of hazardous drinking

The principal instrument used to assess alcohol problems was the Alcohol Use Disorders Identification Test (AUDIT). This measure was developed from a six-country WHO collaborative project and has been shown to be a good indicator of hazardous alcohol use (Saunders *et al,* 1993). It defines hazardous drinking as an established pattern of drinking which brings the risk of physical and psychological harm now or in the future. The year before interview is used as a reference period. The topics covered have been discussed in chapter 1. Answers to all questions are scored from 0 to 4 and then summed to provide a total score ranging from 0 to 40. A total score of 8 or more is the threshold used to provide an assessment of hazardous drinking.

Using the AUDIT, one quarter of informants were assessed as having a hazardous pattern of drinking during the year before interview. As Figure 2.6 shows, prevalence of hazardous drinking in the year before interview was greater among men than women. Overall, 38% of men had an AUDIT score of 8 or more compared with 15% of women. Prevalence of hazardous drinking had a strong negative correlation with age, though there were 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%). The proportions of both men and women who drank hazardously steadily declined thereafter. By the oldest age group, prevalence of hazardous drinking has fallen to 5% for women and 14% among men. *(Table 2.14 and Figure 2.6)*

Figure 2.5 Prevalence of probable pychotic disorder in the past year by age



Also from the AUDIT, 4% of adults had a score of 16 or more suggesting they may be at risk of major harm as a result of their drinking patterns. Variations in the proportion of people with these very high AUDIT scores between sexes and different age groups showed a similar pattern to that found with hazardous drinking. Overall, men were three times more likely than women to have an AUDIT score of 16 or over (6% compared with 2%). The highest proportion of people with AUDIT scores of 16 or more was found among men aged 20 to 24 years (14%).

Respondents who classified themselves as White had higher prevalence rates of hazardous drinking than those in the Black and South Asian groups. Overall, 27% of White adults had an AUDIT score of 8 or more, compared with 18% of Black adults and 8% of South Asian adults. The difference was most marked among men; White men were about twice as likely as Black men, and about four times more likely than South Asian men, to drink hazardously. Differences in the prevalence of hazardous drinking between sexes were found in all ethnic groups. *(Table 2.15)*

In the 10 different areas of Great Britain there was significant variation in the proportions of adults drinking hazardously. The Eastern region had the lowest prevalence of hazardous drinking (20%). The Eastern region also showed the lowest prevalence of hazardous drinking among men (29%), while for women the lowest prevalence rate was found in the South East (11%). Both were significantly different from the Great Britain prevalences. *(Table 2.16)*

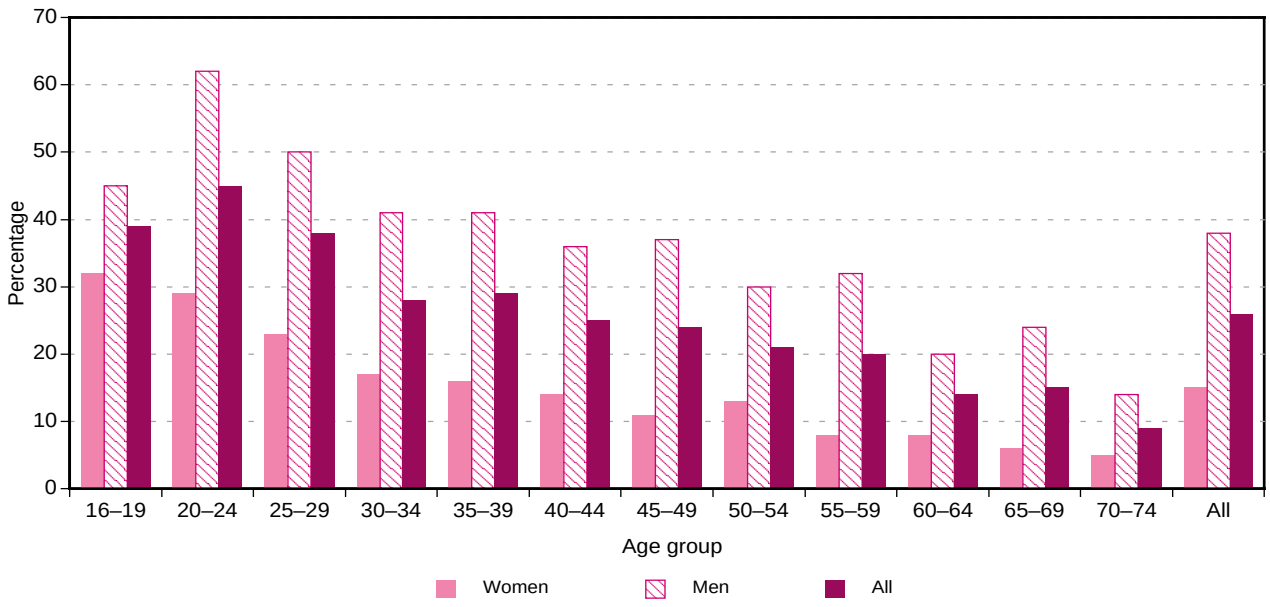
Some regions had rates of hazardous drinking higher than the national average. The proportion of adults with an AUDIT score of 8 or above was 32% in the North West and 31% in Northern and Yorkshire regions, compared with the national average of 26%. *(Table 2.16.)*

2.5.2 Prevalence of alcohol dependence

The prevalence of alcohol dependence in the 6 months before interview was assessed using the Severity of Alcohol Dependence questionnaire (SAD-Q) (Stockwell *et al,* 1983). The SAD-Q was asked of all respondents who had an AUDIT score of 10 or more. A total SAD-Q score of 3 or less indicates no dependence, while a score of four or above suggests some alcohol dependence. Mild dependence is indicated by a score of between 4 and 19, moderate dependence by a score of 20 to 34, and severe dependence by a SAD-Q score of 35 to 60.

Overall, 93% of the surveyed sample showed no alcohol dependence. Some degree of alcohol dependence was found in 74 per 1,000 adults, 119 per 1,000 men and 29 per 1,000 women. The prevalence rate of mild alcohol dependence was 69 per 1,000 among the overall population, 111 per

Figure 2.6 Prevalence of hazardous drinking in the past year by age and sex



1,000 among men and 28 per 1,000 among women. The proportion of men with moderate alcohol dependence was 7 per 1,000 and 1 per 1,000 were assessed as severely dependence. The proportion of women with moderate or severe dependence was 1 per 1,000. *(Table 2.17)*

As would be expected, the variation in alcohol dependence by age and sex was very similar to that found for hazardous drinking. Signs of alcohol dependence were more prevalent among men than women in all age groups, was most prevalent among the young, and tended to decline with age. The largest proportions of women with alcohol dependence were found in those aged 16 to 24 (over 70 per 1,000), and among men, in those between 20 and 24 (244 per 1,000). Though the prevalence of moderate alcohol dependence appeared highest among the youngest group of men (26 per 1,000), the small numbers involved meant this finding did not quite reach statistical significance and all cases of severe dependence were found among people aged over 30. *(Table 2.17)*

The difference in the prevalence of alcohol dependence between men and women was even greater than that for hazardous drinking. Men were four times more likely to be dependent on alcohol and two and half times more likely to drink hazardously than were women.

Because of the relatively small overall prevalence of alcohol dependence, variations between ethnic groups and geographical regions are difficult to interpret. However, when men and women are considered together, White adults had a higher prevalence of alcohol dependence than South Asian adults (75 per 1,000 compared with 25 per 1,000). The prevalence of alcohol dependence appeared higher among White men (over 120 per 1,000) than Black and South Asian men (both about 50 per 1,000), and higher among White women (29 per 1,000) than South Asian women (zero), but these differences were not statistically significant. Among Black women, 68 per 1,000 were assessed as having some degree of alcohol dependence, all mild dependence. This is a higher proportion than found among Black men (54 per 1,000) although the difference is not statistically significant. However, this is unusual as in general women are significantly less likely than men to be assessed as dependent. *(Table 2.18)*

There were no significant variation in alcohol dependence by region. *(Tables 2.19)*

2.5.3 Prevalence of drug use

A number of questions designed to measure drug use were contained in the questionnaire. Information was first collected on all the types of drugs respondents had ever used, and then about drugs used in the previous year. When considering the information presented here on drug use and dependence it must be remembered that a significant proportion of people who use illicit drugs will not be represented in a survey of people living in private households, either because they live in institutions or have no fixed abode or because they are unlikely to respond to surveys. In chapter 3 the prevalence of drug use found in this survey is compared with that obtained by the British Crime Survey, the usual source of information on the prevalence of drug use in England and Wales.

The proportion of respondents who had used illicit drugs at some time in their life was 27%. About one-third of men and one-fifth of women reported that they had done so. Cannabis was the drug that had been used by the largest proportion of respondents (24%), 30% of men and 19% of women). Amphetamines were the next most frequently reported drug (7% overall), followed by magic mushrooms (5%) and cocaine, ecstasy and LSD (all 4%). Among those men and women who had ever used drugs, the relative proportions reporting each type of drug use were similar, with men reporting markedly higher use of each drug type than women. Tranquillisers were the exception, use being reported by the same proportions of men and women (both 3%). *(Table 2.20)*

As would be expected, the proportion of respondents who said they had used illegal drugs in the last year was much lower than the proportion who reported ever using drugs. Overall, 13% of men and 8% of women had used illicit drugs in the year prior to interview. Cannabis remained 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). *(Table 2.21 and Figure 2.7)*

As with hazardous drinking, prevalence of illicit drug use showed a strong negative correlation with age. Prevalence of any illegal drug use in the year prior to interview was highest in the 20- to 24-year-old 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 50 the proportion of adults who reported drug use in the previous year tailed off to between 2% and 1%. *(Table 2.21)*

Prevalence of illegal drug use in the year before interview was lower among South Asian men than those from other ethnic groups. While the proportions of men in the White, Black and Other groups reporting drug use in the previous year were similar, 14%, 12% and 13% respectively, prevalence among South Asian men was lower at 5%. Among women, the trend appeared to be the opposite: South Asian women being slightly more likely to report having taken illicit drugs in the previous year (12%) than either White or Black women (both 8%), but this finding was not statistically significant. *(Table 2.22)*

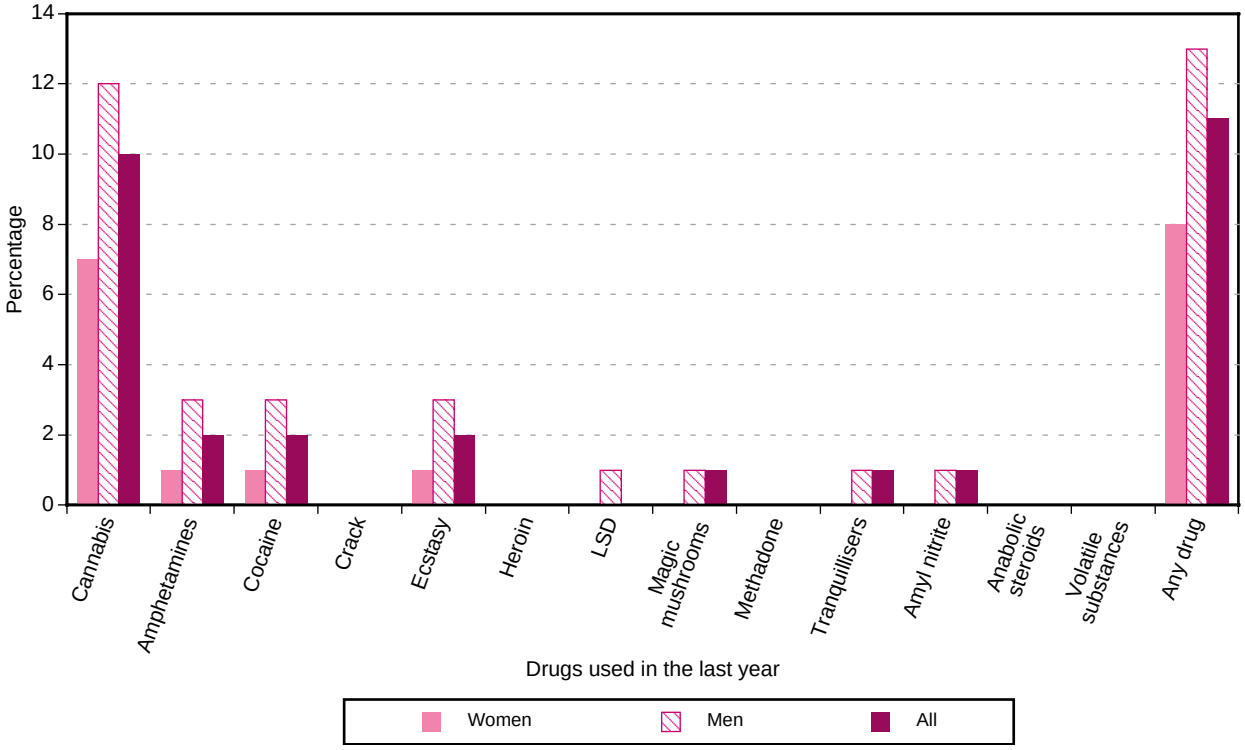
The London region stood out as the region with the highest proportion of people reporting use of illegal drugs in the previous year. The prevalence of illegal drug use was 16% in London, compared with 11% in the Great Britain as a whole. Among women in London the prevalence of illegal drug use in the past year was almost double the national average (15% compared with 8%), while among men the difference was smaller but still statistically significant (18% compared with 13%). There were particularly high proportions of female cannabis and cocaine users in London (14% and 4%) compared with women nationally (7% and 1%). Other regions which appeared to have relatively high prevalence of illegal drug use when compared with the Great Britain average were Scotland (men) and the North West (women), though these differences were not quite large enough to reach statistical significance. *(Table 2.23)*

The smallest proportions of illegal drug users were found among women in the Trent region (3%) and among men in the West Midlands (9%).

2.5.4 Prevalence of drug dependence

Further information about drug use in the year, and month, preceding interview was collected about eight drugs: cannabis, amphetamines, crack, cocaine, ecstasy, tranquillisers, opiates and volatile substances, such as glue. Included in the questions

Figure 2.7 Illicit drug use in the past year by sex



about drug use in the past year and month were five questions to measure drug dependence. The topics covered by these questions have been described in chapter 1. A positive response to any of the five questions was used to indicate drug dependence. Because people could be dependent on more than one drug, they were further grouped into those who were dependent on cannabis only, those who were dependent on another drug (with or without associated dependence on cannabis), and those with no drug dependence.

It should be noted that the threshold for dependence used here is quite low. People who are frequent users (i.e. daily users for a fortnight or more) or who have developed some tolerance for the drug so require more to get the same affect will be assessed as dependent. A large proportion of those assessed as dependent on cannabis and ecstasy had only scored one on the dependence questions. This threshold was used to provide comparability with the 1993 survey but may overestimate dependence on some drugs.

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 of the population. Of these, about two-thirds were dependent on cannabis only, 25 cases per 1,000. The remainder were dependent on other drugs (possibly also with cannabis dependence), 12 cases per 1,000. *(Table 2.24)*

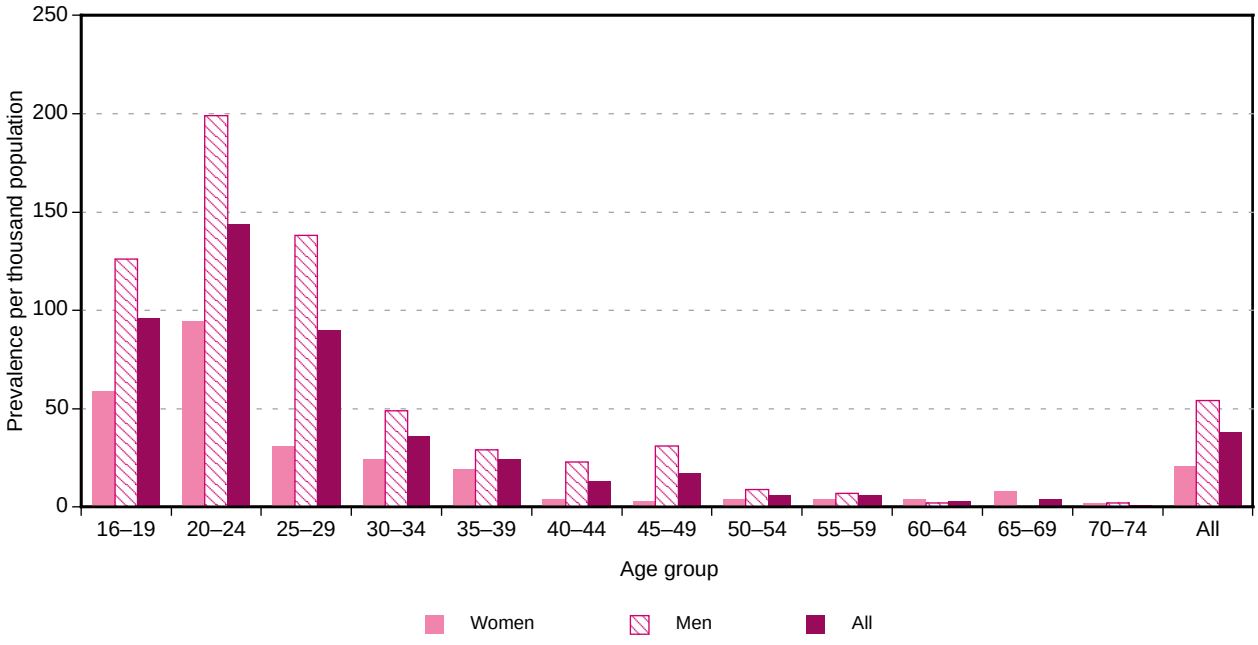
Overall, there were 31 cases of cannabis dependence per 1,000 adults. Cases of dependence on ecstasy (6 per 1,000), amphetamines (4 per 1,000) and cocaine and tranquillisers (2 per 1,000) were the next most commonly recorded. The lowest prevalence rates of one case per 1,000 were recorded for crack cocaine and opiate dependence. Opiates include both heroin and non-prescribed methadone.

Drug dependence of any kind was more common among men (54 cases per 1,000) than among women (21 cases per 1,000). Men were about two and a half times more likely to be drug dependent than were women, both in respect to cannabis dependence and dependence on other drugs.

As with prevalence of drug use, the highest 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). Relatively high rates of dependence were also recorded among men aged 16 to 19 years (126 cases per 1,000) and men between the ages of 25 and 29 (138 cases per 1,000). *(Table 2.24 and Figure 2.8)*

Prevalence of drug dependence in general declined from the age of 25. Among women the sharpest decrease in prevalence rates occurred between the

Figure 2.8 Prevalence of drug dependence in the past year by age and sex



ages of 20 and 30, while among men it occurred a little later between the years of 25 and 35. Specifically, dependence on drugs other than cannabis fell to 5 cases per 1,000 among women aged 25 to 29, and to 2 cases per 1,000 for men aged between 30 and 34. The number of cases of any drug dependence fell to below 10 per 1,000 amongst women over 40 and men over 50 years of age.

Patterns of dependence on different types of drugs again tended to show an inverse correlation with age, though to varying degrees. The most age-variant dependence was found with ecstasy and amphetamines, where almost all cases of dependence occurred between the ages of 16 and 29. Men aged 20 to 24 reported the highest prevalence of ecstasy and amphetamine dependence (54 and 25 cases per 1,000, respectively). Prevalence rates of dependence on tranquillisers showed no overall relationship with age, being most commonly found in younger men and older women. In particular, dependence on tranquillisers was highest among women aged 65 to 69 (8 cases per 1,000), and tranquilliser dependence accounted for 80% of all drug dependence found amongst women over 50. *(Table 2.24)*

There were large apparent variations in drug dependence by ethnicity but these do not reach statistical significance. *(Table 2.25)*

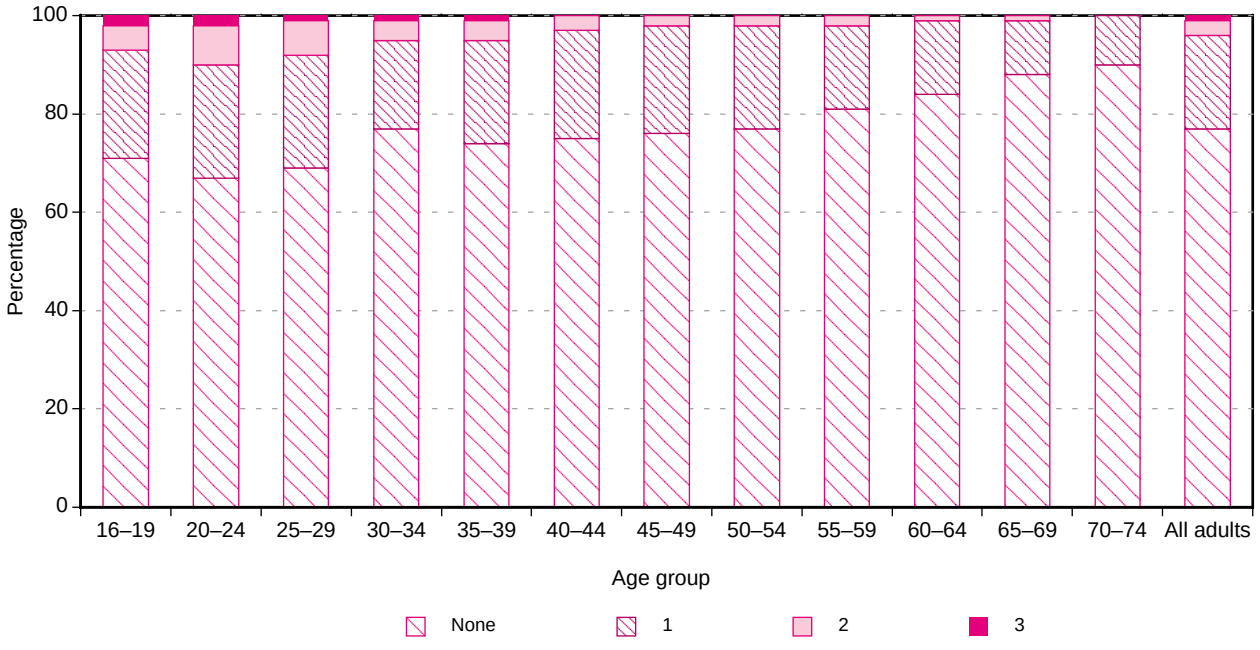
There was some apparent regional variation in drug dependence. Scotland had the highest rates of drug dependence, 60 cases per 1,000. This variation was partly due to higher rates of cannabis dependence: double the Great Britain average for men in Scotland (83 cases per 1,000). Prevalence of drug dependence was also high in London and the North West, but the differences did not quite reach statistical significance. *(Table 2.26)*

2.6 Co-occurrence of disorders

The next section looks at the extent to which neurotic disorder, psychotic disorder, alcohol or drug dependence co-occur among respondents in the survey. A simple count of the number of disorders each person was assessed as having is used for this comparison.

Just over three-quarters of respondents (77%) had none of the 4 disorders. Nearly a fifth (19%) had just one disorder, 3% were assessed has having two disorders, while only 1% had more than two. Slightly fewer women had 2 or more disorders than did men, 2% compared with 6% of men. Older people, both men and women, tended to have fewer disorders than younger people. For example 7% of 16- to 19-year-olds and 10% of those aged 20 to 24 were assessed as having 2 or more disorders compared with 1% or less of those on the over 60

Figure 2.9 Number of mental disorders by age group



age groups. This is likely to be a reflection of the higher rates of drug and alcohol dependence among younger people. *(Table 2.27 and Figure 2.9)*

There were no significant differences between ethnic groups in the proportion of people assessed as having multiple disorders nor between regions. However adults in the North West were most likely to be assessed as having one or more disorders. *(Table 2.28 and 2.29)*

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

	Age												
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	All
	Proportion of adults with a score of 2 or more on each symptom												
Women													
Sleep Problems	36	32	31	30	32	34	36	37	38	35	37	36	34
Fatigue	35	31	33	33	32	37	29	42	30	26	25	26	32
Irritability	35	29	28	28	26	24	19	20	17	12	10	6	22
Worry	28	26	24	21	22	26	22	23	19	18	12	10	21
Depression	16	11	11	14	13	14	9	12	11	7	10	7	12
Concentration and forgetfulness	13	11	9	13	11	12	11	15	9	7	6	6	11
Depressive ideas	20	12	12	12	13	14	9	12	10	7	4	4	11
Anxiety	7	8	10	9	9	11	10	13	11	8	7	6	9
Somatic symptoms	4	9	10	9	10	9	9	10	9	6	5	5	8
Worry–Physical health	8	10	6	7	7	8	5	9	8	7	6	8	7
Obsessions	7	7	10	9	9	9	6	5	4	6	4	6	7
Phobias	8	6	7	7	6	8	3	8	5	4	4	3	6
Compulsions	5	4	5	3	4	5	2	3	3	3	2	3	4
Panic	2	1	2	2	2	4	2	3	2	2	1	1	2
Base	*151*	*258*	*398*	*574*	*564*	*460*	*363*	*435*	*389*	*407*	*373*	*356*	*4728*
Men													
Sleep Problems	23	23	28	22	25	25	27	22	25	23	18	19	24
Fatigue	15	16	27	22	26	24	29	21	23	25	17	17	23
Irritability	15	17	23	19	24	20	23	19	15	14	7	5	18
Worry	11	13	20	21	19	17	21	21	14	13	8	7	17
Depression	8	8	11	7	12	13	15	10	10	13	6	4	10
Concentration and forgetfulness	4	6	9	10	10	10	11	12	9	11	6	6	9
Depressive ideas	7	7	10	8	10	9	10	8	7	8	2	4	8
Anxiety	6	4	8	9	8	10	12	11	6	7	2	3	8
Somatic symptoms	3	1	5	5	6	9	11	7	4	6	3	2	5
Worry–Physical health	4	2	5	6	6	8	10	8	9	10	5	6	7
Obsessions	5	6	5	3	4	3	5	4	4	5	2	2	4
Phobias	5	6	4	4	5	2	4	4	2	2	1	1	3
Compulsions	3	3	2	4	2	2	2	2	2	3	1	1	2
Panic	3	1	2	2	2	2	4	1	2	1	0	0	2
Base	*183*	*202*	*332*	*379*	*442*	*382*	*360*	*387*	*314*	*332*	*295*	*244*	*3852*
All Adults													
Sleep Problems	29	28	29	26	28	29	31	29	32	29	28	28	29
Fatigue	24	24	30	28	29	31	29	32	27	26	21	22	27
Irritability	24	23	25	24	25	22	21	20	16	13	8	6	20
Worry	19	20	22	21	21	22	21	22	16	16	10	9	19
Depression	12	10	11	11	13	14	12	11	10	10	8	5	11
Concentration and forgetfulness	8	8	9	11	11	11	11	13	9	9	6	6	10
Depressive ideas	13	10	11	10	11	11	9	10	9	7	3	4	9
Anxiety	7	6	9	9	9	11	11	12	9	7	4	5	9
Somatic symptoms	3	5	7	7	8	9	10	8	6	6	4	4	7
Worry–Physical health	6	6	6	6	6	8	8	8	8	8	6	7	7
Obsessions	6	7	7	6	6	6	6	4	4	5	3	4	6
Phobias	6	6	5	5	5	5	4	6	3	3	2	2	5
Compulsions	4	4	3	4	3	3	2	3	3	3	2	2	3
Panic	2	1	2	2	2	3	3	2	2	1	1	1	2
Base	*334*	*460*	*730*	*953*	*1006*	*842*	*723*	*822*	*703*	*739*	*668*	*600*	*8580*

Table 2.2 Proportion of adults with a score of two or more on each CIS-R symptom by ethnicity and sex

	Ethnicity				
	White	Black	South Asian*	Other	All
	Proportion of adults with a score of 2 or more on each symptom				
Women					
Sleep Problems	34	29	28	45	34
Fatigue	32	26	32	38	32
Irritability	22	22	26	26	22
Worry	21	21	28	27	21
Depression	11	18	16	17	12
Concentration and Forgetfulness	10	13	13	17	11
Depressive ideas	11	16	17	17	11
Anxiety	9	13	10	9	9
Somatic symptoms	8	14	12	14	8
Worry–Physical health	7	16	11	10	7
Obsessions	7	9	13	3	7
Phobias	6	7	6	5	6
Compulsions	4	6	5	3	4
Panic	2	1	0	3	2
Base	*4456*	*90*	*76*	*76*	*4728*
Men					
Sleep Problems	23	24	31	25	24
Fatigue	22	24	19	32	23
Irritability	18	14	15	26	18
Worry	16	15	24	21	17
Depression	10	8	10	17	10
Concentration and Forgetfulness	9	10	9	12	9
Depressive ideas	8	11	11	9	8
Anxiety	8	5	6	16	8
Somatic symptoms	5	8	3	5	5
Worry–Physical health	6	6	11	13	7
Obsessions	4	4	9	6	4
Phobias	4	2	3	4	3
Compulsions	2	4	2	4	2
Panic	2	0	-	4	2
Base	*3575*	*95*	*66*	*80*	*3852*
All Adults					
Sleep Problems	29	26	29	34	29
Fatigue	27	25	26	35	27
Irritability	20	17	21	26	20
Worry	19	18	26	24	19
Depression	11	12	13	17	11
Concentration and Forgetfulness	10	11	11	15	10
Depressive ideas	9	13	14	12	9
Anxiety	8	8	8	13	9
Somatic symptoms	7	10	8	7	7
Worry–Physical health	7	10	11	12	7
Obsessions	5	6	11	5	6
Phobias	5	4	4	4	5
Compulsions	3	4	3	3	3
Panic	2	1	0	4	2
Base	*8031*	*185*	*142*	*156*	*8514*

* Indian, Pakistani or Bangladeshi.

Table 2.3 Proportion of adults with a score of two or more on each CIS-R symptom by region and sex

	NHS Regional Office area											
	Northern and Yorkshire	Trent	West Midlands	North West	Eastern	London	South East	South West	England	Wales	Scotland	All
	Proportion of adults with a score of 2 or more on each symptom											
Women												
Sleep Problems	33	33	38	40	38	32	32	34	35	36	28	34
Fatigue	33	31	27	37	30	37	32	30	32	37	29	32
Irritability	24	22	22	23	22	25	18	21	22	26	22	22
Worry	19	21	24	24	24	22	20	19	22	22	20	21
Depression	15	13	8	15	12	11	9	10	12	14	10	12
Concentration and Forgetfulness	12	11	8	14	11	10	11	7	11	11	10	11
Depressive ideas	9	16	8	14	10	13	10	9	11	13	9	11
Anxiety	10	10	7	13	10	9	7	10	9	12	8	9
Somatic symptoms	7	9	9	9	6	10	7	10	8	7	8	8
Worry–Physical health	7	7	8	10	7	10	7	5	7	7	6	7
Obsessions	7	7	6	6	7	8	7	7	7	7	6	7
Phobias	6	5	5	6	6	8	5	6	6	8	5	6
Compulsions	3	3	5	5	4	4	3	2	4	3	3	4
Panic	3	1	1	2	3	2	2	1	2	2	3	2
Base	*532*	*418*	*405*	*562*	*437*	*495*	*724*	*435*	*4008*	*214*	*506*	*4728*
Men												
Sleep Problems	30	20	22	28	21	24	21	21	24	26	23	24
Fatigue	24	19	18	25	23	24	23	25	23	22	20	23
Irritability	19	16	17	23	19	18	15	20	18	15	16	18
Worry	17	11	15	17	17	17	16	22	17	18	17	17
Depression	13	8	9	9	10	12	9	13	10	11	9	10
Concentration and Forgetfulness	8	10	8	11	8	9	9	8	9	12	7	9
Depressive ideas	9	5	7	9	7	9	8	7	8	11	7	8
Anxiety	8	4	7	9	8	10	7	11	8	9	6	8
Somatic symptoms	7	4	6	4	8	6	5	6	6	5	4	5
Worry–Physical health	7	6	4	6	8	7	7	6	7	9	5	7
Obsessions	4	4	3	6	4	5	5	2	4	5	2	4
Phobias	4	2	4	4	3	5	4	3	4	3	3	3
Compulsions	4	3	3	2	2	3	1	3	3	2	1	2
Panic	3	0	0	1	2	3	2	2	2	4	3	2
Base	*431*	*333*	*334*	*429*	*392*	*386*	*578*	*356*	*3239*	*198*	*415*	*3852*
All Adults												
Sleep Problems	32	26	30	34	30	28	26	28	29	31	26	29
Fatigue	28	25	22	31	26	31	27	28	27	29	25	27
Irritability	21	19	20	23	21	21	16	21	20	20	19	20
Worry	18	16	19	21	20	20	18	20	19	20	19	19
Depression	14	11	9	12	11	11	9	11	11	13	10	11
Concentration and Forgetfulness	10	10	8	13	10	10	10	8	10	12	8	10
Depressive ideas	9	11	8	11	8	11	9	8	9	12	8	9
Anxiety	9	7	7	11	9	9	7	10	9	10	7	9
Somatic symptoms	7	6	7	7	7	8	6	8	7	6	6	7
Worry–Physical health	7	6	6	8	7	8	7	5	7	8	6	7
Obsessions	6	6	5	6	6	7	6	5	6	6	4	6
Phobias	5	3	4	5	5	6	4	4	5	5	4	5
Compulsions	4	3	4	4	3	4	2	2	3	3	2	3
Panic	3	1	1	2	2	2	2	2	2	3	3	2
Base	*963*	*751*	*739*	*991*	*829*	*881*	*1302*	*791*	*7247*	*412*	*921*	*8580*

Table 2.4 CIS-R score (grouped) by age and sex

	Age												
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	All
CIS-R Score	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*
Women													
0–5	53	60	61	60	62	58	64	57	67	71	73	72	63
6–11	28	19	18	20	20	21	20	20	18	16	15	17	19
Under 12	**81**	**79**	**79**	**80**	**82**	**79**	**84**	**77**	**85**	**87**	**88**	**89**	**82**
12–17	9	11	13	9	9	9	10	13	7	7	7	7	10
18 and over	10	9	8	10	10	12	6	10	8	6	6	4	9
12 and over	**19**	**21**	**21**	**20**	**18**	**21**	**16**	**23**	**15**	**13**	**12**	**11**	**18**
Base	*151*	*258*	*398*	*574*	*564*	*460*	*363*	*435*	*389*	*407*	*373*	*356*	*4728*
Men													
0–5	80	77	66	72	71	70	68	72	74	74	84	85	73
6–11	12	15	20	16	15	16	14	15	13	13	12	9	14
Under 12	**91**	**92**	**86**	**88**	**85**	**85**	**81**	**87**	**87**	**87**	**95**	**94**	**88**
12–17	4	7	8	6	7	9	8	6	6	6	3	4	6
18 and over	5	2	7	6	8	6	11	7	7	7	2	2	6
12 and over	**9**	**8**	**14**	**12**	**15**	**15**	**19**	**13**	**13**	**13**	**5**	**6**	**12**
Base	*183*	*202*	*332*	*379*	*442*	*382*	*360*	*387*	*314*	*332*	*295*	*244*	*3852*
All adults													
0–5	68	68	64	66	66	64	66	64	70	73	78	78	68
6–11	19	17	19	18	17	18	17	18	16	14	13	14	17
Under 12	**87**	**85**	**83**	**84**	**83**	**82**	**83**	**82**	**86**	**87**	**91**	**92**	**85**
12–17	6	9	10	8	8	9	9	10	7	6	5	5	8
18 and over	7	6	8	8	9	9	8	9	7	7	4	3	7
12 and over	**13**	**15**	**17**	**16**	**17**	**18**	**17**	**18**	**14**	**13**	**9**	**8**	**15**
Base	*334*	*460*	*730*	*953*	*1006*	*842*	*723*	*822*	*703*	*739*	*668*	*600*	*8580*

Table 2.5 CIS-R score (grouped) by ethnicity and sex

	Ethnicity				
	White	Black	South Asian*	Other	All
CIS-R Score	*%*	*%*	*%*	*%*	*%*
Women					
0–15	63	61	61	56	63
6–11	19	21	16	20	19
Under 12	**82**	**82**	**77**	**76**	**82**
12–17	10	4	7	11	10
18 and over	8	14	15	13	9
12 and over	**18**	**18**	**23**	**24**	**18**
Base	*4456*	*90*	*76*	*76*	*4728*
Men					
0–5	73	75	73	60	73
6–11	14	14	11	25	14
Under 12	**88**	**89**	**84**	**85**	**88**
12–17	6	6	12	7	6
18 and over	6	6	4	8	6
12 and over	**12**	**11**	**16**	**15**	**12**
Base	*3575*	*95*	*66*	*80*	*3852*
All adults					
0–5	68	69	67	58	68
6–11	17	17	14	23	17
Under 12	**85**	**86**	**81**	**81**	**85**
12–17	8	5	10	9	8
18 and over	7	9	10	10	7
12 and over	**15**	**14**	**19**	**19**	**15**
Base	*8031*	*185*	*142*	*156*	*8580*

* Indian, Pakistani or Bagladeshi.

Table 2.6 CIS-R score (grouped)

by region and sex

	NHS Regional Office area											
	Northern and Yorkshire	Trent	West Midlands	North West	Eastern	London	South East	South West	England	Wales	Scotland	All
CIS-R Score	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*
Women												
0–5	63	61	62	57	62	62	64	67	62	58	67	63
6–11	21	21	23	19	20	17	21	15	20	20	17	19
Under 12	**83**	**82**	**85**	**76**	**82**	**78**	**85**	**83**	**82**	**79**	**85**	**82**
12–17	8	8	10	12	10	12	9	9	10	8	8	10
18 and over	9	10	5	12	9	9	6	8	8	14	8	9
12 and over	**17**	**18**	**15**	**24**	**18**	**22**	**15**	**17**	**18**	**21**	**15**	**18**
Base	*532*	*418*	*405*	*562*	*437*	*495*	*724*	*435*	*4008*	*214*	*506*	*4728*
Men												
0–5	69	78	77	70	75	73	72	71	73	75	76	73
6–11	17	13	13	15	13	15	17	15	15	11	13	14
Under 12	**86**	**91**	**89**	**85**	**88**	**87**	**89**	**86**	**88**	**86**	**90**	**88**
12–17	7	5	6	9	5	4	7	7	6	7	5	6
18 and over	7	5	5	6	7	8	5	7	6	7	5	6
12 and over	**14**	**9**	**11**	**15**	**12**	**13**	**11**	**14**	**12**	**14**	**10**	**12**
Base	*431*	*333*	*334*	*429*	*392*	*386*	*578*	*356*	*3239*	*198*	*415*	*3852*
All adults												
0–5	66	69	69	64	68	67	68	69	67	67	72	68
6–11	19	17	18	17	16	16	19	15	17	15	15	17
Under 12	**85**	**87**	**87**	**80**	**85**	**83**	**87**	**84**	**85**	**82**	**87**	**85**
12–17	8	6	8	11	7	8	8	8	8	8	6	8
18 and over	8	7	5	9	8	9	5	7	7	10	6	7
12 and over	**15**	**13**	**13**	**20**	**15**	**17**	**13**	**16**	**15**	**18**	**13**	**15**
Base	*963*	*751*	*739*	*991*	*829*	*881*	*1302*	*791*	*7247*	*412*	*921*	*8580*

Table 2.7 Prevalence of neurotic disorders by age and sex (rate per thousand population)

	Age												
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	All
	*Rates per thousand in past week**												
Women													
Mixed anxiety and depressive disorder	124	138	131	115	92	127	98	126	75	87	83	68	108
Generalised anxiety disorder	11	18	48	39	54	64	54	73	58	45	37	30	46
Depressive episode	27	35	21	30	39	26	28	33	46	14	10	17	28
All Phobias	21	15	26	22	35	30	22	27	14	16	13	4	22
Obsessive compulsive disorder	9	18	16	13	18	18	15	7	17	15	5	4	13
Panic disorder	6	-	12	6	6	5	9	15	10	-	7	7	7
Any neurotic disorder	**192**	**209**	**216**	**205**	**191**	**229**	**188**	**246**	**176**	**148**	**147**	**119**	**194**
Base	*151*	*258*	*398*	*574*	*564*	*460*	*363*	*435*	*389*	*407*	*373*	*356*	*4728*
Men													
Mixed anxiety and depressive disorder	51	44	93	59	85	89	85	62	61	72	35	41	68
Generalised anxiety disorder	16	11	32	52	53	58	87	59	40	39	14	16	43
Depressive episode	9	8	27	12	36	30	44	32	22	35	2	5	23
All Phobias	6	19	11	18	17	12	28	13	12	12	-	4	13
Obsessive compulsive disorder	9	20	8	8	8	9	10	7	11	12	-	-	9
Panic disorder	5	8	8	8	5	5	11	8	18	4	-	-	7
Any neurotic disorder	**86**	**100**	**152**	**130**	**154**	**162**	**204**	**150**	**134**	**145**	**50**	**66**	**135**
Base	*183*	*202*	*332*	*379*	*442*	*382*	*360*	*387*	*314*	*332*	*295*	*244*	*3852*
All Adults													
Mixed anxiety and depressive disorder	83	94	110	88	89	108	91	95	68	79	60	55	88
Generalised anxiety disorder	14	15	39	45	53	61	71	66	50	42	26	23	44
Depressive episode	17	22	24	22	37	28	36	32	34	24	6	11	26
All Phobias	13	16	18	20	26	21	25	20	13	14	7	4	18
Obsessive compulsive disorder	9	19	12	11	13	13	13	7	14	13	2	2	11
Panic disorder	5	4	9	7	6	5	10	12	14	2	4	4	7
Any neurotic disorder	**133**	**158**	**181**	**169**	**172**	**195**	**197**	**198**	**155**	**146**	**102**	**94**	**164**
Base	*334*	*460*	*730*	*953*	*1006*	*842*	*723*	*822*	*703*	*739*	*668*	*600*	*8580*

* People may have more than one type of disorder.

Table 2.8 Prevalence of neurotic disorders by ethnicity and sex (rate per thousand population)

	Ethnicity				
	White	Black	South Asian*	Other	All
	*Rates per thousand in the past week***				
Women					
Mixed anxiety and depressive disorder	107	82	96	19	108
Generalised anxiety disorder	46	42	70	27	46
Depressive episode	27	28	41	13	28
All Phobias	22	37	23	6	22
Obsessive compulsive disorder	12	44	56	-	13
Panic disorder	7	-	-	21	7
Any neurotic disorder	**192**	**178**	**229**	**249**	**194**
Base	*4456*	*90*	*76*	*76*	*4728*
Men					
Mixed anxiety and depressive disorder	67	69	104	87	68
Generalised anxiety disorder	44	35	14	5	43
Depressive episode	22	26	33	48	23
All Phobias	13	7	14	17	13
Obsessive compulsive disorder	9	-	24	-	9
Panic disorder	7	5	-	13	7
Any neurotic disorder	**134**	**117**	**156**	**167**	**135**
Base	*3575*	*95*	*66*	*80*	*3852*
All Adults					
Mixed anxiety and depressive disorder	87	74	100	134	88
Generalised anxiety disorder	45	38	42	40	44
Depressive episode	25	27	37	32	26
All Phobias	18	19	19	12	18
Obsessive compulsive disorder	10	18	40	-	11
Panic disorder	7	3	-	16	7
Any neurotic disorder	**163**	**141**	**192**	**204**	**164**
Base	*8031*	*185*	*142*	*156*	*8580*

* Indian, Pakistani or Bangladeshi.
** People may have more than one disorder.

Table 2.9 Prevalence of neurotic disorders by region and sex (rate per thousand population)

	NHS Regional Office area											
	Northern and Yorkshire	Trent	West Midlands	North West	Eastern	London	South East	South West	England	Wales	Scotland	All
	*Rates per thousand in past week**											
Women												
Mixed anxiety and depressive disorder	95	96	104	132	119	130	91	100	108	123	92	108
Generalised anxiety disorder	51	46	37	75	44	38	38	40	46	56	42	46
Depressive episode	26	30	23	44	27	32	21	12	27	43	30	28
All Phobias	18	20	17	27	15	30	14	33	22	30	20	22
Obsessive compulsive disorder	13	10	15	20	9	19	9	11	13	25	8	13
Panic disorder	11	7	1	5	15	9	8	2	7	-	8	7
Any neurotic disorder	**180**	**187**	**172**	**252**	**201**	**224**	**163**	**177**	**195**	**230**	**170**	**194**
Base	*532*	*418*	*405*	*562*	*437*	*495*	*724*	*435*	*4008*	*214*	*506*	*4728*
Men												
Mixed anxiety and depressive disorder	78	56	71	88	79	39	67	90	70	75	44	68
Generalised anxiety disorder	47	33	34	51	29	68	36	44	44	45	34	43
Depressive episode	39	18	12	12	30	40	19	15	23	32	19	23
All Phobias	22	8	12	26	17	13	9	4	14	12	7	13
Obsessive compulsive disorder	7	6	3	15	13	12	6	6	9	10	8	9
Panic disorder	8	3	2	1	5	8	7	10	6	11	17	7
Any neurotic disorder	**160**	**103**	**119**	**154**	**138**	**140**	**120**	**156**	**136**	**154**	**109**	**135**
Base	*431*	*333*	*334*	*429*	*392*	*386*	*578*	*356*	*3239*	*198*	*415*	*3852*
All Adults												
Mixed anxiety and depressive disorder	87	76	87	110	99	84	79	95	89	98	68	88
Generalised anxiety disorder	49	39	35	63	37	53	37	42	45	50	38	44
Depressive episode	32	24	18	28	28	36	20	13	25	37	25	26
All Phobias	20	14	14	27	16	21	12	19	18	20	14	18
Obsessive compulsive disorder	10	8	9	18	11	16	8	9	11	17	8	11
Panic disorder	10	5	1	3	10	9	7	6	7	6	12	7
Any neurotic disorder	**170**	**145**	**145**	**203**	**169**	**182**	**142**	**167**	**165**	**190**	**141**	**164**
Base	*963*	*751*	*739*	*991*	*829*	*881*	*1302*	*791*	*7247*	*412*	*921*	*8580*

* People may have more than one disorder.

Table 2.10 Prevalence of personality disorder from clinical interviews by age and sex

	Age			
	16-34	35-54	55-74	All
Type of personality disorder		*Rates per thousand*		
Women				
Obsessive-Compulsive	-	8	37	13
Avoidant	2	15	2	7
Schizoid	6	-	22	8
Paranoid	3	5	-	3
Borderline	5	7	-	4
Antisocial	5	0	-	2
Dependent	-	-	1	0
Schizotypal	1	1	1	1
Histrionic	-	-	-	-
Narcissistic	-	-	-	-
Any personality disorder	**17**	**29**	**63**	**34**
Base	*95*	*158*	*102*	*355*
Men				
Obsessive-Compulsive	22	26	30	26
Avoidant	9	17	-	10
Schizoid	8	2	21	9
Paranoid	9	21	2	12
Borderline	2	24	-	10
Antisocial	8	17	-	10
Dependent	5	-	-	2
Schizotypal	-	0	-	0
Histrionic	-	-	-	-
Narcissistic	-	-	-	-
Any personality disorder	**52**	**58**	**53**	**54**
Base	*72*	*126*	*73*	*271*
All adults				
Obsessive-Compulsive	11	17	34	19
Avoidant	6	16	1	8
Schizoid	7	1	22	8
Paranoid	6	13	1	7
Borderline	3	15	-	7
Antisocial	7	9	-	6
Dependent	3	-	0	1
Schizotypal	1	1	1	1
Histrionic	-	-	-	-
Narcissistic	-	-	-	-
Any personality disorder	**34**	**44**	**58**	**44**
Base	*167*	*284*	*175*	*626*

Table 2.11 Prevalence of probable psychotic disorder

by age and sex

	Age												
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	All
	Rates per thousand in the past year												
Women	5	4	2	4	8	12	6	5	-	1	6	2	5
Men	-	-	-	13	8	7	5	9	10	7	-	4	6
All adults	2	2	1	9	8	10	6	7	5	4	3	3	5
Bases													
Women	*151*	*258*	*398*	*574*	*564*	*460*	*363*	*435*	*389*	*407*	*373*	*356*	*4728*
Men	*183*	*202*	*332*	*379*	*442*	*382*	*360*	*387*	*314*	*332*	*295*	*244*	*3852*
All adults	*334*	*460*	*730*	*953*	*1006*	*842*	*723*	*822*	*703*	*739*	*668*	*600*	*8580*

Table 2.12 Prevalence of probable psychotic disorder

by ethnicity and sex

	Ethnicity				
	White	Black	South Asian*	Other	All
	Rates per thousand in the past year				
Women	5	17	-	-	5
Men	6	18	-	-	6
All adults	5	18	-	-	5
Bases					
Women	*4456*	*90*	*76*	*76*	*4698*
Men	*3575*	*95*	*66*	*80*	*3816*
All adults	*8031*	*185*	*142*	*156*	*8514*

* Indian, Pakistani or Bangladeshi.

Table 2.13 Prevalence of probable psychotic disorder

by region and sex

	NHS Regional Office area											
	Northern and Yorkshire	Trent	West Midlands	North West	Eastern	London	South East	South West	England	Wales	Scotland	All
	Rates per thousand in the past year											
Women	8	11	4	5	6	3	3	-	5	-	9	5
Men	9	9	3	8	2	4	7	3	6	9	2	6
All adults	9	10	3	6	4	4	5	1	5	5	5	5
Bases												
Women	*532*	*418*	*405*	*562*	*437*	*495*	*724*	*435*	*4008*	*214*	*506*	*4728*
Men	*431*	*333*	*334*	*429*	*392*	*386*	*578*	*356*	*3239*	*198*	*415*	*3852*
All adults	*963*	*751*	*739*	*991*	*829*	*881*	*1302*	*791*	*7247*	*412*	*921*	*8580*

Table 2.14 Prevalence of hazardous drinking in the past year by age and sex

	Age												
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	All
AUDIT score	%	%	%	%	%	%	%	%	%	%	%	%	%
Women													
Score: 0–7	68	71	77	83	84	86	89	87	92	92	94	95	85
Score: 8–15	27	24	21	16	14	13	10	12	8	8	6	5	14
Score: 16–40	5	5	2	1	2	1	1	1	-	-	0	-	2
Hazardous drinking (Score 8 and over)	**32**	**29**	**23**	**17**	**16**	**14**	**11**	**13**	**8**	**8**	**6**	**5**	**15**
Mean AUDIT Score	**6**	**6**	**5**	**5**	**4**	**4**	**4**	**4**	**3**	**3**	**3**	**3**	**4**
Base	*151*	*258*	*397*	*571*	*562*	*457*	*363*	*434*	*388*	*403*	*369*	*352*	*4705*
Men													
Score: 0–7	55	38	50	59	59	64	63	70	68	80	76	86	62
Score: 8–15	37	48	40	33	35	32	34	27	29	18	22	13	32
Score: 16–40	8	14	10	7	6	4	3	3	3	2	2	1	6
Hazardous drinking (Score 8 and over)	**45**	**62**	**50**	**41**	**41**	**36**	**37**	**30**	**32**	**20**	**24**	**14**	**38**
Mean AUDIT Score	**8**	**9**	**8**	**7**	**7**	**7**	**6**	**6**	**6**	**5**	**5**	**4**	**7**
Base	*183*	*200*	*332*	*378*	*441*	*380*	*357*	*387*	*314*	*331*	*294*	*236*	*3833*
All Adults													
Score: 0–7	61	55	62	72	71	75	76	79	80	86	85	91	74
Score: 8–15	32	35	32	24	24	22	22	19	18	13	13	9	23
Score: 16–40	6	9	6	4	4	3	2	2	2	1	1	1	4
Hazardous drinking (Score 8 and over)	**39**	**45**	**38**	**28**	**29**	**25**	**24**	**21**	**20**	**14**	**15**	**9**	**26**
Mean AUDIT Score	**7**	**7**	**7**	**6**	**6**	**5**	**5**	**5**	**5**	**4**	**4**	**3**	**5**
Base	*334*	*458*	*729*	*949*	*1003*	*837*	*720*	*821*	*702*	*734*	*663*	*588*	*8538*

Table 2.15 Prevalence of hazardous drinking in the past year by ethnicity and sex

	Ethnicity				
	White	Black	South Asian*	Other	All
AUDIT score	*%*	*%*	*%*	*%*	*%*
Women					
Score: 0–7	84	87	96	91	85
Score: 8–15	14	10	4	7	14
Score: 16–40	2	4	-	2	2
Hazardous drinking (Score 8 and over)	**16**	**13**	**4**	**9**	**15**
Mean AUDIT Score	**4**	**3**	**1**	**3**	**4**
Base	*4441*	*90*	*76*	*76*	*4705*
Men					
Score: 0–7	61	79	89	70	62
Score: 8–15	33	19	7	19	32
Score: 16–40	6	2	3	11	6
Hazardous drinking (Score 8 and over)	**39**	**21**	**11**	**30**	**38**
Mean AUDIT Score	**7**	**5**	**3**	**6**	**7**
Base	*3562*	*95*	*66*	*80*	*3833*
All Adults					
Score: 0–7	73	82	92	80	74
Score: 8–15	24	15	6	14	23
Score: 16–40	4	3	2	7	4
Hazardous drinking (Score 8 and over)	**27**	**18**	**8**	**20**	**26**
Mean AUDIT Score	**6**	**4**	**2**	**5**	**5**
Base	*8003*	*185*	*142*	*156*	*8538*

* Indian, Pakistani or Bangladeshi.

Table 2.16 Prevalence of hazardous drinking in the past year by region and sex

	NHS Regional Office area											
	Northern and Yorkshire	Trent	West Midlands	North West	Eastern	London	South East	South West	England	Wales	Scotland	All
AUDIT score	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*
Women												
Score: 0–7	81	83	86	79	88	84	89	85	84	85	85	85
Score: 8–15	17	16	11	19	11	15	10	14	14	13	13	14
Score: 16–40	2	1	2	2	1	1	1	1	1	1	2	2
Hazardous drinking (Score 8 and over)	**19**	**17**	**14**	**21**	**12**	**16**	**11**	**15**	**16**	**15**	**15**	**15**
Mean AUDIT Score	**5**	**4**	**4**	**5**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**
Base	*530*	*415*	*405*	*559*	*435*	*492*	*721*	*430*	*3987*	*213*	*505*	*4705*
Men												
Score: 0–7	56	66	60	57	71	66	65	66	63	56	59	62
Score: 8–15	37	32	32	39	25	27	29	30	31	40	33	32
Score: 16–40	7	2	8	5	4	7	7	4	5	4	8	6
Hazardous drinking (Score 8 and over)	**44**	**34**	**40**	**43**	**29**	**34**	**35**	**34**	**37**	**44**	**41**	**38**
Mean AUDIT Score	**7**	**6**	**7**	**7**	**6**	**6**	**7**	**6**	**7**	**7**	**7**	**7**
Base	*430*	*332*	*333*	*426*	*387*	*385*	*577*	*354*	*3224*	*195*	*414*	*3833*
All Adults												
Score: 0–7	69	74	73	68	80	75	77	76	74	70	72	74
Score: 8–15	27	24	22	29	18	21	20	22	23	27	23	23
Score: 16–40	5	1	5	3	2	4	4	2	3	3	5	4
Hazardous drinking (Score 8 and over)	**31**	**26**	**27**	**32**	**20**	**25**	**23**	**24**	**26**	**30**	**28**	**26**
Mean AUDIT Score	**6**	**5**	**5**	**6**	**5**	**5**	**5**	**5**	**5**	**6**	**6**	**5**
Base	*960*	*747*	*738*	*985*	*822*	*877*	*1298*	*784*	*7211*	*408*	*919*	*8538*

Table 2.17 Prevalence of alcohol dependence by age and sex (rate per thousand population)

	Age												
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	All
SAD-Q Score	*Rates per thousand in past six months*												
Women													
Score 0–3: No dependence	926	929	947	968	965	978	988	982	993	994	993	1000	971
Score 4–19: Mild dependence	74	71	53	30	33	18	10	18	7	6	7	-	28
Score 20–34: Moderate dependence	-	-	-	2	2	2	-	-	-	-	-	-	1
Score 35–60: Severe dependence	-	-	-	-	-	2	2	-	-	-	-	-	0
Base	*151*	*258*	*397*	*571*	*562*	*457*	*363*	*434*	*388*	*403*	*369*	*352*	*4705*
Men													
Score 0–3: No dependence	810	756	790	887	831	892	935	928	922	973	971	980	881
Score 4–19: Mild dependence	164	237	206	105	158	93	62	63	78	24	29	20	111
Score 20–34: Moderate dependence	26	7	5	6	9	12	3	6	-	2	-	-	7
Score 35–60: Severe dependence	-	-	-	3	3	2	-	3	-	2	-	-	1
Base	*183*	*200*	*332*	*377*	*441*	*380*	*357*	*387*	*313*	*331*	*294*	*236*	*3831*
All Adults													
Score 0–3: No dependence	862	847	861	929	897	935	962	955	958	984	983	991	926
Score 4–19: Mild dependence	124	150	137	66	96	56	36	41	42	14	17	9	69
Score 20–34: Moderate dependence	14	3	3	4	5	7	2	3	-	1	-	-	4
Score 35–60: Severe dependence	-	-	-	1	1	2	1	1	-	1	-	-	1
Base	*334*	*458*	*729*	*948*	*1003*	*837*	*720*	*821*	*701*	*734*	*663*	*588*	*8536*

Table 2.18 Prevalence of alcohol dependence by ethnicity and sex (rate per thousand population)

	Ethnicity				
	White	Black	South Asian*	Other	All
SAD-Q Score	*Rates per thousand in past six months*				
Women					
Score 0–3: No dependence	971	932	1000	977	971
Score 4–19: Mild dependence	28	68	-	23	28
Score 20–34: Moderate dependence	1	-	-	-	1
Score 35–60: Severe dependence	0	-	-	-	0
Base	*4441*	*90*	*76*	*76*	*4705*
Men					
Score 0–3: No dependence	877	946	951	869	881
Score 4–19: Mild dependence	115	54	49	106	111
Score 20–34: Moderate dependence	7	-	-	25	7
Score 35–60: Severe dependence	1	-	-	-	1
Base	*3561*	*95*	*66*	*80*	*3831*
All Adults					
Score 0–3: No dependence	925	940	975	918	926
Score 4–19: Mild dependence	71	60	25	68	69
Score 20–34: Moderate dependence	4	-	-	13	4
Score 35–60: Severe dependence	1	-	-	-	1
Base	*8002*	*185*	*142*	*156*	*8536*

* Indian, Pakistani or Bangladeshi.

Table 2.19 Prevalence of alcohol dependence by region and sex (rate per thousand population)

	NHS Regional Office area											
	Northern and Yorkshire	Trent	West Midlands	North West	Eastern	London	South East	South West	England	Wales	Scotland	All
SAD-Q Score	*Rates per thousand in past six months*											
Women												
Score 0–3: No dependence	967	983	975	964	970	958	975	987	972	981	961	971
Score 4–19: Mild dependence	31	15	25	35	30	40	25	13	27	19	39	28
Score 20–34: Moderate dependence	2	1	-	1	-	1	-	-	1	-	1	1
Score 35–60: Severe dependence	-	-	-	-	-	1	-	-	0	-	2	0
Base	*530*	*415*	*405*	*559*	*435*	*492*	*721*	*430*	*3987*	*213*	*505*	*4705*
Men												
Score 0–3: No dependence	871	907	884	857	920	882	871	906	885	843	868	881
Score 4–19: Mild dependence	117	88	113	134	65	111	123	90	108	154	117	111
Score 20–34: Moderate dependence	7	5	3	7	13	7	6	3	6	-	13	7
Score 35–60: Severe dependence	4	-	-	2	1	1	-	-	1	3	1	1
Base	*430*	*332*	*333*	*426*	*387*	*384*	*577*	*354*	*3223*	*195*	*413*	*3831*
All Adults												
Score 0–3: No dependence	919	945	929	910	945	920	923	948	928	908	916	926
Score 4–19: Mild dependence	74	52	69	84	48	75	74	50	67	91	76	69
Score 20–34: Moderate dependence	4	3	2	4	7	4	3	2	4	-	7	4
Score 35–60: Severe dependence	2	-	-	1	1	1	-	-	1	2	1	1
Base	*960*	*747*	*738*	*985*	*822*	*876*	*1298*	*784*	*7210*	*408*	*918*	*8536*

Table 2.20 Lifetime experience of drug use

by age and sex

	Age												
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	All
	Percentage reporting using each drug												
Women													
Drugs ever used													
Cannabis	34	49	34	27	23	16	14	8	2	2	0	1	19
Amphetamines	10	16	10	6	6	3	3	2	0	1	1	0	5
Cocaine	4	9	6	4	4	3	1	1	0	-	-	-	3
Crack	-	1	0	1	0	0	-	-	-	-	-	-	0
Ecstasy	8	12	7	4	2	1	0	-	-	-	-	-	3
Heroin	1	1	0	0	1	1	0	-	-	-	-	-	0
LSD	0	8	5	3	2	1	2	1	0	-	-	0	2
Magic mushrooms	2	6	7	6	6	3	1	1	-	-	-	-	3
Methadone	-	1	-	0	1	0	0	0	-	-	-	-	0
Tranquillisers	2	4	2	3	3	3	2	4	4	2	2	1	3
Amyl nitrite (poppers)	4	6	7	4	4	1	1	0	-	-	-	-	2
Anabolic steroids	-	-	-	1	0	0	-	-	-	-	0	-	0
Volatile substances	1	2	2	1	0	0	0	-	-	-	-	-	1
Any drug	**37**	**50**	**36**	**31**	**26**	**19**	**17**	**12**	**5**	**4**	**3**	**2**	**21**
Base	*151*	*258*	*396*	*572*	*563*	*457*	*363*	*435*	*387*	*403*	*367*	*352*	*4704*
Men													
Drugs ever used													
Cannabis	37	54	56	49	35	29	23	17	9	6	1	2	30
Amphetamines	11	24	24	17	8	9	4	4	2	-	0	-	10
Cocaine	7	16	20	8	4	4	2	1	1	0	0	-	6
Crack	2	3	2	1	1	1	1	0	1	-	0	-	1
Ecstasy	8	17	19	8	3	1	1	0	-	-	0	-	5
Heroin	2	2	3	1	1	1	1	1	-	-	0	-	1
LSD	7	14	16	9	5	5	5	3	-	0	0	-	6
Magic mushrooms	9	14	19	12	9	7	4	2	1	1	0	-	7
Methadone	2	1	2	1	1	0	1	1	-	-	-	-	1
Tranquillisers	3	5	6	2	4	3	3	2	1	0	1	2	3
Amyl nitrite (poppers)	6	16	16	12	6	5	2	2	1	0	-	-	6
Anabolic steroids	1	3	2	1	1	0	0	0	-	-	-	0	1
Volatile substances	3	4	5	4	2	1	1	-	1	-	-	-	2
Any drug	**38**	**55**	**60**	**53**	**37**	**32**	**27**	**18**	**12**	**7**	**2**	**4**	**32**
Base	*183*	*200*	*332*	*378*	*441*	*381*	*358*	*387*	*314*	*331*	*294*	*239*	*3838*
All adults													
Drugs ever used													
Cannabis	36	52	46	37	29	23	18	13	6	4	1	1	24
Amphetamines	10	20	17	12	7	6	3	3	1	1	0	0	7
Cocaine	6	13	13	6	4	3	2	1	1	0	0	-	4
Crack	1	2	1	1	1	0	0	0	0	-	0	-	1
Ecstasy	8	14	13	6	3	1	1	0	-	-	0	-	4
Heroin	1	1	1	0	1	1	1	0	-	-	0	-	1
LSD	4	11	11	6	4	3	4	2	0	0	0	0	4
Magic mushrooms	6	10	14	9	7	5	3	1	0	1	0	0	5
Methadone	1	1	1	1	1	0	1	1	-	-	-	-	1
Tranquillisers	3	5	4	2	4	3	3	3	2	1	1	1	3
Amyl nitrate (poppers)	5	10	12	8	5	3	1	1	0	0	-	-	4
Anabolic steroids	0	1	1	1	0	0	0	0	-	-	0	0	0
Volatile substances	2	3	4	3	1	1	0	-	0	-	-	-	1
Any drug	**37**	**52**	**49**	**41**	**32**	**25**	**22**	**15**	**8**	**5**	**2**	**3**	**27**
Base	*334*	*458*	*728*	*950*	*1004*	*838*	*721*	*822*	*701*	*734*	*661*	*591*	*8542*

Table 2.21 Illicit drug use in the last year

by age and sex

	Age												
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	All
	Percentage reporting using each drug												
Women													
Drugs used in last year													
Cannabis	20	29	14	9	6	2	2	0	1	-	-	1	7
Amphetamines	6	4	2	1	0	0	-	-	-	-	-	-	1
Cocaine	3	5	2	1	1	-	-	-	-	-	-	-	1
Crack	-	0	0	0	0	-	-	-	-	-	-	-	0
Ecstasy	6	6	3	1	1	-	-	-	-	-	-	-	1
Heroin	1	0	-	0	0	-	-	-	-	-	-	-	0
LSD	-	1	0	-	-	-	-	-	-	-	-	-	0
Magic mushrooms	1	2	1	0	0	-	-	-	-	-	-	-	0
Methadone	-	-	-	0	0	-	-	-	-	-	-	-	0
Tranquillisers	-	-	1	1	1	1	-	0	1	1	1	0	0
Amyl nitrite (poppers)	1	1	1	0	-	-	0	-	-	-	-	-	0
Anabolic steroids	-	-	-	-	-	-	-	-	-	-	-	-	-
Volatile substances	-	0	0	-	-	-	-	-	-	-	-	-	0
Any drug	**22**	**29**	**15**	**9**	**7**	**3**	**3**	**1**	**2**	**1**	**1**	**1**	**8**
Base	*151*	*258*	*396*	*572*	*563*	*457*	*363*	*435*	*387*	*403*	*367*	*352*	*4704*
Men													
Drugs used in last year													
Cannabis	30	36	32	16	9	6	6	1	1	1	1	-	12
Amphetamines	7	8	7	4	1	1	-	1	-	-	-	-	3
Cocaine	4	9	8	5	2	2	0	0	0	-	-	-	3
Crack	1	1	0	0	0	-	0	-	1	-	-	-	0
Ecstasy	6	13	8	3	1	0	-	-	-	-	-	-	3
Heroin	1	1	0	-	1	-	0	-	-	-	-	-	0
LSD	4	3	2	0	-	-	-	-	-	-	-	-	1
Magic mushrooms	3	4	3	0	0	-	-	0	-	-	-	-	1
Methadone	1	1	0	-	0	-	-	-	-	-	-	-	0
Tranquillisers	2	2	1	-	1	-	-	1	-	0	-	1	1
Amyl nitrite (poppers)	2	3	2	1	1	0	0	-	1	-	-	-	1
Anabolic steroids	1	1	1	0	-	-	-	0	-	-	-	-	0
Volatile substances	0	2	-	-	-	-	-	-	-	-	-	-	0
Any drug	**32**	**37**	**34**	**18**	**9**	**7**	**6**	**3**	**2**	**1**	**1**	**1**	**13**
Base	*183*	*200*	*332*	*378*	*441*	*381*	*358*	*387*	*314*	*331*	*294*	*239*	*3838*
All adults													
Drugs used in last year													
Cannabis	25	32	24	12	7	4	4	1	1	0	0	1	10
Amphetamines	7	6	5	3	1	1	-	0	-	-	-	-	2
Cocaine	4	7	5	3	1	1	0	0	0	-	-	-	2
Crack	0	1	0	0	0	-	0	-	0	-	-	-	0
Ecstasy	6	9	6	2	1	0	-	-	-	-	-	-	2
Heroin	1	0	0	0	0	-	0	-	-	-	-	-	0
LSD	2	2	1	0	-	-	-	-	-	-	-	-	0
Magic mushrooms	2	3	2	0	0	-	-	0	-	-	-	-	1
Methadone	0	0	0	0	0	-	-	-	-	-	-	-	0
Tranquillisers	1	1	1	0	1	0	-	1	0	0	0	0	1
Amyl nitrite (poppers)	1	2	1	1	0	0	0	-	0	-	-	-	1
Anabolic steroids	0	0	0	0	-	-	-	0	-	-	-	-	0
Volatile substances	0	1	0	-	-	-	-	-	-	-	-	-	0
Any drug	**28**	**33**	**25**	**13**	**8**	**5**	**4**	**2**	**2**	**1**	**1**	**1**	**11**
Base	*334*	*458*	*728*	*950*	*1004*	*838*	*721*	*822*	*701*	*734*	*661*	*591*	*8542*

Table 2.22 Illicit drug use in the last year by ethnicity and sex

	Ethnicity				
	White	Black	South Asian*	Other	Total
	Percentage reporting using each type of drug				
Women					
Drugs used in last year					
Cannabis	7	8	12	16	7
Amphetamines	1	1	-	-	1
Cocaine	1	-	1	-	1
Crack	0	1	-	-	0
Ecstasy	1	1	4	-	1
Heroin	0	-	-	-	0
LSD	0	-	-	-	0
Magic mushrooms	0	-	-	-	0
Methadone	0	-	-	-	0
Tranquillisers	0	-	-	-	0
Amyl nitrite (poppers)	0	1	-	-	0
Anabolic steroids	-	-	-	-	-
Volatile substances	0	-	-	-	0
Any drug	**8**	**8**	**12**	**16**	**8**
Base	*4443*	*90*	*76*	*75*	*4684*
Men					
Drugs used in last year					
Cannabis	13	12	5	11	12
Amphetamines	3	-	1	5	3
Cocaine	3	1	1	4	3
Crack	0	-	1	3	0
Ecstasy	3	1	1	1	3
Heroin	0	-	1	2	0
LSD	1	-	-	-	1
Magic mushrooms	1	1	-	-	1
Methadone	0	-	1	2	0
Tranquillisers	1	-	1	3	1
Amyl nitrite (poppers)	1	1	-	-	1
Anabolic steroids	0	-	-	-	0
Volatile substances	0	-	-	-	0
Any drug	**14**	**12**	**5**	**13**	**13**
Base	*3568*	*95*	*66*	*79*	*3808*
All adults					
Drugs used in last year					
Cannabis	10	10	9	13	10
Amphetamines	2	1	0	3	2
Cocaine	2	1	1	2	2
Crack	0	1	0	2	0
Ecstasy	2	1	2	0	2
Heroin	0	-	0	1	0
LSD	0	-	-	-	0
Magic mushrooms	1	1	-	-	1
Methadone	0	-	0	1	0
Tranquillisers	1	-	0	2	1
Amyl nitrite (poppers)	1	1	-	-	1
Anabolic steroids	0	-	-	-	0
Volatile substances	0	-	-	-	0
Any drug	**11**	**10**	**9**	**15**	**11**
Base	*8011*	*185*	*142*	*154*	*8492*

* Indiian, Pakistani or Bangladeshi.

Table 2.23 Illicit drug use in the last year by region and sex

	NHS Regional Office area											
	Northern and Yorkshire	Trent	West Midlands	North West	Eastern	London	South East	South West	England	Wales	Scotland	All
	Percentage reporting using each drug											
Women												
Drugs used in last year												
Cannabis	6	3	5	7	8	14	6	6	7	6	7	7
Amphetamines	1	1	1	2	1	1	1	0	1	1	3	1
Cocaine	1	0	-	1	1	4	1	0	1	-	1	1
Crack	0	-	0	-	-	0	0	0	0	-	0	0
Ecstasy	1	1	0	0	1	4	0	1	1	0	2	1
Heroin	0	1	-	0	-	-	-	0	0	-	-	0
LSD	0	-	0	0	0	0	-	-	0	-	0	0
Magic mushrooms	0	0	0	0	0	1	0	1	0	-	1	0
Methadone	0	-	-	-	-	-	-	0	0	-	-	0
Tranquillisers	0	0	-	0	0	1	1	0	0	0	0	0
Amyl nitrite (poppers)	-	0	0	1	-	0	0	-	0	-	0	0
Anabolic steroids	-	-	-	-	-	-	-	-	-	-	-	-
Volatile substances	0	-	-	-	0	-	-	-	0	-	-	0
Any drug	**6**	**3**	**5**	**9**	**8**	**15**	**7**	**6**	**8**	**6**	**8**	**8**
Base	*528*	*415*	*405*	*559*	*435*	*490*	*722*	*432*	*3986*	*213*	*505*	*4704*
Men												
Drugs used in last year												
Cannabis	10	11	8	14	12	16	13	11	12	11	15	12
Amphetamines	3	3	2	2	1	3	4	2	3	1	4	3
Cocaine	2	1	2	2	4	6	3	3	3	2	2	3
Crack	0	0	1	1	-	0	0	-	0	-	-	0
Ecstasy	3	1	3	2	2	5	4	2	3	1	3	3
Heroin	0	0	1	1	-	1	-	-	0	-	-	0
LSD	1	1	1	1	0	1	1	-	1	1	2	1
Magic mushrooms	1	0	0	2	1	1	1	1	1	-	1	1
Methadone	-	0	1	0	-	0	-	-	0	-	-	0
Tranquillisers	1	1	1	1	0	1	0	1	1	-	1	1
Amyl nitrite (poppers)	1	1	1	1	1	0	2	1	1	1	0	1
Anabolic steroids	0	-	1	1	0	-	-	-	0	1	-	0
Volatile substances	-	-	-	1	-	-	0	-	0	-	0	0
Any drug	**11**	**12**	**9**	**14**	**13**	**18**	**13**	**12**	**13**	**11**	**17**	**13**
Base	*430*	*332*	*333*	*427*	*388*	*385*	*578*	*356*	*3229*	*194*	*415*	*3838*
All adults												
Drugs used in last year												
Cannabis	8	7	7	11	10	15	9	8	10	8	11	10
Amphetamines	2	2	1	2	1	2	2	1	2	1	3	2
Cocaine	1	1	1	1	2	5	2	2	2	1	1	2
Crack	0	0	0	0	-	0	0	0	0	-	0	0
Ecstasy	2	1	1	1	2	4	2	2	2	0	3	2
Heroin	0	0	0	0	-	0	-	0	0	-	-	0
LSD	0	0	1	0	0	1	0	-	0	0	1	0
Magic mushrooms	1	0	0	1	0	1	1	1	1	-	1	1
Methadone	0	0	0	0	-	0	-	0	0	-	-	0
Tranquillisers	1	0	0	1	0	1	1	1	1	0	1	1
Amyl nitrite (poppers)	0	0	1	1	0	0	1	1	1	1	0	1
Anabolic steroids	0	-	1	0	0	-	-	-	0	1	-	0
Volatile substances	0	-	-	0	0	-	0	-	0	-	0	0
Any drug	**9**	**8**	**7**	**12**	**11**	**16**	**10**	**9**	**10**	**9**	**12**	**11**
Base	*958*	*747*	*738*	*986*	*823*	*875*	*1300*	*788*	*7215*	*407*	*920*	*8542*

Table 2.24 Prevalence of drug dependence

by age and sex (rate per thousand population)

	Age												
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	All
	Rates per thousand in past year												
Women													
Dependence on...													
Cannabis	42	81	28	21	15	1	3	-	1	-	-	-	16
Amphetamines	16	12	3	1	2	-	-	-	-	-	-	-	3
Cocaine	-	10	-	2	-	-	-	-	-	-	-	-	1
Crack	-	3	-	3	-	-	-	-	-	-	-	-	1
Ecstasy	30	6	3	2	-	-	-	-	-	-	-	-	3
Heroin/Methadone	6	3	-	1	1	-	-	-	-	-	-	-	1
Tranquillisers	-	-	1	4	3	2	-	4	3	4	8	-	2
Volatile substances	-	-	-	-	-	-	-	-	-	-	-	-	-
Cannabis only	18	76	27	16	14	1	3	-	1	-	-	-	14
Other drug(s) with or without cannabis dependence	41	18	5	7	6	2	-	4	3	4	8	-	7
Any drug dependence	**59**	**94**	**31**	**24**	**19**	**4**	**3**	**4**	**4**	**4**	**8**	**-**	**21**
Base	*150*	*258*	*396*	*572*	*563*	*457*	*363*	*435*	*387*	*403*	*367*	*352*	*4703*
Men													
Dependence on...													
Cannabis	107	175	117	49	21	14	31	5	2	2	-	-	46
Amphetamines	12	25	18	-	1	-	-	3	-	-	-	-	5
Cocaine	11	6	8	-	6	9	-	-	-	-	-	-	4
Crack	8	-	-	-	5	-	-	-	5	-	-	-	2
Ecstasy	23	54	27	2	2	-	-	-	-	-	-	-	9
Heroin/Methadone	8	6	2	-	5	-	1	-	-	-	-	-	2
Tranquillisers	4	6	2	-	6	-	-	-	-	-	-	2	2
Volatile substances	2	-	-	-	-	-	-	-	-	-	-	-	0
Cannabis only	77	127	92	48	19	14	29	5	2	2	-	-	37
Other drug(s) with or without cannabis dependence	48	73	46	2	11	9	1	3	5	-	-	2	17
Any drug dependence	**126**	**199**	**138**	**49**	**29**	**23**	**31**	**9**	**7**	**2**	**-**	**2**	**54**
Base	*183*	*200*	*332*	*378*	*441*	*381*	*358*	*387*	*314*	*331*	*294*	*239*	*3838*
All Adults													
Dependence on...													
Cannabis	78	125	77	34	18	8	17	3	2	1	-	-	31
Amphetamines	14	18	11	1	2	-	-	2	-	-	-	-	4
Cocaine	6	8	4	1	3	4	-	-	-	-	-	-	2
Crack	5	2	-	2	2	-	-	-	2	-	-	-	1
Ecstasy	26	29	16	2	1	-	-	-	-	-	-	-	6
Heroin/Methadone	7	4	1	1	3	-	1	-	-	-	-	-	1
Tranquillisers	2	3	2	2	5	1	-	2	1	2	4	1	2
Volatile substances	1	-	-	-	-	-	-	-	-	-	-	-	0
Cannabis only	51	100	62	31	16	8	16	3	2	1	-	-	25
Other drug(s) with or without cannabis dependence	45	44	27	5	8	6	1	3	4	2	4	1	12
Any drug dependence	**96**	**144**	**90**	**36**	**24**	**13**	**17**	**6**	**5**	**3**	**4**	**1**	**37**
Base	*334*	*458*	*728*	*950*	*1004*	*838*	*721*	*822*	*701*	*734*	*661*	*591*	*8542*

Table 2.25 Prevalence of drug dependence

by ethnicity and sex (rate per thousand population)

	Ethnicity				
	White	Black	South Asian*	Other	All
Women	*Rates per thousand in past year*				
Dependence on...					
Cannabis	15	24	28	56	16
Amphetamines	2	15	-	-	3
Cocaine	1	-	-	-	1
Crack	0	14	-	-	1
Ecstasy	3	-	-	-	3
Heroin/Methadone	1	-	-	-	1
Tranquillisers	3	-	-	-	2
Volatile substances	-	-	-	-	-
Cannabis only	13	10	28	56	14
Other drug(s) with or without cannabis dependence	7	29	-	-	8
Any drug dependence	**20**	**39**	**28**	**56**	**21**
Base	*4443*	*90*	*76*	*75*	*4684*
Men					
Dependence on...					
Cannabis	48	31	-	30	46
Amphetamines	6	-	-	-	5
Cocaine	3	-	-	25	4
Crack	1	-	-	25	2
Ecstasy	10	-	-	8	9
Heroin/Methadone	1	-	6	25	2
Tranquillisers	1	-	-	25	2
Volatile substances	0	-	-	-	0
Cannabis only	38	31	-	30	37
Other drug(s) with or without cannabis dependence	17	-	6	33	17
Any drug dependence	**56**	**31**	**6**	**62**	**54**
Base	*3568*	*95*	*66*	*79*	*3808*
All Adults					
Dependence on...					
Cannabis	32	28	14	42	31
Amphetamines	4	6	-	-	4
Cocaine	2	-	-	14	2
Crack	1	6	-	14	1
Ecstasy	6	-	-	5	6
Heroin/Methadone	1	-	3	14	1
Tranquillisers	2	-	-	14	2
Volatile substances	0	-	-	-	0
Cannabis only	25	23	14	42	25
Other drug(s) with or without cannabis dependence	12	11	3	18	12
Any drug dependence	**38**	**34**	**17**	**60**	**38**
Base	*8011*	*185*	*142*	*154*	*8492*

* Indian, Pakistani or Bangladeshi.

Table 2.26 Prevalence of drug dependence

by region and sex (rate per thousand population)

	NHS Regional Office area											
	Northern and Yorkshire	Trent	West Midlands	North West	Eastern	London	South East	South West	England	Wales	Scotland	All
	Rates per thousand in past year											
Women												
Dependence on...												
Cannabis	18	4	1	14	24	46	13	1	16	12	18	16
Amphetamines	1	2	-	4	5	-	2	-	2	3	10	3
Cocaine	1	-	-	4	-	1	1	-	1	-	3	1
Crack	1	-	-	-	-	2	-	-	0	-	3	1
Ecstasy	5	1	-	-	9	2	-	-	2	-	13	3
Heroin/Methadone	1	4	-	3	-	-	-	1	1	-	-	1
Tranquillisers	2	2	-	4	3	4	3	3	3	3	-	2
Volatile substances	-	-	-	-	-	-	-	-	-	-	-	-
Cannabis only	17	-	1	14	16	43	11	1	14	12	11	14
Other drug(s) with or without cannabis dependence	7	10	-	10	12	7	5	4	7	3	16	7
Any drug dependence	**24**	**10**	**1**	**25**	**27**	**50**	**16**	**5**	**21**	**15**	**27**	**21**
Base	*528*	*414*	*405*	*559*	*435*	*490*	*722*	*432*	*3985*	*213*	*505*	*4703*
Men												
Dependence on...												
Cannabis	31	32	30	68	27	37	58	51	43	30	83	46
Amphetamines	7	-	2	1	1	13	8	-	5	-	12	5
Cocaine	-	-	8	-	13	4	7	2	4	-	-	4
Crack	-	-	7	-	-	4	2	-	2	-	-	2
Ecstasy	3	10	10	12	4	5	17	9	9	-	10	9
Heroin/Methadone	1	2	7	4	-	4	-	-	2	-	-	2
Tranquillisers	1	-	-	7	-	4	1	-	2	-	-	2
Volatile substances	-	-	-	-	-	-	-	-	-	-	1	0
Cannabis only	22	27	22	54	23	33	41	39	34	30	72	37
Other drug(s) with or without cannabis dependence	13	12	18	20	19	19	23	11	17	-	22	17
Any drug dependence	**34**	**39**	**40**	**74**	**41**	**52**	**65**	**51**	**51**	**30**	**94**	**54**
Base	*430*	*332*	*333*	*427*	*388*	*385*	*578*	*356*	*3229*	*194*	*415*	*3838*
All Adults												
Dependence on...												
Cannabis	25	18	16	41	26	41	36	25	30	21	50	31
Amphetamines	4	1	1	3	3	7	5	-	3	1	11	4
Cocaine	1	-	4	2	7	3	4	1	3	-	1	2
Crack	1	-	3	-	-	3	1	-	1	-	1	1
Ecstasy	4	6	5	6	7	4	9	5	6	-	11	6
Heroin/Methadone	1	3	3	3	-	2	-	1	2	-	-	1
Tranquillisers	2	1	-	6	1	4	2	1	2	1	-	2
Volatile substances	-	-	-	-	-	-	-	-	-	-	1	0
Cannabis only	19	13	12	34	19	38	26	20	24	21	41	25
Other drug(s) with or without cannabis dependence	10	11	9	15	15	13	14	7	12	1	19	12
Any drug dependence	**29**	**24**	**21**	**49**	**34**	**51**	**41**	**27**	**36**	**23**	**60**	**37**
Base	*958*	*746*	*738*	*986*	*823*	*875*	*1300*	*788*	*7214*	*407*	*920*	*8541*

Table 2.27 Number of mental disorders by age group and sex

	Age												
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	All adults
Number of disorders	%	%	%	%	%	%	%	%	%	%	%	%	%
Women													
None	72	72	75	77	78	75	80	74	82	85	84	88	78
1	24	20	21	20	20	23	19	24	18	14	15	12	19
2	3	6	4	3	3	2	1	1	1	1	1	-	2
3+	1	2	1	0	0	0	-	0	-	-	-	-	0
Base	*151*	*258*	*398*	*574*	*564*	*460*	*363*	*435*	*389*	*407*	*373*	*356*	*4728*
Men													
None	71	60	65	77	71	75	73	79	80	83	93	91	75
1	21	27	23	17	23	20	24	18	17	15	6	8	19
2	6	10	10	4	6	4	3	2	3	1	1	0	5
3+	2	2	2	1	1	1	0	0	-	-	-	-	1
Base	*183*	*202*	*332*	*379*	*442*	*382*	*360*	*387*	*314*	*332*	*295*	*244*	*3852*
All adults													
None	71	67	69	77	74	75	76	77	81	84	88	89	77
1	22	23	22	19	21	22	22	21	17	15	11	10	19
2	5	8	7	4	4	3	2	2	2	1	1	0	3
3+	2	2	1	1	0	0	0	0	-	-	-	-	1
Base	*334*	*460*	*730*	*953*	*1006*	*842*	*723*	*822*	*703*	*739*	*668*	*600*	*8580*

Table 2.28 Number of mental disorders by ethnicity and sex

	Ethnicity				
	White	Black	South Asian*	Other	All adults
Number of disorders	%	%	%	%	%
Women					
None	78	78	77	69	78
1	19	15	20	29	19
2	2	6	3	2	2
3+	0	1	-	-	0
Base	*4456*	*90*	*76*	*76*	*4698*
Men					
None	75	82	83	72	75
1	20	14	13	23	19
2	5	4	4	3	5
3+	1	-	-	2	1
Base	*3575*	*95*	*66*	*80*	*3816*
All adults					
None	77	81	80	71	77
1	19	14	16	25	19
2	3	5	4	3	3
3+	1	1	-	1	1
Base	*8031*	*185*	*142*	*156*	*8514*

* Indian, Pakistani or Bangladeshi.

Table 2.29 Number of mental disorders by region and sex

	NHS Regional Office area											
	Northern and Yorkshire	Trent	West Midlands	North West	Eastern	London	South East	South West	England	Wales	Scotland	All adults
Number of disorders	%	%	%	%	%	%	%	%	%	%	%	%
Women												
None	79	79	81	71	78	74	81	82	78	74	81	78
1	18	19	19	26	19	21	17	18	20	26	15	19
2	3	1	1	2	3	4	1	1	2	0	2	2
3+	0	0	-	0	0	1	0	0	0	-	1	0
Base	*532*	*418*	*405*	*562*	*437*	*495*	*724*	*435*	*4008*	*214*	*506*	*4728*
Men												
None	73	79	77	70	78	75	76	76	75	75	76	75
1	22	18	18	23	18	19	18	20	19	17	18	19
2	4	3	5	5	3	5	6	4	4	8	4	5
3+	1	-	-	2	1	1	1	1	1	1	2	1
Base	*431*	*333*	*334*	*429*	*392*	*386*	*578*	*356*	*3239*	*198*	*415*	*3852*
All adults												
None	76	79	79	71	78	75	78	79	77	74	78	77
1	20	19	18	25	19	20	18	19	20	21	17	19
2	3	2	3	4	3	5	4	2	3	4	3	3
3+	1	0	-	1	0	1	0	1	1	1	2	1
Base	*963*	*751*	*739*	*991*	*829*	*881*	*1302*	*791*	*7247*	*412*	*921*	*8580*

3 Trends in prevalence of mental disorders and substance misuse

3.1 Introduction

This chapter is divided into 4 sections which describe changes in the prevalence of neurotic disorders, functional psychoses, and drug and alcohol dependence between 1993 and 2000.
The 2000 psychiatric morbidity survey is a repeat of the survey carried out in 1993 (Meltzer *et al*, 1994). 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 chapter. The only change to the geographical coverage of the survey was that in 2000 the Highlands and Islands of Scotland were also included in the sample. In the 2000 survey, computer assisted interviewing replaced the paper and pencil questionnaires used in 1993. Hence mode effects and other possible effects arising from developments in survey methodology between 1993 and 2000 are also considered in this chapter.

Section 3.1 describes trends in neurotic symptoms and disorders. The structured instrument used to assess neurosis, the Clinical Interview Schedule – revised version (CIS-R), was employed in both the 1993 and 2000 surveys. Trends in the prevalence of functional psychoses are presented in section 3.2. Although a two stage approach to the assessment of psychotic disorder was used in both 1993 and 2000 there were changes to the screening and sampling procedures for the second stage as well as differences in the types of interviewers used for the second stage SCAN interviewers and in the level of training and supervision provided to them.

Sections 3.3 and 3.4 report trends in drug and alcohol misuse. However, the questions used in 1993 to assess substance misuse differed in a number of respects from those used in the 2000 survey. Where possible, comparisons are made between prevalence rates of substance use and dependence in the two surveys, but these sections are also supplemented by additional data from other surveys.
All sections consider the differences in prevalence over time within broad age groups and for men and women separately.

3.2 Trends in the prevalence of neurotic symptoms and disorders

Neurotic symptoms and disorders in the week preceding interview were assessed using the CIS-R in both the 1993 and 2000 surveys. Data are first presented on the prevalence of 14 neurotic symptoms, and then the distribution of total CIS-R scores, which give an indication of severity of symptoms. Finally, data is presented on the prevalence of six neurotic disorders.

The only change to the questions asked in the CIS-R questionnaire in 2000 compared to that used in 1993 was that the questions on suicidal thoughts and attempts, which in 1993 were only asked of people with symptoms of depression in the past year, were expanded and asked of everyone at the end of the main body of the CIS-R. This approach had been used successfully on the 1997 survey of psychiatric morbidity among prisoners (Singleton *et al*, 1998) and provides a more complete picture of the extent of suicidal ideation among the general population.

The method of administering the questionnaire changed from paper and pencil to computer assisted personal interviewing (CAPI). Computer assisted face-to-face interviewing is used in most major government household surveys, and there are no indications that using a computer disturbs the interviewing situation. By automating the route through the questionnaire, a CAPI system can prevent many interviewer mistakes therefore improving data quality. As a result there may be slightly more complete data in this section in 2000 but the two sets of CIS-R data from 1993 and 2000 are generally comparable.

3.2.1 Neurotic symptoms

The proportions of all adults aged 16 to 64 experiencing neurotic symptoms in 2000 were similar to those found in 1993. The differences in the prevalence of most symptoms were not statistically significant and where significant differences did occur they tended to be relatively small. The largest difference was found with the number of adults reporting sleep problems, the most common type of neurotic symptom. In 1993, 21% of men and 28% of women reported experiencing problems with sleep. In 2000, the equivalent figures were 24% and 34%. Overall, this represents an increase of 4 percentage points in the prevalence of this symptom among the adult population.

As table 3.1 shows, there were also increases in the proportions of adults exhibiting symptoms of depression, poor concentration and forgetfulness, and worry about physical health. The proportion of adults reporting poor concentration increased from 10% to 11% among women, and from 6% to 9% among men between 1993 and 2000. A similar increase was recorded in the proportion of respondents with worries about their physical health. Among both men and women, the proportion experiencing this symptom increased to 7%.

There were differences in the trends in neurotic symptoms between men and women. Although women continued to be more likely to report most neurotic symptoms than men, there was a greater increase in the prevalence of most neurotic symptoms between 1993 and 2000 among men than among women. The proportion of men showing symptoms of depression in 2000 was 11%, an increase of 3 percentage points from 1993. Similarly, the proportion of men with depressive ideas rose by 2 percentage points in 2000 to reach 9%. However, increases in the proportion of women with these symptoms in 2000 were small, around 1%, and did not reach levels of statistical significance. *(Table 3.1)*

No significant differences were found between the 1993 and 2000 prevalence levels of the following symptoms among either men or women; fatigue, irritability, worry, anxiety, phobias and somatic symptoms. While the proportion of women reporting symptoms of panic decreased from 3% in 1993 to 2% in 2000, there was no significant change in the proportion of men experiencing this symptom.

Slightly larger falls were found in the proportions of adults reporting symptoms of either compulsions or obsessions. In 1993, the proportions of men with either obsessive or compulsive symptoms were 7% and 5% respectively. The equivalent figures for 2000 were 5% and 3%. Among women a downward trend in the prevalence of these symptoms was also apparent. In 1993, 8% of women reported having compulsions while 12% mentioned obsessive symptoms. By 2000, the prevalence of these symptoms among women was 4% and 7%.
It was felt that in the 1993 survey the prevalence of obsessions and compulsions was over-estimated. It was apparent that some people misunderstood the questions about repetitive thoughts and activities and mentioned worrying thoughts and necessary actions rather than true obsessions or compulsions. In 2000, an introduction to the section was added to try and make this clearer and interviewer training modified slightly. These changes may have contributed to the reduced reporting of these symptoms in 2000. *(Table 3.1)*

The largest and most widespread increases in the prevalence of neurotic symptoms were found among the middle-aged group of men. Men aged 45 to 54 reported significant increases in the rates of 8 of the 14 neurotic symptoms from 1993 to 2000. This trend was most pronounced in the prevalence of symptoms of irritability, up 6% to 21%, and in symptoms of worry and sleep problems which both increased by 5 percentage points to 21% and 24%, respectively. Prevalence of symptoms of depression, anxiety, and concentration and forgetfulness, were all up 4 percentage points in comparison with 1993 figures, while a rise of 3% occurred in the proportion of these men with worries about their physical health. *(Table 3.1)*

More widely, the prevalence of symptoms of depression increased by about 3 percentage points across all the age bands of men aged 35 to 64. A similar growth in the proportion of men reporting problems with concentration and forgetfulness was found among those aged 25 to 54. However,

beyond these instances, other changes in prevalence rates of symptoms tended to be quite small, particularly among the groups of men aged 16 to 24 and 55 to 64. There were no significant increases in the prevalence of any neurotic symptoms amongst the youngest group.

Less variation by age was apparent in trends of female neurotic symptoms. Significant declines in the proportions of women reporting symptoms of compulsion and obsession were found in all age groups (range 2% to 6%), while most groups showed increases in the reported prevalence of two symptoms, problems with sleep and worries about physical health. For these symptoms the increase was largest among the youngest group of women aged 16 to 24, rising by 7 percentage points for sleep problems and 5% in respect to worries about physical health. Worry about physical health affected nearly 1 in 10 women aged 16 to 24 in 2000, compared with 1 in 20 in 1993. Otherwise, prevalence of most symptoms tended to remain the same across most age groups. *(Table 3.1)*

3.2.2 The distribution of CIS-R scores

The distribution of total CIS-R scores in 2000 was generally very similar to those found in 1993. The proportion of adults with a CIS-R score of 12 or above, indicating significant levels of neurotic symptoms, was 15% in 1993 and 16% in 2000. There was also no significant change in the overall proportion of adults with a total symptom score of 18 or above (7 to 8%), the level which suggests neurotic symptoms likely to require treatment. *(Table 3.2)*

In 2000, women continued to be more likely than men to have a CIS-R score of 12 or above. However, the proportion of women with a total symptom score on or above the threshold score of 12 did not change significantly between 1993 and 2000, while among men there was some change. The overall proportion of men on or above the threshold score of 12 increased by 2 percentage points. Much the largest increase occurred in the group of men aged between 45 and 54 years, where the proportion on or above the threshold score rose 5% above the 1993 rate to reach 16% in 2000. The proportion of men in this group with total symptom scores of 18 or above also increased significantly from 6% to 9%.

In 1993, the men most likely to experience significant levels of neurotic symptoms were the group aged 35 to 44, while in 2000 the most likely group were aged 45 to 54. This could suggest a cohort effect, as the same group of men moves through the age bands. However, the proportion of men aged 35 to 44 on or above the threshold score of 12 also appeared to increase from 1993: from 12% in 1993 to 15% in 2000, though this did not quite reach statistical significance. *(Table 3.2 and Figure 3.1)*

3.2.3 Neurotic disorders

To permit the comparison between 1993 and 2000 presented in this section, the 1993 data has been reanalysed using the same reporting approach as adopted for the 2000 data. In this approach, people can be assessed as having more than one type of disorder. This approach helps to give a fuller picture of the prevalence of more minor disorders. Once again, the analysis only includes adults aged between 16 and 64 years.

There was no significant change in the overall rates for any neurotic disorder for all adults. Table 3.3 shows that 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). As was found with the trend data for neurotic symptoms and total symptom scores in the previous sections, significant changes were small and limited to certain groups.

The only neurotic disorder to show a significant increase in overall prevalence since 1993 was mixed anxiety and depressive disorder, a catch-all category, which can be applied to people with significant neurotic symptoms who do not fulfil the criteria for any of the other five neurotic disorders. In 2000, the prevalence rate for mixed anxiety and depressive disorder was 92 per 1,000 adults, an increase of 14 per 1,000 compared with 1993. The 2000 data also indicated a small decrease in the prevalence of obsessive-compulsive disorder. Among all adults, prevalence of this disorder fell by 4 cases per 1,000 since 1993, to 12 per 1,000 in 2000 but, as noted above, this may reflect the slight change in the way the section was asked. *(Table 3.3)*

The most marked changes in prevalence were again found among the group of middle-aged men. The proportion of men aged 45 to 54 with any neurotic disorder grew from 126 per 1,000 in 1993 to 176 per 1,000 in 2000. Among this group of men, the prevalence of mixed anxiety and depressive order was 40 per 1,000 in 1993 but had increased to 73 per 1,000 in 2000. This group also showed small increases in the prevalence of generalised anxiety disorder (by 18 per 1,000) and depressive episodes (by 12 per 1,000), though these were not statistically significant. The prevalence of mixed anxiety and depressive disorder also increased among men in the younger middle-age group, 35 to 44 years, by 28 per 1,000. *(Table 3.3)*

Most variation in the prevalence of neurotic disorders between 1993 and 2000 among women occurred among the youngest and oldest age groups. An increased prevalence of mixed anxiety and depressive disorder and depressive episodes was found among women aged 55 to 64. In 1993 the prevalence rates for these disorders were 52 and 11 per 1,000 respectively, while the equivalent rates in 2000 were 81 and 30 per 1,000. Among women aged 16 to 24 the proportion with phobias and with generalised anxiety disorder decreased between 1993 and 2000. *(Table 3.3)*

3.3 Trends in prevalence of psychotic and severe affective disorders

As described earlier, a number of changes were made to the way in which the prevalence of psychotic disorders was assessed between the 1993 and 2000 surveys. The criteria used for screening people to select them for a second stage assessment were different, as were the algorithms used to provide an assessment of probable psychosis for those cases who were selected for the second stage but were not interviewed. To permit comparison between the rates obtained in the two years, the 1993 screening approach was applied to the 2000 survey data to identify those people who would have been selected for a second-stage interview in 1993. Those people who screened positive in this way were then given an assessment of psychotic disorder based on SCAN interview data, if it was available, or else by applying the 1993 algorithm (which gave a positive assessment to people who reported a diagnosis or symptoms of psychotic disorder and who were taking anti-psychotic medication). The prevalence rates for psychotic disorder among those aged 16 to 64 years obtained in this way are reported here compared with the results from the 1993 survey.

The overall rate for psychotic disorder was the same in 1993 and 2000: 4 cases per 1,000 adults. While in 2000 the rate for men appeared slightly higher than that for women (5 per 1,000 and 3 per 1,000, respectively) the difference is not statistically significant and is also not significantly different from 1993 when the rate was 4 per 1,000 for both men and women. *(Table 3.4)*

3.4 Trends in prevalence of substance misuse and dependence

This section examines trends in substance misuse and dependence. In the 1993 adult psychiatric morbidity survey a paper and pencil self-administered questionnaire was used to collect information about alcohol and illicit drug use. This allows respondents to record their answers without revealing potentially embarrassing information to the interviewer, or other people. The use of self-administered questionnaires has been shown to provide higher estimates of substance misuse than face to face interviews.

The period since 1993 has seen the development of the computer-assisted self interview (CASI) where respondents read questions from the screen and type their answers into a laptop computer. The use of CASI is itself an improvement on the paper self-administered questionnaire as respondents experience a higher degree of privacy and anonymity, leading to more self-disclosure and less bias toward giving socially desirable answers. Because the computer controls the order of questions and checks that given answers lie within a permissible range, CASI also produces a more consistent data set with reduced non-response to individual questions. CASI was therefore used to assess substance misuse in the 2000 psychiatric survey.

3.4.1 Alcohol dependence

Studying trends in alcohol misuse and dependence between the psychiatric morbidity surveys of 1993

and 2000 is problematic. The first psychiatric survey in 1993 included questions on quantity and frequency of consumption of different types of alcoholic beverage and then focussed on three components of alcohol dependence: loss of control, symptomatic behaviour and binge drinking using questions developed for the US National Alcohol Survey. The survey in 2000 adopted a different approach using the Alcohol Use Disorders Identification Test (AUDIT), which had been used successfully in the 1997 survey of psychiatric morbidity among prisoners, together with the Severity of Alcohol Dependence questionnaire (SAD-Q). The AUDIT was developed from a six-country WHO collaborative project and is an established indicator of hazardous drinking. As its name suggests, the SAD-Q is a measure of alcohol dependence.

Data produced from these two instruments are not easily comparable with data from the 1993 psychiatric survey. Nevertheless, a comparison of the relative prevalence of alcohol dependence between different groups shows a degree of continuity between results from the two surveys. In 1993 men were about three and half times more likely to be alcohol dependant than were women. Using different instruments to assess dependence in 2000 the position appeared to have changed very little, alcohol dependence being four times more common in men.

Alcohol dependence among men remained most common in the group aged between 20 and 24 years, though in 2000 the proportion of men aged 25 to 29 years also assessed as probably dependent on alcohol had relatively increased so the rate was almost as great. Similarly, in both 1993 and 2000, the youngest group of women aged 16 to 19 were most likely to be dependent, but in 2000 very nearly as many women in the group aged 20 to 24 were also assessed as alcohol dependent. Among all adults the shape of the distribution of alcohol dependence was very similar in 1993 and 2000, rising to a peak among respondents in their early twenties and declining steadily thereafter. *(Table 3.5)*

3.4.2 Illicit drug use

As well as the change in mode of interview there were also some changes in the initial questions used to introduce the section and find out if the respondent had ever used illicit drugs. In addition the more detailed questions on drug use and dependence were asked individually about the most common and addictive drugs. This reduces the comparability of the data from the two surveys and must be borne in mind when considering the changes. To provide an indication as to the likely magnitude of any discrepancy caused by these changes and a better time trend, the analysis here includes comparisons with data on drug use from the British Crime Survey where CASI methods have also been used.

In both the psychiatric surveys of 1993 and 2000 respondents were asked which of a list of drugs they had used in the previous year. In 1993, only adults aged between 16 and 64 years of age were interviewed, and only respondents in this age group are included in the data from the 2000 survey shown here. The results are shown in table 3.6 and indicate a considerable increase in the proportions of adults using drugs over the seven-year period.

The proportion of respondents who reported use of any illegal drugs in the year before interview was 5% in 1993, 4% among women and 7% among men. In 2000, the prevalence of self-reported drug use had more than doubled to 12% overall: 9% among women and 15% among men. This increase was mainly due to increases in the proportions of cannabis users, up from 3% to 8% among women, and from 6% to 14% for men. Other drug categories showing overall increased use include ecstasy, tranquillisers, amphetamines and a combined category for cocaine and crack use. *(Table 3.6)*

The results from the 1993 survey should be viewed as a minimum estimate of actual drug use. Greater disclosure of drug use would be expected from respondents using the 2000 CASI instrument than compared with the 1993 paper questionnaire. The largest mode effects tend to occur with the most sensitive items and among the youngest respondents (Wright *et al,* 1998). As young people form much the largest group of drug users the effect may be further amplified in these results.

Consequently, the apparent increases in drug use between 1993 and 2000 may be exaggerated.

A source of corroborating evidence with the 2000 psychiatric survey is the British Crime Survey (BCS). Since 1994, this survey has collected information about illegal drug use and has used CASI administered questions very similar to those in the 2000 psychiatric morbidity questionnaire. The BCS interviews adults aged 16 to 59 living in England and Wales, and only adults in these groups are considered in the following analysis. Inevitably some differences between the surveys, whether in procedure or method, may remain. Caution should therefore be exercised before placing undue weight in apparent differences between the estimates from the BCS and ONS psychiatric survey.

Table 3.7 shows prevalence rates for use of each particular drug and for drug use in general from 1994 to 2000. Data from the 1994, 1996, 1998 and 2000 BCS surveys are included (Ramsay and Percy, 1996; Ramsay and Spiller, 1997; Ramsay and Partridge, 1999, Ramsay *et al*, 2001), together with data from the 2000 psychiatric survey. All these surveys used CASI to collect self-report information. The level of drug use recorded by the 1994 BCS is considerably higher than that in the 1993 psychiatric morbidity survey, and the BCS and 2000 psychiatric data show a more consistent relationship. This suggests that some of the difference in the prevalence of drug use between 1993 and 2000 is due to mode effects. However, after discounting mode effects from the trend data a pattern of increasing drug use can still be seen, but one that is less exaggerated. *(Table 3.7)*

3.4.3 Drug dependence

Five questions to measure dependence on illicit drugs were included in both the 1993 and 2000 psychiatric surveys. A positive response to any of the five questions was used to indicate drug dependence. In 1993 dependence was not reported for individual drugs but the data has been re-analysed here to permit comparison of three different groups of people: those who were dependent on cannabis only, those who were dependent on one or more other drugs (including those also dependent on cannabis), and those with no drug dependence. Only adults aged 16 to 64 are considered in the following analysis. As was the case with prevalence of drug use, 1993 estimates of drug dependence should be regarded as an absolute minimum. The size of apparent differences in the prevalence of drug dependence between 1993 and 2000 may therefore be exaggerated.

Table 3.8 shows the prevalence of drug dependence among men and women in 1993 and 2000. In 1993, indications of drug dependence were identified in 22 per 1,000 adults. In 2000, prevalence was considerably higher, drug dependence being identified in 42 per 1,000 adults aged 16 to 64. The proportions of adults showing evidence of drug dependence approximately doubled over the seven-year period, rising from 29 to 60 per 1,000 men and 15 to 23 per 1,000 women. This increase roughly parallels the increase in reported drug use observed between the 1993 and 2000 surveys and hence may also be partly due to mode effects.

Trends in dependence on cannabis alone were similar between men and women, but trends in dependence on other drugs differed. In 1993 20 per 1,000 men and 8 per 1,000 women were assessed as being dependent on cannabis. In 2000 the equivalent rates were 41 per 1,000 and 16 per 1,000. Among men, dependence on other drugs, with or without cannabis, was found in 9 men per 1,000 in 1993 and rose to 19 per 1,000 in 2000. However, among women this figure remained stable at under 10 per 1,000 in both years. *(Table 3.8)*

Drug dependence remained most common among the youngest age groups. The proportion of adults aged 16 to 24 showing signs of dependence on any drug increased from 69 per 1,000 in 1993 to 122 per 1,000 people in 2000. However, the largest relative increases were found in the group aged between 25 and 34, where the proportion dependent on any drug appeared to triple from 19 per 1,000 in 1993 to 61 per 1,000 in 2000. This increase in dependence between 1993 and 2000 was most pronounced among the men in this age group. In 1993 the proportion of men aged 25 to 34 showing evidence of dependence on cannabis alone was 14 per 1,000, while the proportion dependent on any drug was 22 per 1,000. In 2000, these proportions had increased to 69 per 1,000 for cannabis dependence and 93 per 1,000 for any drug dependence. *(Table 3.8)*

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Table 3.1 Prevalence of neurotic symptoms in 1993[1] and 2000[2] by age and sex (people aged 16 to 64 only)

	Age																	
	16–24			25–34			35–44			45–54			55–64			All		
	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference
	Percentage reporting each symptom																	
Women																		
Sleep problems	27	34	+7 *	25	31	+6 *	27	33	+5 *	32	37	+4	32	36	+4 *	28	34	+6 *
Fatigue	31	33	+2	36	33	-3	33	34	+1	34	36	+2	30	28	-1	33	33	+0
Irritability	32	32	-0	32	28	-4 *	26	26	-1	20	20	-1	12	15	+3	25	24	-1
Worry	25	27	+2	24	22	-1	25	24	-1	22	22	+0	17	18	+1	23	23	+0
Depression	12	13	+1	12	13	+1	11	14	+3	10	10	+0	7	9	+2	11	12	+1
Concentration and forgetfulness	10	12	+2	10	11	+1	10	12	+2	11	13	+3	7	8	+1	10	11	+2 *
Depressive ideas	14	16	+1	12	12	+0	12	13	+2	12	10	-1	6	9	+3 *	11	12	+1
Anxiety	9	8	-2	10	10	-0	11	10	-1	14	11	-2	11	9	-2	11	10	-1
Somatic symptoms	8	7	-1	8	9	+1	11	9	-1	13	10	-3 *	8	8	-1	10	9	-1
Worry about physical health	5	9	+5 *	5	7	+1	4	7	+3 *	5	7	+2	4	7	+3 *	5	7	+3 *
Obsessions	13	7	-6 *	13	9	-4 *	12	9	-4 *	11	6	-5 *	8	5	-3 *	12	7	-4 *
Phobias	10	7	-3	7	7	-0	7	7	-0	5	6	+1	5	4	-1	7	6	-1
Compulsions	10	5	-6 *	8	4	-4 *	7	4	-2 *	7	3	-4 *	6	3	-3 *	8	4	-4 *
Panic	4	1	-3	3	2	-1	4	3	-1	3	2	-1	2	2	-0	3	2	-1 *
Base	*704*	*409*		*1372*	*972*		*1141*	*1024*		*1040*	*798*		*1054*	*796*		*5311*	*3999*	
Men																		
Sleep problems	20	23	+3	20	25	+5 *	22	25	+3	19	24	+5 *	24	24	+0	21	24	+3 *
Fatigue	16	15	-0	22	25	+2	22	25	+3	21	25	+4	23	24	+2	21	23	+2
Irritability	21	16	-5	21	21	-0	21	22	+1	15	21	+6 *	13	15	+2	19	20	+1
Worry	16	12	-3	18	21	+3	20	18	-1	16	21	+5 *	14	13	-0	17	18	+1
Depression	8	8	+0	8	9	+2	9	13	+3 *	9	13	+4 *	8	11	+3 *	8	11	+3
Concentration and forgetfulness	5	5	-0	6	9	+4 *	7	10	+3 *	7	11	+4 *	8	10	+2	6	9	+3 *
Depressive ideas	8	7	-1	6	9	+3 *	7	9	+2	7	9	+3	7	7	-0	7	9	+1 *
Anxiety	6	5	-1	9	9	+0	10	9	-0	8	12	+4 *	8	7	-2	8	9	+0
Somatic symptoms	2	2	+0	5	5	+0	7	7	+1	6	9	+3	7	5	-2	5	6	+1
Worry about physical health	2	3	+1	3	6	+3 *	6	7	+1	6	9	+3 *	7	9	+3	4	7	+2 *
Obsessions	7	6	-2	6	4	-2	8	4	-4 *	7	4	-2	6	4	-1	7	5	-2 *
Phobias	4	5	+1	4	4	-1	3	4	+1	2	4	+2 *	2	2	-0	3	4	+0
Compulsions	7	3	-3 *	5	3	-2 *	4	2	-3 *	4	2	-2 *	4	3	-1	5	3	-2 *
Panic	2	2	+0	2	2	+0	2	2	+0	2	3	+1	1	2	+1	2	2	+0
Base	*614*	*385*		*1189*	*711*		*944*	*824*		*890*	*747*		*839*	*646*		*4526*	*3313*	
All adults																		
Sleep problems	24	28	+5 *	22	28	+5 *	25	29	+4 *	26	30	+4 *	28	30	+3	25	29	+4 *
Fatigue	23	24	+1	29	29	-1	27	30	+2	27	30	+3	26	26	+0	27	28	+1
Irritability	26	23	-3	27	24	-2	24	24	+0	18	20	+3	13	15	+2	22	22	-0
Worry	20	19	-1	21	22	+1	22	21	-1	19	22	+2	15	16	+1	20	20	+0
Depression	10	11	+1	9	11	+1	10	13	+3 *	10	12	+2	8	10	+3 *	10	12	+2 *
Concentration and forgetfulness	7	8	+1	8	10	+3 *	9	11	+2 *	9	12	+3 *	7	9	+2	8	10	+2 *
Depressive ideas	11	11	+0	9	10	+1	9	11	+2	9	10	+1	7	8	+1	9	10	+1 *
Anxiety	8	6	-1	9	9	-0	10	10	-1	11	11	+1	10	8	-2	10	9	-0
Somatic symptoms	5	5	-1	7	7	+0	9	8	-0	10	9	-0	8	6	-1	8	7	-0
Worry about physical health	3	6	+3 *	4	6	+2 *	5	7	+2 *	5	8	+3 *	6	8	+2 *	5	7	+2 *
Obsessions	10	6	-4 *	9	7	-3 *	10	6	-4 *	9	5	-4 *	7	5	-2 *	9	6	-3 *
Phobias	7	6	-1	6	5	-0	5	5	+0	4	5	+1	4	3	-1	5	5	-0
Compulsions	8	4	-4 *	7	4	-3 *	6	3	-2 *	5	2	-3 *	5	3	-2 *	6	3	-3 *
Panic	3	1	-1	3	2	-0	3	2	-0	3	3	-0	2	2	+1	3	2	-0
Base	*1318*	*794*		*2561*	*1683*		*2135*	*1848*		*1930*	*1545*		*1893*	*1442*		*9837*	*7312*	

[1] 1993 Survey of Psychiatric Morbidity among Adults.
[2] 2000 Survey of Psychiatric Morbidity among Adults.
* Difference significant at the 95% level.

Table 3.2 Distribution of CIS-R scores (grouped) in 1993[1] and 2000[2] by age and sex (people aged 16 to 64 only)

	Age																	
	16–24			25–34			35–44			45–54			55–64			All		
	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference
	%	%		%	%		%	%		%	%		%	%		%	%	
Women																		
0-5	56	57	+ 1	56	61	+ 4	58	60	+ 2	61	60	- 1	67	69	+ 2	59	61	+ 2
6–11	26	23	- 3	24	19	- 5 *	23	20	- 3	19	20	+ 1	20	17	- 4	23	20	- 3 *
Under 12	**81**	**80**	**- 1**	**81**	**80**	**- 1**	**81**	**80**	**- 0**	**80**	**80**	**- 0**	**88**	**86**	**- 2**	**82**	**81**	**- 1**
12–17	9	11	+ 2	10	11	+ 0	9	9	+ 0	10	12	+ 2	7	7	+ 0	9	10	+ 1
18 and over	10	9	- 0	9	9	+ 1	11	11	+ 0	10	8	- 2	5	7	+ 1	9	9	+ 0
12 and over	**19**	**20**	**+ 1**	**19**	**20**	**+ 1**	**19**	**20**	**+ 0**	**20**	**20**	**+ 0**	**12**	**14**	**+ 2**	**18**	**19**	**+ 1**
Base	*704*	*409*		*1372*	*972*		*1141*	*1024*		*1040*	*798*		*1054*	*796*		*5311*	*3999*	
Men																		
0–5	74	78	+ 4	72	69	- 3	70	70	- 0	75	70	- 5	74	74	- 0	73	72	- 1
6–11	17	13	- 4	16	18	+ 2	17	15	- 2	14	14	+ 0	14	13	- 1	16	15	- 1
Under 12	**92**	**91**	**- 0**	**88**	**87**	**- 1**	**88**	**85**	**- 3**	**89**	**84**	**- 5 ***	**88**	**87**	**- 1**	**89**	**87**	**- 2**
12–17	5	5	+ 1	7	7	+ 0	5	8	+ 2	5	7	+ 2	6	6	+ 0	6	7	+ 1
18 and over	4	3	- 0	5	6	+ 1	7	7	+ 0	6	9	+ 3 *	6	7	+ 1	5	7	+ 1 *
12 and over	**8**	**9**	**+ 0**	**12**	**13**	**+ 1**	**12**	**15**	**+ 3**	**11**	**16**	**+ 5 ***	**12**	**13**	**+ 1**	**11**	**13**	**+ 2 ***
Base	*614*	*385*		*1189*	*711*		*994*	*824*		*890*	*747*		*839*	*646*		*4526*	*3313*	
All adults																		
0–5	65	68	+ 3	64	65	+ 1	64	65	+ 1	68	65	- 3	71	71	+ 1	66	67	+ 0
6–11	21	18	- 3	20	19	- 2	20	18	- 3	17	17	+ 0	17	15	- 2	19	17	- 2 *
Under 12	**87**	**86**	**- 1**	**85**	**84**	**- 1**	**84**	**83**	**- 1**	**85**	**82**	**- 2**	**88**	**86**	**- 2**	**85**	**84**	**- 1 ***
12–17	7	8	+ 1	9	9	+ 0	7	8	+ 1	7	9	+ 2	6	7	+ 0	7	8	+ 1
18 and over	7	6	- 0	7	8	+ 1	9	9	+ 0	8	9	+ 0	6	7	+ 1	7	8	+ 1
12 and over	**13**	**14**	**+ 1**	**15**	**16**	**+ 1**	**16**	**17**	**+ 1**	**15**	**18**	**+ 2**	**12**	**14**	**+ 2**	**15**	**16**	**+ 1 ***
Base	*1318*	*794*		*2561*	*1683*		*2135*	*1848*		*1930*	*1545*		*1893*	*1442*		*9837*	*7312*	

[1] 1993 Survey of Psychiatric Morbidity among Adults.
[2] 2000 Survey of Psychiatric Morbidity among Adults.
* Difference significant at the 95% level.

Table 3.3 Prevalence of neurotic disorders in 1993[1] and 2000[2] by age and sex (people aged 16 to 64 only)

	Age																	
	16–24			25–34			35–44			45–54			55–64			All		
	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference
	Rate per thousand for each disorder																	
Women																		
Mixed anxiety and depressive disorder	103	132	+30	117	122	+ 5	114	109	- 6	102	113	+ 11	52	81	+ 29*	101	112	+ 11
Generalised anxiety disorder	32	15	- 17*	39	43	+ 4	48	58	+ 10	77	64	- 13	70	52	- 19	52	48	- 4
Depressive episode	33	31	- 1	34	26	- 8	27	33	+ 6	31	30	- 1	11	30	+ 19*	28	30	+ 2
Phobias	42	17	- 24*	26	24	- 2	20	32	+ 12	21	25	+ 4	18	15	- 2	26	24	- 2
Obsessive-compulsive disorder	28	14	- 14	18	14	- 3	23	18	- 5	20	11	- 9	16	16	+ 0	21	15	- 6
Panic disorder	8	3	- 5	12	9	- 3	10	6	- 4	11	12	+1	9	5	- 4	10	7	- 3
Any neurotic disorder	**203**	**202**	**- 1**	**206**	**210**	**+ 4**	**210**	**209**	**- 1**	**214**	**218**	**+ 4**	**149**	**162**	**+ 13**	**199**	**202**	**+ 3**
Base	*704*	*409*		*1372*	*972*		*1141*	*1024*		*1040*	*798*		*1054*	*796*		*5311*	*3999*	
Men																		
Mixed anxiety and depressive disorder	45	47	+ 2	67	75	+ 8	60	87	+ 28 *	40	73	+ 34*	59	66	+ 7	55	72	+ 17*
Generalised anxiety disorder	14	14	+ 0	36	42	+ 6	55	55	+ 1	54	72	+ 18	43	39	- 4	40	46	+ 6
Depressive episode	18	8	- 10	12	19	+ 8	18	33	+ 15	25	38	+ 12	22	28	+ 6	19	26	+ 7*
Phobias	13	12	- 1	13	14	+ 1	8	14	+ 6	16	20	+ 4	12	12	+ 0	13	15	+ 2
Obsessive-compulsive disorder	13	14	+ 1	10	8	- 2	14	8	- 6	15	9	- 6	10	11	+ 1	12	10	- 3
Panic disorder	12	6	- 6	8	8	+ 0	6	5	- 1	13	9	- 3	6	11	+ 5	9	8	- 1
Any neurotic disorder	**102**	**93**	**- 10**	**130**	**141**	**+ 11**	**139**	**158**	**+ 19**	**126**	**176**	**+ 51***	**131**	**140**	**+ 9**	**126**	**144**	**+ 18***
Base	*614*	*385*		*1189*	*711*		*994*	*824*		*890*	*747*		*839*	*646*		*4526*	*3313*	
All adults																		
Mixed anxiety and depressive disorder	73	89	+ 15	92	98	+ 6	88	98	+ 10	71	93	+ 22*	56	74	+ 18	78	92	+ 14*
Generalised anxiety disorder	23	14	- 8	38	42	+ 5	51	57	+ 5	66	68	+ 2	57	46	- 11	46	47	+ 1
Depressive episode	25	20	- 6	23	23	+ 0	23	33	+ 10	28	34	+ 6	17	29	+ 13*	23	28	+ 5
Phobias	27	15	- 12*	20	19	- 1	14	23	+ 9	19	23	+ 4	15	14	- 1	19	19	+ 0
Obsessive-compulsive disorder	21	14	- 7	14	11	- 3	19	13	- 6	17	10	- 8	13	14	+ 1	17	12	- 4*
Panic disorder	10	4	- 5	10	8	- 2	8	5	- 2	12	11	- 1	8	8	+ 0	10	7	- 2
Any neurotic disorder	**152**	**146**	**- 6**	**168**	**175**	**+ 7**	**175**	**183**	**+ 8**	**170**	**197**	**+ 27**	**140**	**151**	**+ 11**	**163**	**173**	**+ 10**
Base	*1318*	*794*		*2561*	*1683*		*2135*	*1848*		*1930*	*1545*		*1893*	*1442*		*9837*	*7312*	

[1] 1993 Survey of Psychiatric Morbidity among Adults.
[2] 2000 Survey of Psychiatric Morbidity among Adults.
* Difference significant at the 95% level.

Table 3.4 Prevalence of psychotic disorder in the past year in 1993[1] and 2000[2]

by sex (people aged 16 to 64 only)

	1993	2000	Difference
	Rate per thousand		
Women	4	3	- 2
Men	4	5	+ 1
All	4	4	- 0
Bases			
Women	*5311*	*3999*	
Men	*4526*	*3313*	
All	*9837*	*7312*	

[1] 1993 Survey of Psychiatric Morbidity among Adults.
[2] 2000 Survey of Psychiatric Morbidity among Adults.

Table 3.5 Comparison of the patterns of alcohol dependence

by age and sex in 1993[1] and 2000[2] (people aged 16 to 64 only)

	Age										
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	All
	Rates per thousand										
1993											
Women	68	45	28	16	24	4	7	14	1	1	21
Men	113	176	115	85	57	53	35	42	8	12	75
All adults	99	110	72	50	40	27	21	28	4	7	47
2000											
Women	74	71	53	32	35	22	12	18	7	6	32
Men	190	244	210	113	169	108	65	72	78	27	130
All adults	138	153	139	71	103	65	38	45	42	16	81
Bases											
1993											
Women	*231*	*473*	*705*	*665*	*607*	*534*	*570*	*469*	*453*	*601*	*5308*
Men	*231*	*383*	*575*	*612*	*533*	*459*	*471*	*419*	*404*	*435*	*4522*
All adults	*452*	*856*	*1280*	*1277*	*1140*	*993*	*1041*	*888*	*857*	*1036*	*9830*
2000											
Women	*151*	*258*	*397*	*571*	*562*	*457*	*363*	*434*	*389*	*403*	*3985*
Men	*183*	*200*	*332*	*377*	*441*	*380*	*357*	*387*	*313*	*331*	*3301*
All adults	*334*	*458*	*729*	*948*	*1003*	*837*	*720*	*821*	*702*	*734*	*7286*

[1] 1993 Survey of Psychiatric Morbidity among Adults using questions from the U.S.National Alcohol Survey.
[2] 2000 Survey of psychiatric Morbidity among Adults using the SAD-Q.

Table 3.6 Prevalence of illicit drug use in the past year in 1993[1] and 2000[2] by sex (people aged 16 to 64 only)

	Women			Men			All adults		
	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference
	Percentage reporting use of each drug in the past year								
Cannabis	3	8	+ 5*	6	14	+7*	5	11	+ 6*
Amphetamines	0	1	+ 1*	2	3	+ 1*	1	2	+ 1*
Cocaine/crack[3]	0	1	+ 1*	0	3	+ 3*	0	2	+ 2*
Ecstasy	0	1	+ 1*	1	3	+ 2*	0	2	+ 2*
LSD/magic mushrooms[3]	0	1	+ 0*	1	1	+ 0	1	1	+ 0*
Tranquillisers	0	0	+ 0	0	1	+ 1*	0	1	+ 0*
Heroin	-	0	+ 0	0	0	+ 0	0	0	+ 0
Volatile substances/amyl nitrate[3]	0	0	+ 0*	0	1	+ 1*	0	1	+ 1*
Methadone and other opiates[4]	0	0	+ 0	0	0	+ 0	0	0	+ 0
Any drug[5]	**4**	**9**	**+ 5***	**7**	**15**	**+ 8***	**5**	**12**	**+ 7***
Base	*5311*	*3985*		*4526*	*3305*		*9837*	*7290*	

[1] 1993 Survey of Psychiatric Morbidity among Adults.
[2] 2000 Survey of Psychiatric Morbidity among Adults.
[3] Acid and magic mushrooms, volatile substances (glue) and amyl nitrate, and cocaine & crack were recorded in the same answer categories in the 1993 survey. In the 2000 survey these answer categories were distinct, but have been combined here to permit comparison.
[4] In the 2000 survey methadone and physeptone were offered as an answer category, where as in 1993 this category also included a range of other non-heroin opiates such as morphine and demerol.
[5] Also includes: sleeping tablets, asked in 1993 only, and anabolic steroids, asked in 2000 only.
* Difference significant at the 95% level.

Table 3.7 Drug use in the past year: 1994, 1996, 1998 and 2000 (people aged 16 to 59 in England and Wales only)

	1994	1996	1998	2000	2000
Source:	BCS[1]	BCS	BCS	BCS	PMA[2]
	Percentage reporting use of each drug in the past year				
Women					
Cannabis	7	7	7	7	9
Amphetamines	2	2	2	1	1
Cocaine	0	0	1	1	1
Crack	0	0	0	0	0
Ecstasy	1	1	1	1	1
Heroin	0	0	0	0	0
LSD	1	0	0	0	0
Magic mushrooms	0	0	0	0	0
Methadone	0	0	0	0	0
Tranquillisers	1	0	1	1	0
Amyl nitrate (poppers)	1	1	1	1	0
Anabolic steroids	0	0	0	0	-
Volatile substances	0	0	0	0	0
Any drug[3]	**8**	**8**	**8**	**8**	**9**
Base	*5200*	*5912*	*5572*	*6957*	*3198*
Men					
Cannabis	10	11	12	12	15
Amphetamines	3	4	3	3	3
Cocaine	0	1	2	3	4
Crack	0	0	0	1	0
Ecstasy	1	2	2	2	3
Heroin	0	0	0	0	0
LSD	2	2	1	1	1
Magic mushrooms	1	1	1	1	1
Methadone	0	0	0	0	0
Tranquillisers	1	0	1	1	1
Amyl nitrate (poppers)	2	2	2	2	1
Anabolic steroids	0	0	0	0	0
Volatile substances	0	0	0	0	0
Any drug[3]	**12**	**13**	**14**	**14**	**16**
Base	*4446*	*5028*	*4416*	*6064*	*2653*
All					
Cannabis	8	9	9	9	12
Amphetamines	2	3	3	2	2
Cocaine	0	1	1	2	2
Crack	0	0	0	0	0
Ecstasy	1	1	1	2	2
Heroin	0	0	0	0	0
LSD	1	1	1	1	0
Magic mushrooms	1	1	1	1	1
Methadone	0	0	0	0	0
Tranquillisers	1	0	1	1	1
Amyl nitrate (poppers)	1	1	1	1	1
Anabolic steroids	0	0	0	0	0
Volatile substances	0	0	0	0	0
Any drug[3]	**10**	**10**	**11**	**11**	**13**
Base	*9646*	*10940*	*9988*	*13021*	*5851*

[1] British Crime Survey. The BCS is conducted in England and Wales amongst adults aged 16 to 59.
[2] 2000 Survey of Psychiatric Morbidity among Adults.
[3] Any drug includes the following drugs presented as answer options in the BCS: smoke unknown; pills unknown; anything else.

Table 3.8 Prevalence of drug dependence in 1993[1] and 2000[2] by age and sex (people aged 16 to 64 only)

	Age																	
	16–24			25–34			35–44			45–54			55–64			All		
	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference	1993	2000	Difference
	Rate per thousand in the past year																	
Women																		
Signs of dependence on....																		
Cannabis only	28	52	+ 24	7	21	+ 14*	3	8	+ 5	10	2	+ 1	-	1	+ 1	8	16	+ 8*
Another drug with or without cannabis	12	28	+ 16	10	6	- 3	5	4	- 1	2	2	+ 0	8	3	- 5	7	8	+ 1
Any drug dependence	**40**	**80**	**+ 40***	**16**	**27**	**+ 11**	**8**	**12**	**+ 4**	**3**	**3**	**+ 1**	**8**	**4**	**- 4**	**15**	**23**	**+ 9***
Base	*704*	*408*		*1372*	*968*		*1141*	*1020*		*1040*	*798*		*1054*	*790*		*5311*	*3984*	
Men																		
Signs of dependence on....																		
Cannabis only	71	102	+ 31	14	69	+ 56*	13	17	+ 3	1	17	+ 16*	1	2	+ 1	20	41	+ 21*
Another drug with or without cannabis	27	60	+ 33*	8	23	+ 15*	2	10	+ 8	3	2	- 0	2	3	+ 0	9	19	+ 10*
Any drug dependence	**98**	**162**	**+ 64***	**22**	**93**	**+ 71***	**15**	**26**	**+ 11**	**3**	**19**	**+ 16***	**3**	**4**	**+ 1**	**29**	**60**	**+ 31***
Base	*614*	*383*		*1189*	*710*		*994*	*822*		*890*	*745*		*839*	*645*		*4526*	*3305*	
All adults																		
Signs of dependence on...																		
Cannabis only	50	77	+ 28*	10	46	+ 35*	8	12	+ 4	1	9	+ 9*	0	1	+ 1	14	28	+ 15*
Another drug with or without cannabis	20	44	+ 25*	9	15	+ 6	3	7	+ 4	3	2	- 0	5	3	- 2	8	13	+ 5*
Any drug dependence	**69**	**122**	**+ 52***	**19**	**61**	**+ 41***	**11**	**19**	**+ 8**	**3**	**11**	**+ 8***	**5**	**4**	**- 1**	**22**	**42**	**+ 20***
Base	*1318*	*791*		*2561*	*1678*		*2135*	*1842*		*1930*	*1543*		*1893*	*1435*		*9837*	*7289*	

[1] 1993 Survey of Psychiatric Morbidity among Adults.
[2] 2000 Survey of Psychiatric Morbidity among Adults.
* Difference significant at the 95% level.

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4 Characteristics of adults with psychiatric disorders

4.1 Introduction

This chapter focuses on individuals who were identified as having one or more neurotic disorders, or alcohol or drug dependence. It shows the associations between the presence of these disorders and key socio-demographic and economic characteristics for those with different types of mental disorder: neurotic disorder, probable psychosis, alcohol or drug dependence. It also examines the relationship between the presence of these disorders and physical complaints. There will be a topic report which will look in detail at personality disorder, which will cover the characteristics of people with this disorder. A report covering in more depth the social and economic circumstances of people with mental disorder is also planned.

In this chapter, the characteristics of people with each type of disorder are shown and the ways in which they differ from the rest of the population highlighted. Only differences which are statistically significant are picked out. However, it should be remembered that, since each disorder is considered separately, those classified as without the disorder in question may have one of the other disorders. Also, many of the characteristics considered may be inter-related, for example age and marital status, so if people with a disorder tend to be younger than those without, they will probably also be less likely to be married. This chapter is limited to a description of the main characteristics of people with disorder and no attempt has been made to identify the relative importance of different characteristics, which will be covered in subsequent publications.

The characteristics covered in this chapter are divided into several groups: personal characteristics, education and employment, and housing and area of residence. The personal characteristics considered are age, sex, ethnicity, marital status, and family unit type. Ethnicity was classified by the respondent, selected from nine groups: White, Black Caribbean, Black African, Black other, Indian, Pakistani, Bangladeshi, Chinese and other. Because most of these groups were very small, they have been regrouped for the purpose of the current analysis, as described in chapter 2, into White, Black, South Asian (Indian, Pakistani and Bangladeshi) and all other groups combined.

Each informant's family unit was classified into one of six family unit types in the same way as in the 1993 survey. 'Couple no children' included married or cohabiting couples without children. 'Couple with child' comprised a married or cohabiting couple living with at least one child from their current or a previous relationship. 'Lone parent' describes a man or woman living with at least one child. The child need not be under eighteen and could be an adult who had never married and has no children. In many cases the family unit and household composition are the same, but this is not necessarily the case. For example, 'One person' does not necessarily imply that the respondent lives alone. It includes those who live alone, but it also includes adults living with a sibling, or grandparents living with their children and their family, as well as those living with unrelated people in shared households. The category 'adult living with parents' would contain the same members as a 'couple with child', except in this case it is the adult son or daughter who is the respondent. Similarly, 'adult living with one parent' covers a similar type of family unit, except that only one parent is present.

Educational level was based on the highest educational qualification obtained. Employment status is categorised into four groups; those working full time (either for themselves or for an employer), those working part time, those who were unemployed, either waiting to take up a job, looking for work or intending to look for work but temporarily unable to do so because of short term illness or injury, and those who are economically inactive – in full time education, long term sick, retired or looking after the family.

Social class was based on the Registrar General's *Standard Occupational Classification,* Volume 3 (OPCS, 1991). It was based on the informant's own occupation. Where the informant was unemployed

or economically inactive at the time of interview, social class was based on the most recent previous occupation.

Intellectual functioning was assessed using the National Adult Reading Test (NART). This is a test of the subject's ability to read and pronounce, correctly, 50 words. All of the words have non-standard pronunciation, and thus the correct pronunciation cannot easily be guessed. The scores on the NART have been converted into predicted WAIS-R verbal IQ ratings, which are presented in this chapter, using the algorithm recommended in section 2 of the NART test manual (Nelson and Willison, 1991).

4.2 Characteristics of people with neurotic disorders

This section examines the characteristics of respondents with and without neurotic disorders. The disorders considered are based on ICD-10 categories of diagnosis (World Health Organisation, 1992) and relate to symptoms experienced by respondents in the week before interview. They consist of depressive episodes and disorders (mild, moderate and severe), phobias, panic disorders, generalised anxiety disorder, mixed anxiety and depressive disorder and obsessive compulsive disorder. People could have more than one disorder, and hence many appear in more than one category.

4.2.1 Personal characteristics

Seventeen per cent of respondents were assessed as having one or more of the neurotic disorders listed above in the week before interview. Compared with people with no neurotic disorder, those with **a neurotic disorder** were *more likely* to be:

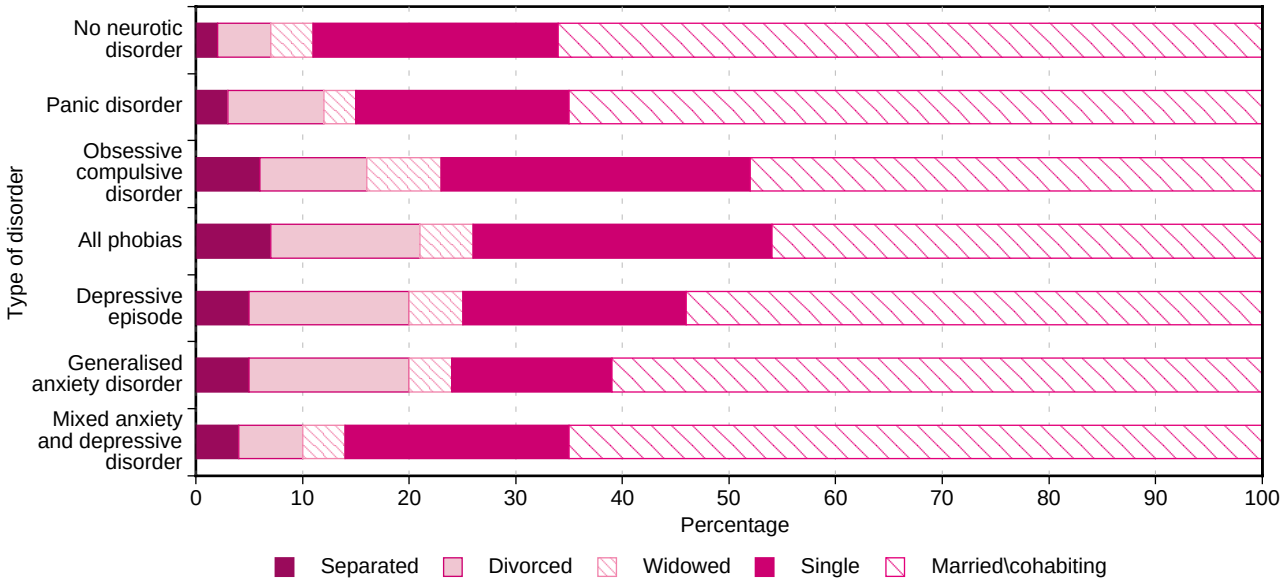
- women (59% compared with 48% of those without a disorder);
- aged between 35 and 54 (45% compared with 38%);
- separated or divorced (14% compared with 7%); and
- living as a one person family unit (20% compared with 16%) or as a lone parent (9% compared with 4%).

They were *less likely* to be:

- aged between 65 and 74 (7% compared with 12%); and
- married or cohabiting (62% compared with 67%).

When men and women are considered separately, a similar pattern is seen for women as for both sexes combined. Men with neurotic disorders were less likely than those without to be aged between 16 and 24, 11% compared with 16%. Men with neurotic disorders were also less likely than those without to be single, 21% compared with 27%. Neither of these differences was found for women. *(Table 4.1 and Figure 4.1)*

Figure 4.1 Marital status of people with different types of neurotic disorder



Generalised anxiety disorder affected 5% of adults in the week before interview. Compared with adults with no neurotic disorder, those with generalised anxiety disorder were *more likely* to be:

- aged between 35 and 54 (55% compared with 38%);
- divorced or separated (20% compared with 7%); and
- living as a one person family unit (22% compared with 16%) or as a lone parent (11% compared with 4%).

They were *less likely* to be:

- aged between 16 and 24 (5% compared with 15%) or between 65 and 74 (6% compared with 12%); and
- married or cohabiting (61% compared with 67%).

Women with generalised anxiety disorder were particularly likely to be living as lone parents, 17% compared with 8% among women with no neurotic disorder. Men with generalised anxiety disorder were less likely than those with no neurotic disorder to be single, 19% compared with 27%. (*Table 4.1 and Figure 4.1*)

Three per cent of adults were assessed as having a **depressive episode or disorder** in the week before interview. Compared with adults with no neurotic disorder, those who had had a depressive episode were *more likely* to be:

- aged between 35 and 54 (51% compared with 38%);
- divorced or separated (20% compared with 7%); and
- living as a one person family unit (28% compared with 16%) or as a lone parent (11% compared with 4%).

They were *less likely* to be:

- aged between 65 and 74 (4% compared with 12%);
- married or cohabiting (54% compared with 67%); and
- living as a couple without children (21% compared with 32%).

In general, this pattern was similar for both men and women. Men with depressive episode were less likely to be aged between 16 and 24, 5% compared with 16% without a disorder, but this was not true for women. Women with a depressive episode were more likely to be lone parents than those with no neurotic disorder, 17% compared with 8%. (*Table 4.1*)

Two per cent of adults had experienced **a phobia** in the week before interview. Compared with people with no neurotic disorder, those with a phobia were *more likely* to be:

- women (62% compared with 48%);
- aged between 35 and 54 (50% compared with 38%);
- separated or divorced (21% compared with 7%); and
- living as a one person family unit (29% compared with 16%) or as a lone parent (12% compared with 4%).

They were *less likely* to be:

- aged 65 to 74 (4% compared with 12%); and
- married or cohabiting (47% compared with 67%).

Men with phobias were no more likely than those without to be lone parents, whereas among women with phobias, 19% were lone parents, compared with 8% of women without phobias. (*Table 4.1*)

Obsessive compulsive disorders were found in only one per cent of respondents. Compared with people with no neurotic disorder, those with obsessive compulsive disorder were *more likely* to be:

- women (61% compared with 48% of those without any disorder);
- divorced or separated (16% compared with 7%); and
- living in a one person family unit (36% compared with 16%).

They were *less likely* than those with no neurotic disorder to be:

- aged 65 to 74 years (2% compared with 12% with no disorder); and
- married or cohabiting (48% compared with 67%).

One per cent of adults were assessed as having a panic disorder. The base for people with panic disorder was very small, and therefore no differences reached the level of statistical significance. However, this disorder was notable in

that it was equally likely to occur in men and women, whereas all other disorders, occurred more frequently in women. (*Table 4.1*)

The largest proportion of adults with any disorder was those with **mixed anxiety and depressive disorder**, at 9%. The personal characteristics of people in this group were found to be very similar to those with any neurotic disorder, and are not reported separately here. (*Table 4.1*)

4.2.2 Education and employment

This section examines the relationship between educational attainment, intellectual functioning and social class and employment status and neurotic disorders.

People with a neurotic disorder were *more likely* than those without:

- to have no formal educational qualifications, 31% compared with 27%. There was no difference in terms of educational qualifications between women with and without neurotic disorders. Among men however, 29% of those with neurotic disorders had no qualifications, compared with 24% of those without;
- to have a predicted IQ of less than 90, 26% compared with 20%. This relationship held for both men and women;
- to come from Social Class V (7% compared with 5%), and conversely, a little less likely to come from Social Class I, (3% compared with 5%); and
- to be economically inactive. 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. The relationship was found to hold for both men and women.

Respondents with **panic disorder** were *more likely* than those without

- to have no educational qualifications (44% compared with 27%).

Respondents with **phobias** were *more likely* than those without neurotic disorders to:

- have no educational qualifications (39% compared with 27% of those without a neurotic disorder);
- have a predicted IQ below 90 (32% compared with 20%);
- be economically inactive (57% compared with 28%); and
- to be in Social Classes IV or V, semi- or unskilled (37% compared with 21%).

They were *particularly unlikely* to be:

- in employment (39% compared with 69% of those without neurotic disorders).

Compared with people with no neurotic disorder, respondents reporting a **depressive episode** were *particularly likely* to:

- have no educational qualifications (38% compared with 27% of those with no disorder);
- have a predicted IQ below 90 (33% compared with 20%). It is possible that poor performance on a test of intellectual function may be a result of being depressed, or be associated with medication being taken for the depressive episode;
- to have occupations in Social Classes IV and V (30% compared with 21%); and
- to be economically inactive (52% compared with 28%).

They were *particularly unlikely*:

- to have a degree (8% compared with 15% of those with no neurotic disorder); and
- to have a predicted IQ of 110 or more (19% compared with 31%).

People with **obsessive compulsive disorder** were *particularly likely* to:

- have a predicted IQ below 90 (34% compared with 20% of those with no neurotic disorder); and
- be economically inactive (48% compared with 28%).

They were *particularly unlikely* to have a predicted IQ of 110 or above – 17% compared with 31% of those with no neurotic disorder. (*Table 4.2*)

4.2.3 Housing and area of residence

Respondents with **a neurotic disorder**, when compared with those who had no neurotic disorder, were *more likely* to:

- be tenants of Local Authorities and Housing Associations, 26% compared with 15% with no disorder;
- have moved three or more times in the last two years, 6% compared with 3% of those with no neurotic disorder; and
- live in an urban area, 71% compared with 65% of those with no disorder.

They were *less likely* to:

- own their own home outright (15% compared with 25%);
- have lived in the same accommodation for the last two years (75% compared with 81%); and
- live in a semi-rural area (21% compared with 26%).

Similar patterns were found when men and women were considered separately.

Those with **phobias** and **depressive episodes** were particularly likely to be Local Authority and Housing Association tenants: 37% and 36%, respectively, rented from this source compared with 15% of those with no neurotic disorder. Among people with **obsessive compulsive disorder** there was a particularly high proportion renting from sources other than Local Authorities and Housing Associations, 22%, compared with 10% of respondents with no neurotic disorder. (*Table 4.3*)

4.2.4 Neurotic disorder and physical complaints

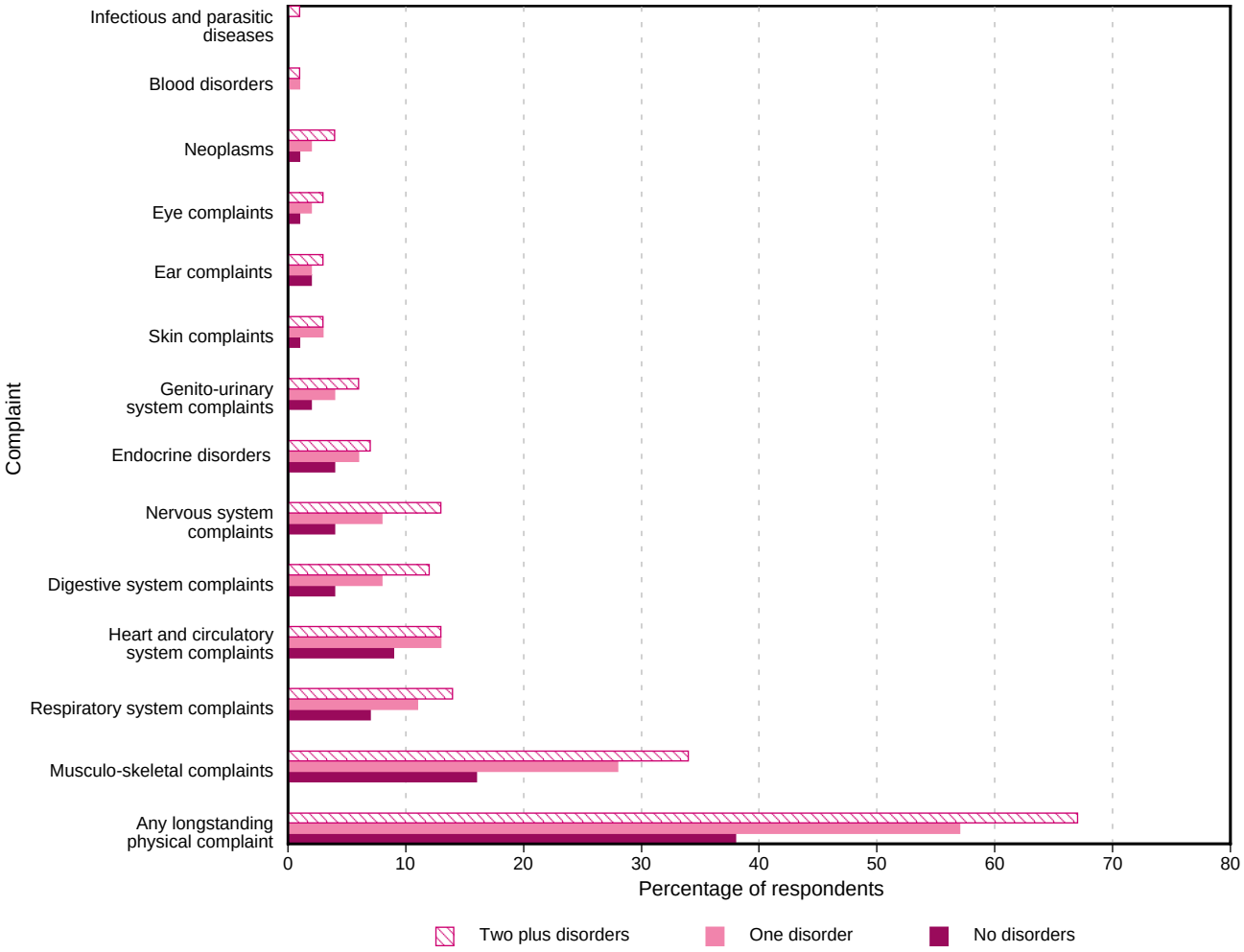
Overall, 42% of adults reported a physical complaint. Women were slightly more likely than men to report a longstanding illness, 43% compared with 40% of men. Having a neurotic disorder substantially increased the likelihood of reporting one or more physical complaints. Fifty eight per cent of adults with a neurotic disorder reported a physical complaint, compared with 38% of adults with no neurotic disorder. (*Table 4.4*)

The prevalence of musculo-skeletal complaints was almost twice as high among those with a neurotic disorder than among those with no disorder, 29% compared with 16%. Also, having a neurotic disorder more than doubled the likelihood of reporting complaints of the digestive system and of the nervous system (both 9% compared with 4%), of the genito-urinary system (4% compared with 2%) and skin complaints (3% compared with 1%). (*Table 4.4*)

There was a clear relationship between the number of neurotic disorders 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. A similar relationship was evident for women, but although men with neurotic disorders were more likely than those without to have a physical complaint, there was no clear relationship with the number of neurotic disorders. (*Table 4.5 and Figure 4.2*)

The relationship between individual complaints and the number of neurotic disorders was less clear-cut. In general, people with one neurotic disorder were more likely than those with no disorder to report most types of long-standing physical complaint and those with two or more neurotic disorders were still more likely to do so. However, the differences between those with one disorder and two or more failed to reach levels of statistical significance. (*Table 4.5*)

Figure 4.2 Percentage of people with physical complaints by number of neurotic disorders



4.3 Characteristics of people with probable psychotic disorder

This section describes the characteristics of people who were assessed as having probable psychosis, i.e. those given an assessment of psychotic disorder in the past year at clinical interview or who did not have a clinical interview but had two or more indicators of psychosis in the initial interview. The very small number of people identified as probably having psychotic disorder means that quite large differences between these people and those without disorder may have occurred by chance, so care must be taken when interpreting the tables shown here. However, some differences are so great that they do reach statistical significance and these are described in this section. Because of the small number of people with probable psychosis, data are only presented for men and women together.

4.3.1 Personal characteristics

A third of people assessed as probably having a psychotic disorder in this survey were aged 35 to 44 years and overall, three-quarters were aged 25 to 54 years. The majority (92%) classed themselves as White. Only about two fifths of them were married or cohabiting and nearly a quarter were divorced. (*Table 4.6*)

People with probable psychotic disorder compared with those without disorder were *more likely* to be:

- separated or divorced (29% compared to 8% of those without disorder); and
- living in a one person family unit (43% compared with 16%).

They were *less likely* to be married or cohabiting – only 39% of those with probable psychosis were

married or cohabiting compare with 66% of those without disorder.

4.3.2 Education and employment

The majority of people who were assessed as having a psychotic disorder (84%) had educational qualifications of GCSE level or below. Over a half were in Social Classes IIIM, IV or V and more than two thirds were economically inactive. Compared with people who did not have a psychotic disorder those with probable psychosis were *more likely* to:

- have educational qualifications no higher than at GCSE level (84% compared with 63% of those with no psychotic disorder);
- be in Social Class IV or V (39% compared with 22%); and
- be economically inactive (70% compared with 30%).

They were *less likely* to:

- have a degree or A levels (2% and 7%, respectively, compared with 15% for both qualifications among those without psychosis);
- be in Social Class I or II (19% compared with 34%); and
- be employed (28% compared with 67%).

4.3.3 Housing and area of residence

Almost half the people who were assessed as probably having a psychotic disorder were living in accommodation rented from a Local Authority or Housing Association and most lived in urban areas. (*Table 4.8*)

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

- live in accommodation rented from a local authority or housing association (49% compared to 17% of those without psychotic disorder); and
- live in an urban area (88% compared with 66%).

They were *less likely* to:

- own their own home, either outright or with a mortgage (10% owned their homes outright and 28% with a mortgage compared with 24% and 49% among those without disorder); and
- live in either semi-rural or rural locations (10% and 3%, respectively, compared with 25% and 9%).

4.3.4 Probable psychosis and physical complaints

People assessed as probably having a psychotic disorder were 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. (*Table 4.9*)

4.4 Characteristics of people with alcohol problems

For the purpose of this analysis, people have been divided into 3 groups based on their scores on the two measures of alcohol misuse and dependence the AUDIT and the SAD-Q: those scoring below 8 on the AUDIT (no pattern of hazardous alcohol consumption); those with an AUDIT score of 8 or more but with a SAD-Q score of 0-3 (a hazardous pattern of drinking but no signs of dependence); and those scoring 10 or more on the AUDIT and 4 or more on the SAD-Q (mild to severe dependence on alcohol).

4.4.1 Personal characteristics

Respondents whose scores on the AUDIT and SAD-Q measures indicated hazardous or dependent levels of alcohol use were substantially more likely to be men than those who drank at non-hazardous levels. Men comprised 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 lower scores.

There was a clear association between hazardous alcohol use and the age of the respondent. Among respondents who were assessed as dependent on alcohol, 30% 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. Conversely, only

8% of those who were alcohol dependent were aged 55 or over, compared with 17% of the group who drank at hazardous levels but were not dependent and 29% of those with lower levels of alcohol use. The tendency for people who were hazardous drinkers of dependent on alcohol to be younger than those who drank less was even more marked among women than among men. For example, over a quarter of women who were hazardous but non-dependent drinkers (27%) were aged under 25, compared with less than a fifth of the men (19%) in this group. Similarly, 37% of women who were classified as alcohol dependent were under 25 years of age compared with 28% of alcohol dependent men. (*Table 4.10 and Figure 4.3*)

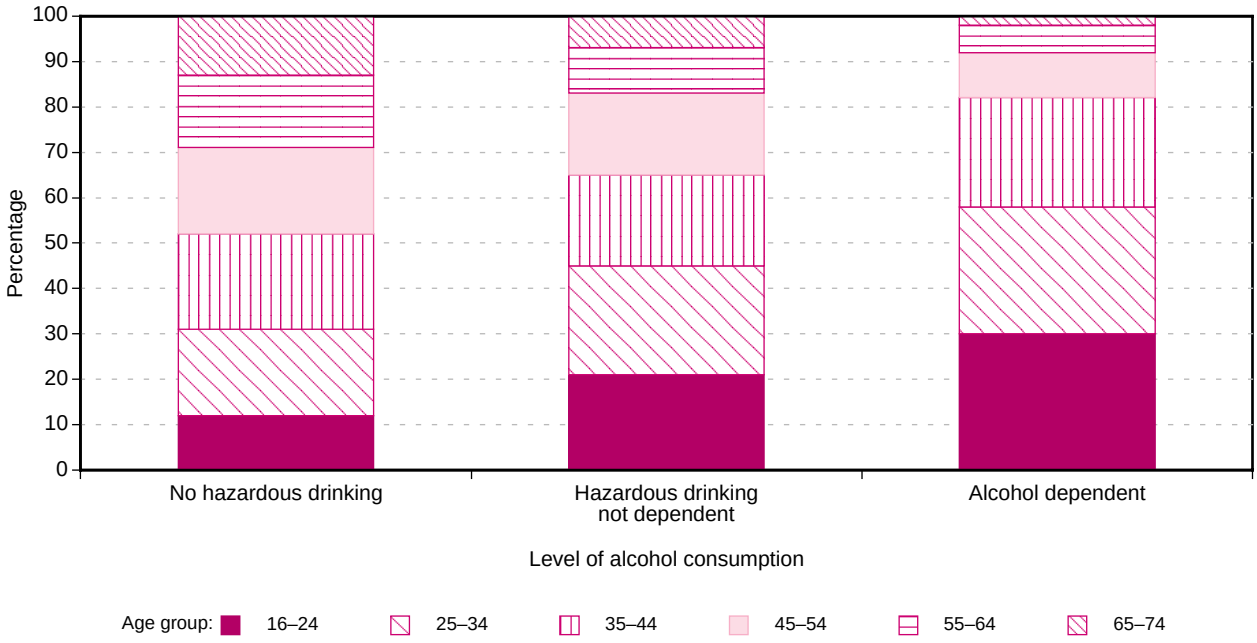
Among those judged to be dependent on alcohol, fewer than half (45%) were married or cohabiting, compared with 60% of those with hazardous but non-dependent levels of alcohol consumption and 69% of those whose level of consumption was not hazardous. The pattern was similar for men and women. The proportion of single people increased with the level of alcohol use, from 18% of those with no hazardous alcohol use to 45% among those classed as alcohol dependence. This is likely to be linked to the relationship between age and level of alcohol consumption. (*Table 4.10*)

4.4.2 Education and employment

There was no clear association between levels of alcohol use and educational qualifications, other than that those with lower levels of use were slightly more likely than those with hazardous levels or dependence on alcohol to have no qualifications, 29% compared with 23% of those with hazardous levels of consumption and 22% of those with alcohol dependence. However, those with alcohol dependence were the most likely to have a predicted IQ below 90, 26% did so compared with 21% of those with no dependence with or without hazardous drinking patterns.

There were no social class differences associated with levels of alcohol use. However, respondents with no hazardous pattern of alcohol use were the most likely to be economically inactive, 34% compared with 18% of those classed as hazardous drinkers and 19% of people with alcohol dependence. Again, this is likely to be associated with the younger age profile and the lower proportion of women among those who had hazardous levels of alcohol consumption or a dependence on alcohol, since a large proportion of the economically inactive group will be retired people and women caring for families. (*Table 4.11*)

Figure 4.3 Age distribution by level of alcohol problem



4.4.3 Housing and area of residence

The group of respondents classed as not having an alcohol problem were the most likely to own their homes outright, 26% did so compared with 19% of those with hazardous levels of alcohol consumption and 12% of people dependent on alcohol. Those with hazardous levels of alcohol consumption but no dependence were more likely than those in either of the other categories to own their home with a mortgage, 54% compared with 48% of those with no alcohol problem and 49% of those dependent on alcohol. This last group included the highest proportion of tenants. Over a fifth of them (22%) rented from a Local Authority or housing association, compared with 18% of those with no alcohol problem and 13% of those with hazardous levels of consumption but no dependence. Seventeen per cent rented from another type of landlord, compared with 8% of light or non-drinkers and 13% of those with hazardous levels of consumption but no dependency. (*Table 4.12*)

There was an association between levels of alcohol consumption and the likelihood of having moved accommodation in the two years before interview. Among those with non-hazardous levels of consumption, 82% had remained in the same accommodation throughout this period, compared with 76% of those with hazardous levels of drinking and 68% of those dependent on alcohol. Conversely, 16% of those dependent on alcohol had moved two or more times in the previous two years, compared with 9% of those reporting hazardous drinking and 5% of those with lower alcohol consumption.

Those dependent on alcohol were the most likely to live in urban areas, 73% compared with 68% of those drinking alcohol at hazardous levels but without dependence and 65% of those with lower levels of alcohol use. (*Table 4.12*)

4.4.4 Alcohol problems and physical complaints

There was no significant difference between the proportion of people reporting long-standing illness among the different groups of people categorised on the basis of their level of alcohol use. When considering these figures it must be remembered that the prevalence of long-standing physical complaints increases with age and the group of people with non-hazardous drinking patterns contains a much higher proportion of people in the older age groups. (*Table 4.13*)

4.5 Characteristics of people with drug dependence

For the purpose of this analysis, respondents were allocated to one of three groups: those with no drug dependence; those with signs of cannabis dependence but no other drug dependence; and those dependent on a drug other than cannabis, with or without cannabis dependence. Because of the small number of people who were assessed as being drug dependent, the data is not presented for men and women separately. As mentioned in chapter 2 on the prevalence of disorders, the threshold used to assess dependence in this survey was set quite low so that some people who are frequent users but not truly dependent on drugs may be included in the dependent categories.

4.5.1 Personal characteristics

Overall, 3% of the sample were assessed as dependent on illicit drugs: 2% on cannabis alone and 1% on another drug, whether with or without cannabis dependence. Those with a drug dependence were more likely to be male than those without. Thus, 73% of those dependent on cannabis alone and 69% of those dependent on drugs other than cannabis were male, compared with 49% of those who were not dependent on any drug. (*Table 4.14*)

Those dependent on drugs had a much younger age profile than those not dependent - 46% of those dependent on cannabis only and 54% of those dependent on other drugs were under 25, compared with only 14% of adults who were not drug dependent. They were also more likely to be single, 57% of those dependent on cannabis and 65% of those dependent on other drugs, compared with 21% of those not dependent on drugs and less likely to married or cohabiting. This would be expected given the younger age profile of those dependent on drugs. (*Table 4.14*)

4.5.2 Education and employment

The relationship between educational qualifications and drug dependency followed no clear pattern. Among adults dependent on drugs other than cannabis, only 4% had qualifications at degree level or higher, significantly fewer than either those dependent on cannabis only, of whom 13% had qualifications at this level, or those not dependent on drugs, of whom 15% had a degree. However, people with drug dependency were also less likely to have no qualifications: 15% of those dependent on cannabis only and 21% of those dependent on other drugs had no qualifications compared with 28% of those who were not drug dependent. This may reflect an association between age or ethnic group and the likelihood of having educational qualifications, rather than a direct relationship between educational attainment and drug dependence. (*Table 4.15*)

Those dependent on drugs other than cannabis had lower predicted IQs than those with signs of dependence on cannabis only or those not dependent on drugs, 39% of them had predicted IQs below 90, compared with 26% of those dependent on cannabis and 21% of non-drug dependent adults.

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. Eighteen per cent of people with cannabis dependence were economically inactive, compared with 30% of people without drug dependence and 29% of people dependent on other drugs. (*Table 4.15*)

4.5.3 Housing and area of residence

Among adults not dependent on drugs almost three quarters (74%) owned their own home, either outright or on a mortgage, compared with 50% of cannabis dependent adults and 39% of people dependent on drugs other than cannabis. Both those dependent on cannabis (28%) and on drugs other than cannabis (35%) were more likely than non-drug dependent adults (9%) to live in accommodation rented from a source other than a Local Authority or Housing Association. Again, this is likely to be related to the younger age of those dependent on drugs. People with drug dependence were also significantly more mobile than those without drug dependency – 28% of those dependent on drugs other than cannabis and 20% of those dependent on cannabis had moved two or more times in the previous two years compared with just 7% of people who were not dependent on drugs. (*Table 4.16*)

4.5.4 Drug dependence and physical complaints

People dependent on other drugs, with or without cannabis dependence, were less likely to report a longstanding physical health problem than those with no drug dependence: 28% reported a physical complaint compared with 42% of those without dependence. However, this would be expected given the generally young age of the people with drug dependence and the difference is largely due to a higher prevalence among those without dependence of those conditions, such as musculoskeletal and heart and circulatory system complaints which are more common among older people. (*Table 4.17*)

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Table 4.1 Age, ethnicity, marital status and family unit type by neurotic disorder and sex

	Neurotic disorder							
	Mixed anxiety and depressive disorder	Generalised anxiety disorder	Depressive episode	Any phobia	Obsessive compulsive disorder	Panic disorder	Any disorder	No disorder
	%	%	%	%	%	%	%	%
Women								
Age								
16–24	18	5	16	11	16	5	15	14
25–34	23	19	19	22	21	24	22	20
35–44	21	26	24	31	27	17	22	20
45–54	19	25	20	21	15	32	21	18
55–64	11	16	15	10	17	10	12	15
65–74	9	9	5	5	4	12	9	13
Ethnicity								
White	93	94	94	94	84	95	93	94
Black	1	2	2	3	6	-	2	2
South Asian	2	4	4	3	10	-	3	2
Other	3	1	1	1	-	5	2	2
Marital status								
Married\cohabiting	61	62	53	49	55	61	61	67
Single	23	11	20	21	22	15	20	19
Separated	4	6	4	9	8	6	4	3
Divorced	8	15	14	13	5	11	10	6
Widowed	4	6	9	8	10	6	5	6
Family unit type								
Couple no children	28	31	20	25	25	42	29	31
Couple and child(ren)	33	31	33	24	30	20	32	36
Lone parent and child(ren)	10	17	17	19	14	10	13	8
One person only	18	18	24	24	27	29	19	15
Adult with parents	1	-	-	3	-	-	1	2
Adult with one parent	10	3	6	5	3	-	7	8
Base	*500*	*250*	*155*	*118*	*74*	*40*	*960*	*3768*
Men								
Age								
16–24	11	5	5	14	25	[2]	11	16
25–34	23	21	17	23	19	[6]	22	21
35–44	27	27	30	22	20	[6]	25	21
45–54	20	31	29	27	18	[7]	24	17
55–64	14	13	17	13	18	[8]	15	14
65–74	6	4	1	1	-	-	5	12
Ethnicity								
White	91	94	89	93	93	[27]	92	93
Black	3	2	3	1	-	[1]	2	3
South Asian	4	1	4	3	7	-	3	2
Other	3	3	5	3	-	[1]	3	2
Marital status								
Married\cohabiting	70	61	56	42	37	[17]	64	66
Single	18	19	22	39	39	[8]	21	27
Separated	3	3	5	4	3	-	3	1
Divorced	5	15	16	15	19	[4]	9	4
Widowed	3	1	1	-	1	-	2	2
Family unit type								
Couple no children	30	26	23	19	15	[7]	27	32
Couple and child(ren)	41	35	33	23	22	[10]	37	34
Lone parent and child(ren)	4	5	4	1	1	-	4	1
One person only	16	25	33	37	50	[11]	22	16
Adult with parents	1	1	2	4	12	-	2	5
Adult with one parent	9	7	5	16	-	[1]	9	13
Base	*269*	*181*	*100*	*58*	*40*	*29*	*549*	*3303*

Table 4.1 - *continued* **Age, ethnicity, marital status and family unit type by neurotic disorder and sex**

	Neurotic disorder							
	Mixed anxiety and depressive disorder	Generalised anxiety disorder	Depressive episode	Any phobia	Obsessive compulsive disorder	Panic disorder	Any disorder	No disorder
	%	%	%	%	%	%	%	%
All adults								
Sex								
Male	39	48	45	38	39	49	41	52
Female	61	52	55	62	61	51	59	48
Age								
16–24	15	5	11	12	19	9	13	15
25–34	23	20	18	22	21	24	22	20
35–44	23	27	27	27	25	16	23	20
45–54	19	28	24	23	16	28	22	18
55–64	12	15	16	11	17	16	13	14
65–74	7	6	4	4	2	6	7	12
Ethnicity								
White	92	94	91	94	88	94	93	93
Black	2	2	2	2	4	1	2	2
South Asian	3	2	4	3	9	-	3	2
Other	3	2	3	1	-	5	2	2
Marital status								
Married\cohabiting	65	61	54	47	48	64	62	67
Single	21	15	21	28	29	20	21	23
Separated	4	5	5	7	6	3	4	2
Divorced	6	15	15	14	10	9	10	5
Widowed	4	4	5	5	7	3	4	4
Family unit type								
Couple no children	29	29	21	23	21	33	28	32
Couple and child(ren)	36	33	33	24	27	31	34	35
Lone parent and child(ren)	8	11	11	12	9	5	9	4
One person only	17	22	28	29	36	28	20	16
Adult with parents	1	1	1	3	5	-	1	3
Adult with one parent	9	5	5	9	2	3	8	10
Base	*769*	*431*	*255*	*176*	*114*	*69*	*1509*	*7071*

Table 4.2 Qualifications, intellectual functioning, social class and employment status by neurotic disorder and sex

	Neurotic disorder							
	Mixed anxiety and depressive disorder	Generalised anxiety disorder	Depressive episode	Any phobia	Obsessive compulsive disorder	Panic disorder	Any disorder	No disorder
	%	%	%	%	%	%	%	%
Women								
Highest qualification								
Degree	12	12	8	13	16	18	12	12
Teaching, HND, nursing	8	7	7	8	2	9	8	7
A Level	13	9	6	11	8	10	11	13
GCSE	40	31	37	31	34	19	37	38
No qualifications	27	41	42	38	40	44	32	29
Intellectual functioning*								
IQ ≥ 120	5	8	5	6	3	5	5	8
IQ 110–119	21	26	14	20	12	31	21	23
IQ 100–109	22	17	15	21	21	23	21	26
IQ 90–99	28	26	33	23	32	26	28	25
IQ 80–89	19	16	26	20	19	7	18	14
IQ < 80	6	7	7	10	13	9	7	5
Social Class								
I	1	1	1	1	3	-	1	3
II	25	31	25	26	21	31	27	28
IIINM	39	26	32	30	37	26	35	37
IIIM	11	10	8	3	11	12	10	8
IV	16	22	22	31	21	22	19	18
V	7	9	12	8	7	10	8	7
armed forces	-	-	-	-	-	-	-	-
Employment status								
Employed	58	49	45	42	52	59	55	62
Unemployed	3	3	4	3	1	3	3	2
Economically inactive	38	48	51	55	47	37	41	36
Base	*497*	*247*	*151*	*117*	*74*	*39*	*952*	*3748*
Men								
Highest qualification								
Degree	19	13	9	11	13	-	14	17
Teaching, HND, nursing	8	4	5	6	7	-	6	7
A Level	18	16	19	15	13	[6]	18	16
GCSE	30	35	35	28	37	[11]	32	35
No qualifications	25	33	33	40	30	[12]	29	24
Intellectual functioning*								
IQ ≥ 120	6	6	5	4	-	[1]	6	9
IQ 110–119	25	20	13	16	19	[6]	22	24
IQ 100–109	25	23	19	17	27	[5]	23	23
IQ 90–99	22	24	30	28	17	[5]	23	22
IQ 80–89	15	20	21	26	31	[5]	19	14
IQ < 80	8	7	12	9	6	[3]	7	7
Social Class								
I	9	5	3	4	7	[1]	6	8
II	33	27	18	23	10	[5]	29	31
IIINM	10	10	11	4	28	[4]	11	13
IIIM	28	32	41	36	39	[11]	32	30
IV	14	22	18	17	9	[7]	16	14
V	6	4	8	16	6	-	6	4
armed forces	-	-	1	-	-	-	0	0
Employment status								
Employed	70	53	40	35	40	[13]	61	75
Unemployed	4	4	7	5	11	[1]	4	4
Economically inactive	27	43	53	61	49	[15]	35	21
Base	*266*	*179*	*98*	*57*	*38*	*29*	*543*	*3273*

* Verbal IQ predicted from score on the National Adult Reading Test.

Table 4.2 - *continued* **Qualifications, intellectual functioning, social class and employment status by neurotic disorder and sex**

	Neurotic disorder							
	Mixed anxiety and depressive disorder	Generalised anxiety disorder	Depressive episode	Any phobia	Obsessive compulsive disorder	Panic disorder	Any disorder	No disorder
	%	%	%	%	%	%	%	%
All adults								
Highest qualification								
Degree	15	13	8	12	15	9	13	15
Teaching, HND, nursing	8	6	6	8	4	4	7	7
A Level	15	12	12	12	10	15	14	15
GCSE	36	33	36	30	35	28	35	36
No qualifications	26	37	38	39	36	44	31	27
Intellectual functioning*								
IQ ≥ 120	5	7	5	5	2	4	6	8
IQ 110–119	22	23	14	19	14	27	21	23
IQ 100–109	23	20	17	19	24	22	22	24
IQ 90–99	25	25	32	25	26	23	26	24
IQ 80–89	18	18	24	22	24	13	19	14
IQ < 80	7	7	10	10	10	11	7	6
Social Class								
I	4	3	1	2	4	1	3	5
II	28	29	22	25	17	23	27	29
IIINM	28	18	22	20	34	22	25	24
IIIM	18	21	23	15	21	27	19	19
IV	15	22	20	26	17	22	18	16
V	7	7	10	11	7	5	7	5
armed forces	-	-	0	-	-	-	0	0
Employment status								
Employed	63	51	43	39	47	53	58	69
Unemployed	3	3	5	3	5	2	4	3
Economically inactive	34	45	52	57	48	44	39	28
Base	*763*	*426*	*249*	*174*	*112*	*68*	*1495*	*7021*

* Verbal IQ predicted from score on the National Adult Reading Test.

Table 4.3 Housing tenure, number of accommodation moves and type of locality by neurotic disorder and sex

	Neurotic disorder							
	Mixed anxiety and depressive disorder	Generalised anxiety disorder	Depressive episode	Any phobia	Obsessive compulsive disorder	Panic disorder	Any disorder	No disorder
	%	%	%	%	%	%	%	%
Women								
Housing Tenure								
Owned outright	19	18	9	9	5	18	17	26
Owned with mortgage	46	48	40	42	36	36	45	49
Rented from LA or HA	24	24	34	34	37	30	26	17
Rented from other source	11	9	17	15	22	16	12	9
Number of moves in last 2 years								
0	75	78	77	75	65	71	75	81
1	15	13	12	10	18	21	14	13
2	4	4	5	8	10	2	5	3
3 and over	6	5	6	7	7	7	6	2
Type of locality								
Urban	70	74	81	80	81	72	72	65
Semi-rural	21	18	13	13	12	21	20	26
Rural	9	8	6	7	8	7	8	9
Base	*500*	*250*	*155*	*118*	*74*	*40*	*960*	*3768*
Men								
Housing Tenure								
Owned outright	13	14	9	7	11	[1]	13	25
Owned with mortgage	54	48	43	29	40	[13]	50	50
Rented from LA or HA	22	30	38	43	27	[12]	26	14
Rented from other source	11	7	10	21	23	[2]	12	10
Number of moves in last 2 years								
0	76	75	75	66	68	[21]	75	80
1	15	14	15	18	14	[5]	15	13
2	4	5	2	9	5	[1]	4	4
3 and over	6	6	8	7	13	[2]	6	3
Type of locality								
Urban	65	76	78	88	75	[20]	69	65
Semi-rural	25	16	17	11	23	[9]	23	25
Rural	9	9	5	1	2	-	8	9
Base	*269*	*181*	*100*	*58*	*40*	*29*	*549*	*3303*
All adults								
Housing Tenure								
Owned outright	17	16	9	8	7	11	15	25
Owned with mortgage	49	48	41	37	38	42	47	49
Rented from LA or HA	23	27	36	37	33	31	26	15
Rented from other source	11	8	13	17	22	15	12	10
Number of moves in last 2 years								
0	75	77	77	71	66	69	75	81
1	15	14	13	13	16	22	15	13
2	4	4	3	9	8	2	5	4
3 and over	6	5	7	7	9	7	6	3
Type of locality								
Urban	68	75	79	83	78	69	71	65
Semi-rural	23	17	15	12	16	28	21	26
Rural	9	8	6	5	5	4	8	9
Base	*769*	*431*	*255*	*176*	*114*	*69*	*1509*	*7071*

Table 4.4 Prevalence of longstanding physical complaints by neurotic disorder and sex

	Any neurotic disorder	No neurotic disorder	All
Women		*Percentage reporting each condition*	
Musculo-skeletal complaints	29	17	20
Respiratory system complaints	12	7	8
Heart and circulatory system complaints	11	8	9
Digestive system complaints	8	5	5
Nervous system complaints	10	4	5
Endocrine disorders	7	4	5
Genito-urinary system complaints	6	2	3
Skin complaints	3	1	1
Ear complaints	2	2	2
Eye complaints	1	1	1
Neoplasms	2	1	1
Blood disorders	2	1	1
Infectious and parasitic diseases	1	0	0
Any longstanding physical complaint	**58**	**40**	**43**
Base	*960*	*3766*	*4726*
Men			
Musculo-skeletal complaints	29	15	17
Respiratory system complaints	10	7	8
Heart and circulatory system complaints	16	9	10
Digestive system complaints	9	3	4
Nervous system complaints	8	3	4
Endocrine disorders	6	4	4
Genito-urinary system complaints	2	2	2
Skin complaints	3	2	2
Ear complaints	2	2	2
Eye complaints	2	1	1
Neoplasms	2	1	1
Blood disorders	0	0	0
Infectious and parasitic diseases	0	0	0
Any longstanding physical complaint	**59**	**37**	**40**
Base	*549*	*3300*	*3849*
All respondents			
Musculo-skeletal complaints	29	16	18
Respiratory system complaints	11	7	8
Heart and circulatory system complaints	13	9	9
Digestive system complaints	9	4	5
Nervous system complaints	9	4	4
Endocrine disorders	6	4	5
Genito-urinary system complaints	4	2	2
Skin complaints	3	1	2
Ear complaints	2	2	2
Eye complaints	2	1	1
Neoplasms	2	1	1
Blood disorders	1	0	0
Infectious and parasitic diseases	1	0	0
Any longstanding physical complaint	**58**	**38**	**42**
Base	*1509*	*7066*	*8575*

Table 4.5 Prevalence of longstanding physical complaints by number of neurotic disorders and sex

	Number of neurotic disorders		
	None	One	Two or more
Women		*Percentage reporting each condition*	
Musculo-skeletal complaints	17	28	39
Respiratory system complaints	7	12	17
Heart and circulatory system complaints	8	11	9
Digestive system complaints	5	8	12
Nervous system complaints	4	9	16
Endocrine disorders	4	7	6
Genito-urinary system complaints	2	5	8
Skin complaints	1	3	1
Ear complaints	2	2	4
Eye complaints	1	1	2
Neoplasms	1	2	4
Blood disorders	1	2	2
Infectious and parasitic diseases	0	0	1
Any longstanding physical complaint	**40**	**56**	**72**
Base	*3766*	*829*	*131*
Men			
Musculo-skeletal complaints	15	29	29
Respiratory system complaints	7	10	11
Heart and circulatory system complaints	9	16	18
Digestive system complaints	3	9	11
Nervous system complaints	3	7	11
Endocrine disorders	4	6	9
Genito-urinary system complaints	2	2	4
Skin complaints	2	2	5
Ear complaints	2	2	3
Eye complaints	1	2	3
Neoplasms	1	2	3
Blood disorders	0	0	-
Infectious and parasitic diseases	0	0	-
Any longstanding physical complaint	**37**	**59**	**62**
Base	*3300*	*455*	*94*
All respondents			
Musculo-skeletal complaints	16	28	34
Respiratory system complaints	7	11	14
Heart and circulatory system complaints	9	13	13
Digestive system complaints	4	8	12
Nervous system complaints	4	8	13
Endocrine disorders	4	6	7
Genito-urinary system complaints	2	4	6
Skin complaints	1	3	3
Ear complaints	2	2	3
Eye complaints	1	2	3
Neoplasms	1	2	4
Blood disorders	0	1	1
Infectious and parasitic diseases	0	0	1
Any longstanding physical complaint	**38**	**57**	**67**
Base	*7066*	*1284*	*225*

Table 4.6 Sex, age, ethnicity, marital status and family unit type

by probable psychotic disorder

	No psychotic disorder	Probable psychosis
	%	%
All adults		
Sex		
Male	50	53
Female	50	47
Age		
16–24	15	6
25–34	20	20
35–44	21	35
45–54	18	21
55–64	14	12
65–74	11	7
Ethnicity		
White	93	92
Black	2	8
South Asian	2	-
Other	2	-
Marital status		
Married\cohabiting	66	39
Single	23	29
Separated	2	7
Divorced	5	23
Widowed	4	3
Family unit type		
Couple no children	31	22
Couple and child(ren)	35	17
Lone parent and child(ren)	5	7
One person	16	43
Adult with parents	3	5
Adult with one parent	10	7
Base	*8520*	*60*

Table 4.8 Housing tenure, number of accomodation moves and type of locality

by probable psychotic disorder

	No psychotic disorder	Probable psychosis
	%	%
All adults		
Housing Tenure		
Owned outright	24	10
Owned with mortgage	49	28
Rented from LA or HA	17	49
Rented from other source	10	13
Number of moves in last 2 years		
None	80	77
One	13	12
Two or more	7	11
Type of locality		
Urban	66	88
Semi-rural	25	10
Rural	9	3
Base	*8442*	*56*

Table 4.7 Qualifications, intellectual functioning, social class and employment status

by probable psychotic disorder

	No psychotic disorder	Probable psychosis
	%	%
All adults		
Highest qualification		
Degree	15	2
Teaching, HND, nursing	7	7
A Level	15	7
GCSE	36	44
No qualifications	27	40
Intellectual functioning*		
IQ ≥ 120	8	10
IQ 110–119	23	17
IQ 100–109	24	21
IQ 90–99	24	24
IQ 80–89	15	21
IQ < 80	7	8
Social class		
I	5	1
II	29	18
IIINM	25	21
IIIM	19	21
IV	16	21
V	6	19
armed forces	0	-
Employment status		
Employed	67	28
Unemployed	3	2
Economically inactive	30	70
Base	*8177*	*54*

* Verbal IQ predicted from score on the National Adult Reading Test.

Table 4.9 Prevalence of longstanding physical complaints

by probable psychotic disorder

	No psychotic disorder	Probable psychosis
	Percentage reporting each condition	
All adults		
Musculo-skeletal complaints	18	21
Respiratory system complaints	8	9
Heart and circulatory system complaints	9	21
Digestive system complaints	5	8
Nervous system complaints	4	15
Endocrine disorders	5	3
Genito-urinary system complaints	2	3
Skin complaints	2	1
Ear complaints	2	-
Eye complaints	1	4
Neoplasms	1	3
Blood disorders	0	-
Infectious and parasitic diseases	0	-
Any longstanding physical complaint	**42**	**62**
Base	*8515*	*60*

Table 4.10 Age, ethnicity, marital status and family unit type by level of alcohol problem and sex

	No hazardous drinking[1]	Hazardous drinking not dependent[2]	Alcohol dependent[3]
	%	%	%
Women			
Age			
16–24	12	27	37
25–34	19	25	29
35–44	21	20	21
45–54	19	15	9
55–64	16	9	3
65–74	13	5	2
Ethnicity			
White	93	97	94
Black	2	1	4
South Asian	3	1	-
Other	2	1	1
Marital status			
Married\cohabiting	68	56	37
Single	16	34	45
Separated	3	2	7
Divorced	7	6	9
Widowed	6	2	2
Family unit type			
Couple no children	32	27	21
Couple and child(ren)	36	29	17
Lone parent and child(ren)	9	6	16
One person only	15	20	28
Adult with parents	2	3	5
Adult with one parent	7	15	13
Base	*4012*	*551*	*144*
Men			
Age			
16–24	11	19	28
25–34	18	24	28
35–44	21	20	25
45–54	19	19	11
55–64	17	11	6
65–74	13	7	2
Ethnicity			
White	91	96	95
Black	3	2	1
South Asian	4	1	1
Other	2	1	2
Marital status			
Married\cohabiting	71	62	47
Single	21	30	45
Separated	2	1	2
Divorced	4	5	5
Widowed	2	2	1
Family unit type			
Couple no children	34	29	19
Couple and child(ren)	37	33	27
Lone parent and child(ren)	1	1	2
One person only	15	18	23
Adult with parents	3	5	8
Adult with one parent	10	13	21
Base	*2452*	*957*	*423*

[1] AUDIT score < 8.
[2] AUDIT score ≥ 8 but SAD-Q < 4.
[3] AUDIT score ≥ 8 and SAD-Q score 4+.

Table 4.10 - *Continued* **Age, ethnicity, marital status and family unit type by level of alcohol problem and sex**

	No hazardous drinking[1]	Hazardous drinking not dependent[2]	Alcohol dependent[3]
	%	%	%
All adults			
Sex			
Male	43	67	80
Female	57	33	20
Age			
16-24	12	21	30
25-34	19	24	28
35-44	21	20	24
45-54	19	18	10
55-64	16	10	6
65-74	13	7	2
Ethnicity			
White	92	97	95
Black	3	1	2
South Asian	3	1	1
Other	2	1	2
Marital status			
Married\cohabiting	69	60	45
Single	18	31	45
Separated	3	2	3
Divorced	6	5	6
Widowed	4	2	1
Family unit type			
Couple no children	33	28	20
Couple and child(ren)	37	32	25
Lone parent and child(ren)	6	3	4
One person only	15	19	24
Adult with parents	2	4	7
Adult with one parent	8	13	19
Base	*6464*	*1508*	*567*

[1] AUDIT score < 8.
[2] AUDIT score ≥ 8 but SAD-Q < 4.
[3] AUDIT score ≥ 8 and SAD-Q score 4+.

Table 4.11 Qualifications, intellectual functioning, social class and employment status by level of alcohol problem and sex

	No hazardous drinking[1]	Hazardous drinking dependence[2]	Alcohol dependence[3]
	%	%	%
Women			
Highest qualification			
Degree	12	14	13
Teaching, HND, nursing	7	8	7
A Level	13	15	16
GCSE	37	40	42
No qualifications	31	23	22
Intellectual functioning*			
IQ ≥ 120	8	4	3
IQ 110–119	23	20	20
IQ 100–109	24	27	24
IQ 90–99	25	28	30
IQ 80–89	15	14	19
IQ < 80	6	5	4
Social Class			
I	3	3	3
II	28	27	24
IIINM	37	37	38
IIIM	8	9	10
IV	18	18	19
V	7	6	6
Armed forces	-	-	-
Employment status			
Employed	58	74	70
Unemployed	2	2	4
Economically inactive	39	24	26
Base	*4012*	*551*	*144*
Men			
Highest qualification			
Degree	18	16	14
Teaching, HND, nursing	7	7	7
A Level	15	18	20
GCSE	34	36	38
No qualifications	27	23	22
Intellectual functioning*			
IQ ≥ 120	9	8	4
IQ 110–119	25	23	19
IQ 100–109	23	25	24
IQ 90–99	21	23	26
IQ 80–89	13	15	21
IQ < 80	8	6	6
Social Class			
I	8	8	5
II	32	31	25
IIINM	13	11	12
IIIM	29	29	38
IV	14	16	14
V	3	5	5
Armed forces	0	0	0
Employment status			
Employed	70	81	76
Unemployed	3	4	6
Economically inactive	27	15	18
Base	*2452*	*957*	*423*

[1] AUDIT score < 8.
[2] AUDIT score ≥ 8 but SAD-Q < 4.
[3] AUDIT score ≥ 8 and SAD-Q score 4+.
• Verbal IQ predicted from score on the National Adult Reading Test.

Table 4.11 - *Continued* **Qualifications, intellectual functioning, social class and employment status by level of alcohol problem and sex**

	No hazardous drinking[1]	Hazardous drinking not dependent[2]	Alcohol Dependence[3]
	%	%	%
All adults			
Highest qualifications			
Degree	15	15	13
Teaching, HND, nursing	7	7	7
A Level	13	17	19
GCSE	36	37	39
No qualifications	29	23	22
Intellectual functioning*			
IQ ≥ 120	8	7	4
IQ 110–119	24	22	19
IQ 100–109	24	26	24
IQ 90–99	23	25	27
IQ 80–89	14	15	21
IQ < 80	7	6	6
Social Class			
I	5	6	5
II	29	30	24
IIINM	27	20	17
IIIM	17	22	33
IV	16	17	15
V	6	6	5
Armed forces	0	0	0
Employment status			
Employed	63	79	75
Unemployed	3	3	6
Economically inactive	34	18	19
Base	*6464*	*1508*	*567*

[1] AUDIT score < 8.
[2] AUDIT score ≥ 8 but SAD-Q < 4.
[3] AUDIT score ≥ 8 and SAD-Q score 4+.
* Verbal IQ predicted from Score on the National Adult Reading Test.

Table 4.12 Housing tenure, number of accommodation moves and type of locality by level of alcohol problem and sex

	No hazardous drinking[1]	Hazardous drinking not dependent[2]	Alcohol dependence[3]
	%	%	%
Women			
Housing Tenure			
Owned outright	26	16	11
Owned with mortgage	47	55	43
Rented from LA or HA	19	15	26
Rented from other source	8	14	20
Number of moves in last 2 years			
0	82	73	66
1	13	15	14
2	3	7	10
3 or more	3	5	9
Type of locality			
Urban	65	70	75
Semi-rural	26	22	18
Rural	9	8	7
Base	*4012*	*551*	*144*
Men			
Housing Tenure			
Owned outright	26	21	12
Owned with mortgage	49	53	50
Rented from LA or HA	16	13	21
Rented from other source	8	13	17
Number of moves in last 2 years			
0	82	77	68
1	12	15	16
2	4	5	7
3 or more	2	4	8
Type of locality			
Urban	64	67	73
Semi-rural	25	26	22
Rural	11	7	5
Base	*2452*	*957*	*423*
All adults			
Housing Tenure			
Owned outright	26	19	12
Owned with mortgage	48	54	49
Rented from LA or HA	18	13	22
Rented from other source	8	13	17
Number of moves in last 2 years			
0	82	76	68
1	13	15	16
2	3	5	8
3 or more	2	4	8
Type of locality			
Urban	65	68	73
Semi-rural	25	25	21
Rural	10	7	6
Base	*6464*	*1508*	*567*

[1] AUDIT score < 8.
[2] AUDIT score ≥ 8 but SAD-Q < 4.
[3] AUDIT score ≥ 8 and SAD-Q score 4+.

Table 4.13 Prevalence of longstanding physical complaints by level of alcohol problem and sex

	No hazardous drinking[1]	Hazardous drinking not dependent[2]	Alcohol dependent[3]
	Percentage reporting each condition		
Women			
Musculo-skeletal complaints	21	15	10
Respiratory system complaints	8	7	7
Heart and circulatory system complaints	10	4	5
Digestive system complaints	6	4	5
Nervous system complaints	5	4	2
Endocrine disorders	5	3	1
Genito-urinary system complaints	3	2	5
Skin complaints	1	1	4
Ear complaints	2	2	2
Eye complaints	1	1	2
Neoplasms	2	1	2
Blood disorders	1	0	1
Infectious and parasitic diseases	0	0	-
Any longstanding physical complaint	**44**	**37**	**40**
Base	*4011*	*551*	*144*
Men			
Musculo-skeletal complaints	18	15	15
Respiratory system complaints	7	7	8
Heart and circulatory system complaints	11	7	7
Digestive system complaints	5	4	3
Nervous system complaints	4	3	6
Endocrine disorders	5	4	2
Genito-urinary system complaints	2	1	1
Skin complaints	1	2	1
Ear complaints	2	1	2
Eye complaints	1	1	2
Neoplasms	1	1	0
Blood disorders	0	0	-
Infectious and parasitic diseases	0	0	0
Any physical complaint	**42**	**37**	**38**
Base	*2449*	*957*	*423*
All adults			
Musculo-skeletal complaints	20	15	14
Respiratory system complaints	8	7	8
Heart and circulatory system complaints	10	6	7
Digestive system complaints	5	4	4
Nervous system complaints	5	3	5
Endocrine disorders	5	4	2
Genito-urinary system complaints	3	1	2
Skin complaints	1	2	2
Ear complaints	2	2	2
Eye complaints	1	1	2
Neoplasms	1	1	1
Blood disorders	1	0	0
Infectious and parasitic diseases	0	0	0
Any physical complaint	**43**	**37**	**38**
Base	*6460*	*1508*	*567*

[1] AUDIT score <8.
[2] AUDIT score >8 but SAD-Q score 0-3.
[3] AUDIT score >8 and SAD-Q score 4+.

Table 4.14 Sex, age, ethnicity, marital status and family unit type by drug dependence

	Type of dependence		
	No dependence	Dependent on cannabis only	Dependent on other drug(s) with or without cannabis
	%	%	%
All adults			
Sex			
Male	49	73	69
Female	51	27	31
Age			
16–24	14	46	54
25–34	20	37	25
35–44	21	10	12
45–54	19	7	3
55–64	15	1	3
65–74	12	-	3
Ethnicity			
White	93	93	94
Black	2	2	2
South Asian	3	1	1
Other	2	3	3
Marital status			
Married\cohabiting	67	36	29
Single	21	57	65
Separated	2	1	3
Divorced	6	6	2
Widowed	4	-	1
Family unit type			
Couple no children	31	17	17
Couple and child(ren)	36	19	11
Lone parent and child(ren)	5	4	4
One person only	16	25	33
Adult with parents	3	9	12
Adult with one parent	9	26	23
Base	*8283*	*173*	*85*

Table 4.15 Qualifications, intellectual functioning, social class and employment status by drug dependence

	Type of dependence		
	No dependence	Dependent on cannabis only	Dependent on other drug(s) with or without cannabis
	%	%	%
All adults			
Highest qualification			
Degree	15	13	4
Teaching, HND, nursing	7	10	7
A Level	14	20	26
GCSE	36	42	42
No qualifications	28	15	21
Intellectual functioning*			
IQ ≥ 120	8	5	1
IQ 110–119	23	18	11
IQ 100–109	24	26	13
IQ 90–99	24	25	36
IQ 80–89	15	18	26
IQ < 80	6	8	13
Social Class			
I	5	3	4
II	29	23	19
IIINM	25	20	26
IIIM	19	31	19
IV	16	19	18
V	6	5	13
Armed forces	0	-	-
Employment status			
Employed	67	71	60
Unemployed	3	11	10
Economically inactive	30	18	29
Base	*8283*	*173*	*85*

* Verbal IQ predicted from score on the National Adult Reading Test.

Table 4.16 Housing tenure, number of moves and type of locality by drug dependence

	Type of dependence		
	No dependence	Dependent on cannabis only	Dependent on other drug(s) with or without cannabis
	%	%	%
All adults			
Housing tenure			
Owned outright	24	8	6
Owned with mortgage	50	42	33
Rented from LA or HA	17	22	26
Rented from other source	9	28	35
Number of moves in last 2 years			
0	80	65	61
1	13	15	11
2	4	8	15
3 and over	3	12	13
Type of locality			
Urban	66	77	75
Semi-rural	25	16	20
Rural	9	7	4
Base	*8265*	*177*	*84*

Table 4.17 Prevalence of longstanding physical complaints by drug dependence

	Type of dependence		
	No dependence	Dependent on cannabis only	Dependent on other drug(s) with or without cannabis
	Percentage reporting each condition		
All adults			
Musculo-skeletal complaints	19	11	11
Respiratory system complaints	8	10	3
Heart and circulatory system complaints	9	3	2
Digestive system complaints	5	3	-
Nervous system complaints	4	5	4
Endocrine disorders	5	1	1
Genito-urinary system complaints	2	1	1
Skin complaints	1	4	2
Ear complaints	2	2	5
Eye complaints	1	1	0
Neoplasms	1	1	1
Blood disorders	1	-	-
Infectious and parasitic diseases	0	-	-
Any longstanding physical complaint	**42**	**34**	**28**
Base	*8278*	*173*	*85*

5 Treatment and service use by people with psychiatric disorders

This chapter looks at the extent to which people with and without neurotic disorders, probable psychosis, alcohol and drug dependence had used medication, other forms of treatment and a range of health and community services. It also examines the extent to which help or treatment has not been accessed, and why.

Two types of treatment are discussed in this section – medication and therapy or counselling. The medications considered are those mainly used in the treatment of mental disorders (psychoactive medication). The drugs are from the British National Formulary classes of hypnotics and anxiolytics, antidepressants, and medication used in the treatment of psychotic illness:

Antidepressants

- Tricyclic antidepressants.
- Monoamine oxidase inhibitors.
- Compound antidepressants.

Hypnotics and anxiolytics

- Hypnotics.
- Anxiolytics.

Drugs used in psychoses etc.

- Antipsychotic drugs (including depot injections).
- Antimanic drugs.

Other forms of treatment are for mental or emotional problems grouped into two broad categories, therapy and counselling. These included psychotherapy, behavioural or cognitive therapy, art music or drama therapy, social skills training, marital or family therapy, sex therapy and counselling.

In addition to questions about current treatment, respondents were asked about their use of services, because of mental, nervous or emotional problems, in a range of settings. People were asked about consultations with a GP or family doctor on their own behalf in the year before interview, whether they had had any in-patient stays during that time, attended for treatment or check-ups as an out-patient or a day-patient, whether they attended any day activity services or received any other care in the community. They were also asked about any help for mental and emotional problems that they had been offered but which they had turned down.

5.1 Treatment and service use by people with neurotic disorders

5.1.1 Use of medication and other treatment.

Just under a quarter (24%) of people assessed as having a neurotic disorder were receiving treatment of some kind for mental or emotional problems 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. This trend was observed for each form of treatment separately. Three per cent of people with no neurotic disorder were being prescribed medication, compared with 16% of those with one neurotic disorder and almost half, 47% of those with two or more disorders. Only 1% of people without neurotic disorders were receiving counselling or therapy, compared with 6% of those with one disorder, and a quarter (24%) of those with two or more disorders. *(Table 5.1)*

That only 3% of people without evidence of neurotic disorder in the past week were being prescribed psychoactive medication suggests that there is little prescription of treatment to those without current active symptoms. Patients who have recovered from depression or other neurotic disorders may be maintained on medication for some time after their recovery to prevent relapse, so

it might be expected that some people who did not have a current disorder would be in receipt of medication, but in fact the proportion was small.

The group most likely to be receiving treatment were those with phobias. Over half of this group (54%) were receiving treatment in some form, with over a quarter (27%) receiving medication only, 9% receiving therapy or counselling alone and almost a fifth (18%) receiving both forms of treatment. A similar proportion of those with depressive episode (26%) were receiving medication alone, while 4% were receiving counselling or therapy only and 14% were having both forms of treatment. Least likely to be receiving any treatment were those with mixed anxiety and depressive disorder. Of this group, only 16% were being treated, 11% by medication only, 3% by counselling or therapy only and 2% having both forms of treatment. *(Table 5.2)*

Anti-depressants were the most common psychoactive medication being used. They were being prescribed to 16% of people with a current neurotic disorder, compared with 2% of those without. Again, there was an increase in the proportion being prescribed antidepressants with the number of disorders present. Among those with one disorder, 13% were taking anti-depressants, while among those with two or more disorders, the proportion was three times as high, at 39%.

Overall, 6% of respondents with neurotic disorder were taking hypnotics or anxiolytics, compared with 1% with no neurotic disorder. This type of medication was mostly being taken by people assessed as having more than one type of neurotic disorder. Among those with one disorder, 4% were taking medication of this kind, compared with 20% of those with two or more disorders. *(Table 5.3)*

Few people with neurotic disorder, 2%, were taking anti-psychotic medication, compared with virtually no-one without neurotic disorder. As with the other medications, the proportion rose with the number of neurotic disorders, from 1% of those with one disorder to 7% of those with two or more.

Those with neurotic disorder were much more likely to be taking other forms medication acting on the Central Nervous System (CNS medication) than those without. Twenty-one per cent were taking prescribed analgesics compared with 9% of those with no neurotic disorder, and 5% were taking other forms of CNS medication, compared with 2% of those with no neurotic disorder. *(Table 5.4)*

Table 5.4 shows the broad types of medication being used by people with different types of disorder. However, it should be noted that people could have more than one type of neurotic disorder and, as described above, the use of medication was most common among people with more than one type of disorder. Hypnotics and anxiolytics were most commonly prescribed to those with phobias (17%), generalised anxiety disorder (14%) and depressive episode (12%). Anti-depressants were most commonly prescribed to those with phobias (40%), depressive episode (34%), and obsessive compulsive disorder (30%). *(Table 5.4)*

Table 5.5 shows the different types of counselling or therapy reported by respondents with different disorders. It can be seen that just under a tenth (9%) of people with neurotic disorders were receiving counselling or therapy, compared with 1% of those with no neurotic disorder. Most likely to be treated by this method were those with phobias (27%), obsessive compulsive disorder (20%) and depressive episode (17%), whilst those with mixed anxiety and depressive disorder were least likely to be receiving counselling or therapy (5%). The most common types of therapy were counselling and psychotherapy. Four per cent of all those with a neurotic disorder were having counselling, while 3% were having psychotherapy. Behavioural or cognitive therapy was being given to 1% of people with neurotic disorders. Very few people were being treated by other specific forms of therapy, less than half of one per cent for each. *(Table 5.5)*

Those with obsessive compulsive disorder (12%) and phobias (11%) were the most likely to be treated by psychotherapy. These groups were also the most likely to have behavioural or cognitive therapy, 5% of those with obsessive compulsive disorder and 3% of those with phobias. Counselling were most often prescribed for people with phobias (15%), depressive episode (11%) and obsessive compulsive disorder (10%). *(Table 5.5)*

5.1.2 Use of GP, in-patient and day- or out-patient services

Respondents were asked whether they had spoken to their GP in the past twelve months about 'being anxious or depressed or having a mental, nervous or emotional problem'. In the previous year almost two-fifths of those with neurotic disorders (39%) had spoken to their GP about a mental or emotional problem, compared with 6% of those without a neurotic disorder. In the two weeks before interview, six times as many of those with neurotic disorders (6%) had spoken to their GP about a mental or emotional problem as those without disorders (1%). (*Table 5.6 and 5.7*)

There was a clear association between the number of disorders and the likelihood of having spoken to a GP. In the previous year, 6% of people with no neurotic disorders had talked to a GP about a nervous or emotional problem, compared with over a third (34%) of people with one disorder and over two thirds (69%) of people with two or more problems. Similarly, in the previous two weeks, 1% of people without neurotic disorders had spoken with a GP about such a problem, compared with 5% of those with one problem and 17% of those with two or more.

Most likely to have seen a GP in the last two weeks were those with phobias (19%), depressive episode (15%), panic disorder (14%) and obsessive compulsive disorder (13%). Those with mixed anxiety and depressive disorder were the least likely to have talked to a GP about an emotional or mental problem, only 3% had done so. (*Table 5.7*)

Respondents were also asked whether they had made a visit to an outpatients department for treatment or a check up because of a mental or emotional problem in the last three months. Three per cent of those with a neurotic disorder had done so, compared with less than a half of 1% of those without a disorder.

Those with one neurotic disorder were only slightly more likely to have visited an outpatients department than those with no neurotic disorder (1% had done so). However, among those with two or more disorders, 12% had made a visit to an outpatients department for a mental or emotional problem in the previous quarter. (*Table 5.6*)

Those with phobias (13%) were almost twice as likely as those with any other disorder to have visited hospital as an outpatient for a psychiatric problem. Among those with obsessive compulsive disorder and depressive episode, 7% had made an outpatient visit for their problems, while 6% of those with generalised anxiety disorder had done so. (*Table 5.7*)

One per cent of those with a current neurotic disorder had had a stay as an inpatient in the previous quarter because of emotional or mental problems, not significantly more than those without a neurotic disorder, of whom less than half a percent had had a stay in hospital for emotional or mental problems. There were no significant differences between people with different types of neurotic disorders in the proportions who had had an in-patient stay. (*Tables 5.6 and 5.7*)

5.1.3 Use of community care services

Respondents were shown a list of community care services and asked whether they had used any of the services in the last year, apart from any contacts during in-patient or out-patient attendances or at day activity centres that they had already mentioned. The services were: a psychiatrist, a psychologist, a community psychiatric nurse, a community learning difficulty nurse, other nursing services, a self-help or support group, a social worker, a home help or home care worker, an outreach worker or family support. Those who had used community care services in the last twelve months were also asked which, if any, of them they had used in the last quarter.

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 neurotic disorder. (*Table 5.8*)

The most frequently used services were other nursing services, used by 5% of those with a neurotic disorder in the previous twelve months, compared with 2% of those with no neurotic disorder. Four per cent of people with a neurotic disorder had seen a social worker, compared with 1% of those with no neurotic disorder. During the

previous quarter, 3% of those with neurotic disorders had used other nursing services, compared with 1% of people with no disorder, and 2% had used a social worker, compared with less than half a per cent of those with no disorder.

Three per cent of people with a neurotic disorder mentioned using a psychiatrist, psychologist, home help or care worker in the previous twelve months, while in the last quarter the figures were 2% using a psychiatrist and 1% each for a psychologist and home help or home care worker.

The groups most likely to use community care services were: those with phobias, among whom, 31% had used a service in the previous twelve months, and 20% within the last quarter; those with obsessive compulsive disorder, of whom 27% had used a community care service in the past twelve months and 20% within the last quarter; and those with depressive episode, 28% having used a community care service in the previous twelve months and 16% in the past quarter. In the past quarter, among people with phobias, 6% had used a psychiatrist in the community, 6% a social worker, 5% a community psychiatric nurse and 4% other nursing services. For those with obsessive compulsive disorder, 7% had used a psychiatrist, 5% a community psychiatric nurse, 4% a psychologist and the same proportion had used other nursing services. For those with depressive episodes, 5% each had used a psychiatrist, a social worker and other nursing services. (*Table 5.8*)

5.1.4 Day activity services

Respondents were shown a list of day activity services and asked whether they had used any of them in the past twelve months. These services included a community mental health centre, a day activity centre, a sheltered workshop or any other service. Use of such services was negligible among those with no neurotic disorder. Among those with a neurotic disorder, 3% had used a day activity service in the previous twelve months and 2% within the last quarter. (*Table 5.9*)

The heaviest users of day activity services were those with phobias. In the previous twelve months, 12% had used such a service, as had 7% within the last quarter. Nine per cent had used a community mental health centre in the previous twelve months, and 5% in the last quarter, while 5% had used a day activity centre in the twelve months before interview, with 3% using a day activity centre in the previous quarter. Those with obsessive compulsive disorder also made relatively more use of day activity services than other groups, with 10% using these services in the past twelve months and 5% in the last quarter. There was negligible use of sheltered workshops or other day services among any group.

5.1.5 Services refused

Finally, people were asked if they had ever been offered help from any of a list of services which they had turned down. Overall, only 3% of respondents had been offered help which they had turned down. This was 9% among people with a neurotic disorder, and 2% of those with no neurotic disorder. The most commonly turned down service was counselling, mentioned by half of those who had turned down a service. No other service had been rejected by nearly as many people, but 10% had rejected help from a community psychiatric nurse and 9% from a psychiatrist. (*Table 5.10*)

5.2 Treatment and service use by people with a probable psychotic disorder

5.2.1 Use of medication and other treatment

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% of those without a psychotic disorder, while two-fifths (40%) were receiving counselling or therapy. Almost all of those who were receiving counselling or therapy were also receiving medication – only 1% of people with a probable psychotic disorder were having counselling or therapy without medication. (*Table 5.11*)

Use of antipsychotic medication was almost entirely restricted to those assessed as having a probable psychotic disorder. Among this group over half (56%) were taking antipsychotic medication,

while amongst those without psychotic disorder, prescribing of this type of medication was negligible. As well as being more likely to be receiving psychoactive medication, people with probable psychosis were more likely to be taking other medication acting on the Central Nervous System (CNS) than those without psychotic disorder. Overall, 89% of those with probable psychosis were being prescribed one or more CNS medications, compared with 15% of those without psychosis. Over a fifth (22%) were taking hypnotics and anxiolytics, compared with 2% of those with no psychotic disorder, and almost half (48%) were taking antidepressants, compared with only 4% of those without psychosis. (*Table 5.12*)

As for those with neurotic disorders, the most common types of therapy for those with psychotic disorders were psychotherapy and counselling. Fifteen per cent of those judged probably psychotic were receiving psychotherapy, while counselling was being received by 17%, compared with 1% of those without psychosis for both types of treatment. (*Table 5.13*)

5.2.2 Use of GP, in-patient and day- or out-patient services

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. In the two weeks before interview, seven times as many of those with probable psychotic disorder (14%) had spoken to their GP about a mental or emotional problem as those without psychotic disorder (2%). (*Table 5.14*)

In the last three months, visits to an outpatient department for mental or emotional problems were very uncommon among those with no psychotic disorder, while 28% of those with probable psychotic disorder had made one or more such visits. The majority of these visits had been made to a psychiatric out-patient clinic, visited by almost a fifth (19%) of those with probable psychosis. Differences in the proportions reporting visits to other types of outpatient departments and for inpatient stays did not reach the level of statistical significance. (*Table 5.14*)

5.2.3 Use of community care services

Overall, over half (51%) of those judged to have a psychotic illness had used one or more of the specified community care services in the previous twelve months, compared with only 6% of non-psychotic informants. Among the group judged probably psychotic, the most frequently used service was community psychiatric nursing, used by 30% of those with a probable psychosis, but by just over half a per cent of other respondents. Over a quarter (26%) of those with probable psychosis had seen a psychiatrist in the community, compared with 1% of those without the disorder, and 18% had seen a social worker, compared with 1% of those without psychotic disorder. During the previous quarter, almost two-fifths (38%) of those thought to have a psychotic disorder had used one or more community care services, compared with 3% of people with no disorder. (*Table 5.15*)

5.2.4 Day activity services

As Table 5.16 shows, respondents with probable psychotic disorders were also heavy users of day activity services. In the twelve months before interview, 37% of them had used one or more day activity services, compared with 1% of respondents without psychosis, and one-fifth (21%) had done so in the previous three months, compared a negligible number of those without psychotic disorder. The service most likely to be used was a community mental health centre, used by 31% in the previous year and 16% in the previous quarter. (*Table 5.16*)

5.2.5 Services refused

Of those with psychotic disorders, 7% had turned down services which had been offered to them. This was not significantly different than for informants with no psychotic disorder. (*Table 5.17*)

5.3 Treatment and service use by people with alcohol problems

When considering the use of medication and health and related services by people with different levels of drinking, the strong association between

younger age and alcohol problems, which was described in chapter 2, needs to be borne in mind.

5.3.1 Use of medication and other treatment

Respondents whose alcohol consumption reached levels of dependence were not significantly different from those whose consumption was at a non-hazardous level in their use of CNS medication or other forms of treatment. Those whose alcohol consumption was at a hazardous level but fell short of dependence, however, were significantly less likely than either of the other two groups to use any CNS medication or any psychoactive medication. Among those with a hazardous pattern of drinking without dependence, 3% were using psychoactive medication at the time of interview, compared with 6% of those with less hazardous drinking patterns, and 7% of those showing evidence of alcohol dependence. Ten per cent of hazardous drinkers were taking any CNS medication, compared with 17% of those with no hazardous drinking patterns, and 16% of those with dependence. There were no differences in the proportions of the three groups who were receiving counselling or therapy. (*Tables 5.18 and 5.19*)

5.3.2 Use of health care, community and day activity services

People assessed as having a hazardous pattern of drinking were less likely to have seen their GP about a mental or emotional problem in the past year or to have used community care services than were those assessed as alcohol dependent or who had no alcohol problem. There was no differences in the frequency of use of other health care, day activity services by people with different levels of alcohol problem. (*Tables 5.20–5.23*)

5.3.3 Services refused

Alcohol dependent informants differed from others in that they were more likely to have turned down services that had been offered to them. Eight per cent had done so, compared with 3% of each of the other two groups. (*Table 5.24*)

5.4 Treatment and service use by people with drug dependence

5.4.1 Use of medication and other treatment

Although a larger proportion of those dependent on drugs other than cannabis reported receiving some form of treatment (16%) than did those dependent on cannabis only (9%) or not dependent on drugs (7%) the small size of the group reporting dependence on other drugs means that the difference is not statistically significant. (*Table 5.25–5.27*)

5.4.2 Use of health care, community and day activity services

People with drug dependence were more likely than those without to report having consulted their GP in the year before interview. Among the group who were dependent on other drugs with or without cannabis 27% had seen their GP in the previous 12 months as had 18% of those dependent on cannabis only. Among those not dependent on drugs only 11% had done so. However, there was no difference between any of the groups in the proportion of people who reported using in-patient or out-patient services (*Table 5.28*)

People who were assessed as dependent on other drugs with or without cannabis were more likely to have used community care services than those who were not dependent. Within this group 17% reporting using at least one of these services in the year before interview and 11% had used them in the past quarter. The most commonly used of these services in the previous year was a social worker, followed by a psychiatrist, a self help or support group, a community psychiatric nurse and other nursing services. Only 6% of those without drug dependence had used any community care services in the previous year and 3% in the past quarter, while the equivalent figures for those dependent on cannabis only were 8% and 3%. (*Table 5.29*)

There were no differences related to drug dependency in the use of day activity services. (*Table 5.30*)

5.4.3 Services refused

As with those who were alcohol dependent, those who were judged to be dependent on drugs other than cannabis were more likely to have turned down services that were offered to them. Fifteen per cent had done so, compared with 3% of those not dependent on drugs and 8% of those dependent on cannabis only. (*Table 5.31*)

Table 5.1 Treatment received for mental or emotional problems by number of neurotic disorders

	None	One	Two or more
	%	%	%
No treatment	96	81	46
Medication only	3	13	30
Counselling or therapy only	1	3	6
Both medication and counselling	0	3	18
Base	*7071*	*1284*	*225*

Table 5.2 Treatment received for mental or emotional problems by type of neurotic disorder

	Mixed anxiety and depressive disorder	Generalised anxiety disorder	Depressive episode	Any phobia	Obsessive compulsive disorder	Panic disorder	Any neurotic disorder	No neurotic disorder
	%	%	%	%	%	%	%	%
No treatment	84	67	56	46	60	64	76	96
Medication only	11	22	26	27	20	19	15	3
Counselling or therapy only	3	4	4	9	5	11	4	1
Both medication and counselling	2	8	14	18	15	6	5	0
Base	*769*	*431*	*255*	*176*	*114*	*69*	*1509*	*7071*

Table 5.3 Types of medication taken by number of neurotic disorders

	None	One	Two or more
	Percentage receiving each type of medication		
Hypnotics and anxiolytics	1	4	20
Drugs used in psychoses etc	0	1	7
Anti-depressants	2	13	39
Any psychoactive medication	**3**	**16**	**47**
Analgesics	9	20	26
Any other CNS medication*	2	4	10
Any CNS medication*	**12**	**31**	**57**
Base	*7071*	*1284*	*225*

* Medication acting on the Central Nervous System.

Table 5.4 Types of medication taken by type of neurotic disorder

	Mixed anxiety and depressive disorder	Generalised anxiety disorder	Depressive episode	Any phobia	Obsessive compulsive disorder	Panic disorder	Any neurotic disorder	No neurotic disorder
	Percentage receiving each type of medication							
Hypnotics and anxiolytics	3	14	12	17	9	5	6	1
Drugs used in psychoses etc.	1	3	5	7	7	4	2	0
Anti-depressants	10	24	34	40	30	22	16	2
Any psychoactive medication	**13**	**30**	**40**	**45**	**35**	**25**	**20**	**3**
Analgesics	20	20	28	26	21	17	21	9
Any other CNS medication*	3	7	11	7	7	4	5	2
Any CNS medication*	**29**	**40**	**55**	**54**	**47**	**37**	**34**	**12**
Base	*769*	*431*	*255*	*176*	*114*	*69*	*1509*	*7071*

* Medication acting on the Central Nervous System.

Table 5.5 Treatment by counselling and therapy by type of neurotic disorder

	Mixed anxiety and depressive disorder	Generalised anxiety disorder	Depressive episode	Any phobia	Obsessive compulsive disorder	Panic disorder	Any neurotic disorder	No neurotic disorder
	Percentage receiving each type of treatment							
Psychotherapy	1	5	7	11	12	7	3	0
Behaviour or cognitive therapy	0	2	2	3	5	-	1	0
Art, music or drama therapy	0	1	1	1	2	-	0	0
Social skills training	-	-	0	0	1	-	0	-
Marital or family therapy	0	0	-	1	1	-	0	0
Sex therapy	0	1	-	-	-	-	0	0
Counselling	2	5	11	15	10	11	4	0
Other therapy	1	1	1	2	1	-	1	0
Any counselling or therapy	**5**	**12**	**17**	**27**	**20**	**17**	**9**	**1**
Base	*769*	*431*	*255*	*176*	*114*	*69*	*1509*	*7071*

Table 5.6 Health care services used for mental or emotional problems by number of neurotic disorders

	None	One	Two or more
	Percentage reporting using each service		
Inpatient stay in last quarter	**0**	**1**	**1**
in secure unit	-	-	-
in acute psychiatric ward	-	0	0
in rehab ward	-	0	-
in A&E department	-	0	1
in general ward	0	0	1
in other ward	-	-	-
Outpatient visit in last quarter	**0**	**1**	**12**
to A&E department	0	0	0
to psychiatric outpatients	0	1	7
other hospital department	0	0	6
other outpatient service	0	0	-
GP consultations			
Spoken to GP in last year	6	34	69
Spoken to GP in last two weeks	1	5	17
Base	*7069*	*1284*	*225*

Table 5.7 Health care services used for mental or emotional problems by type of neurotic disorder

	Mixed anxiety anddepressive disorder	Generalised anxiety disorder	Depressive episode	Any phobia	Obsessive compulsive disorder	Panic disorder	Any neurotic disorder	No neurotic disorder
	Percentage reporting using each service							
Inpatient stay in last quarter	**1**	**1**	**1**	**2**	**1**	**-**	**1**	**0**
in secure unit	-	-	-	-	-	-	-	-
in acute psychiatric ward	0	0	-	1	1	-	0	-
in rehab ward	-	-	1	1	-	-	0	-
in A&E department	0	0	1	1	1	-	0	-
in general ward	-	0	1	1	1	-	0	0
in other ward	-	-	-	-	-	-	-	-
Outpatient visit in last quarter	**1**	**6**	**7**	**13**	**7**	**4**	**3**	**0**
to A&E department	0	0	0	-	1	-	0	0
to psychiatric outpatients	0	4	6	7	5	4	2	0
other hospital department	0	3	2	6	2	1	1	0
other outpatient service	0	-	-	-	-	-	0	0
GP consultations								
Spoken to GP in last year	29	50	62	65	62	45	39	6
Spoken to GP in last two weeks	3	8	15	19	13	14	6	1
Base	*769*	*430*	*254*	*176*	*114*	*69*	*1508*	*7069*

Table 5.8 Community care services used by type of neurotic disorder

	Mixed anxiety and depressive disorder	Generalised anxiety disorder	Depressive episode	Any phobia	Obsessive compulsive disorder	Panic disorder	Any neurotic disorder	No neurotic disorder
	Percentage using each service							
Services used in the last year								
Psychiatrist	1	6	8	8	9	3	3	0
Psychologist	1	3	3	7	5	-	2	0
Community psychiatric nurse	1	5	7	10	9	1	3	0
Community learning difficulty nurse	-	-	-	-	-	-	-	0
Other nursing services	5	5	7	8	3	5	5	2
Social worker	3	5	9	9	6	4	4	1
Self help/support group	2	4	3	3	3	4	3	0
Home help/home care worker	1	2	3	2	2	-	1	0
Outreach worker	1	2	5	4	2	1	1	0
Any community care service	**12**	**23**	**28**	**31**	**27**	**16**	**16**	**4**
Services used in the last quarter								
Psychiatrist	0	3	5	6	7	1	2	0
Psychologist	0	1	1	2	4	-	1	0
Community psychiatric nurse	0	3	2	5	5	-	1	0
Community learning difficulty nurse	-	-	-	-	-	-	-	-
Other nursing services	2	3	5	4	4	2	3	1
Social worker	2	2	5	6	3	1	2	0
Self help/support group	1	1	1	3	3	-	1	0
Home help/home care worker	1	2	2	2	2	-	1	0
Outreach worker	0	1	3	3	2	-	1	0
Any community care service	**6**	**12**	**16**	**20**	**20**	**4**	**8**	**2**
Base	*769*	*431*	*255*	*176*	*114*	*69*	*1509*	*7071*

Table 5.9 Day care services used by type of neurotic disorder

	Mixed anxiety and depressive disorder	Generalised anxiety disorder	Depressive episode	Any phobia	Obsessive compulsive disorder	Panic disorder	Any neurotic disorder	No neurotic disorder
	Percentage using each services							
Services used in the last year								
Community mental health centre	1	4	5	9	7	2	2	0
Day activity centre	0	2	3	5	5	3	1	0
Sheltered workshop	0	-	-	-	-	-	0	0
Other day service	-	0	-	-	-	-	0	-
Any day care service	**1**	**6**	**7**	**12**	**10**	**5**	**3**	**1**
Services used in the last quarter								
Community mental health centre	0	2	2	5	3	-	1	0
Day activity centre	0	1	1	3	3	-	1	0
Sheltered workshop	0	-	-	-	-	-	0	0
Other day service	-	0	-	-	-	-	0	-
Any day care service	**0**	**3**	**3**	**7**	**5**	**-**	**2**	**0**
Base	*769*	*431*	*255*	*176*	*114*	*69*	*1509*	*7071*

Table 5.10 Services turned down by neurotic disorder

	Any neurotic disorder	No neurotic disorder	All adults
	Percentage turning down help		
Has turned down a service	9	2	3
Base	*1509*	*7070*	*8579*
Turned down help from:			
Community Psychiatric Nurse	9	3	5
Social Worker	9	12	10
Occupational/Industrial Therapist	7	3	5
Psychiatrist	13	7	9
Other nursing services	4	9	7
Home help/home care worker	9	5	7
Counselling service	47	53	50
Other	14	15	15
Base (those turning down help)	*132*	*139*	*271*

Table 5.11 Treatment received for mental or emotional problems

by people with and without psychotic disorder

	No psychotic disorder	Probable psychosis
	%	%
No treatment	93	15
Medication only	5	44
Counselling or therapy only	1	1
Both medication and counselling	1	39
Base	*8520*	*60*

Table 5.12 Types of medication taken

by people with and without psychotic disorder

	No psychotic disorder	Probable psychosis
	Percentage receiving each type of medication	
Hypnotics and anxiolytics	2	22
Drugs used in psychoses etc.	0	56
Anti-depressants	4	48
Any psychoactive medication	**6**	**84**
Analgesics	11	23
Any other CNS medication*	2	32
Any CNS medication*	**15**	**89**
Base	*8520*	*60*

* Medication acting on the Central Nervous System.

Table 5.13 Treatment by counselling and therapy

by people with and without psychotic disorder

	No psychotic disorder	Probable psychosis
	Percentage receiving each type of treatment:	
Psychotherapy	1	15
Behaviour or cognitive therapy	0	1
Art, music or drama therapy	0	4
Social skills training	0	1
Marital or family therapy	0	2
Sex therapy	0	-
Counselling	1	17
Other therapy	0	8
Any counselling or therapy	**2**	**40**
Base	*8520*	*60*

Table 5.14 Health care services used for mental and emotional problems

by people with and without psychotic disorder

	No psychotic disorder	Probable Psychosis
	Percentage reporting using each service	
Inpatient stay in last quarter	**0**	**6**
in secure unit	-	-
in acute psychiatric ward	-	4
in rehabilitation ward	0	2
in A&E department	0	-
in general ward	0	-
in other ward	-	-
Outpatient visit in last quarter	**1**	**28**
to A&E department	0	1
to psychiatric outpatients	0	19
other hospital department	0	6
other outpatient service	0	3
GP consultations		
Spoken to GP in last year	11	71
Spoken to GP in last two weeks	2	14
Base	*8518*	*60*

Table 5.15 Community care services used

by people with and without psychotic disorder

	No psychotic disorder	Probable psychosis
	Percentage reporting using each service	
Services used in the last year		
Psychiatrist	1	26
Psychologist	0	4
Community psychiatric nurse	1	30
Community learning difficulty nurse	0	-
Other nursing services	3	5
Social worker	1	18
Self help/support group	1	6
Home help/home care worker	1	7
Outreach worker	0	6
Any community care service	**6**	**51**
Services used in the last quarter		
Psychiatrist	0	14
Psychologist	0	2
Community psychiatric nurse	0	24
Community learning difficulty nurse	-	-
Other nursing services	1	5
Social worker	1	13
Self help/support group	0	4
Home help/home care worker	0	7
Outreach worker	0	4
Any community care service	**3**	**38**
Base	*8520*	*60*

Table 5.16 Day activity services used

by people with and without psychotic disorder

	No psychotic disorder	Probable psychosis
	Percentage reporting using each service	
Services used in the last year		
Community mental health centre	0	31
Day activity centre	0	9
Sheltered workshop	0	1
Other day care service	0	-
Any day care service	**1**	**37**
Services used in the last quarter		
Community mental health centre	0	16
Day activity centre	0	5
Sheltered workshop	0	1
Other day care service	0	-
Any day care service	**0**	**21**
Base	*8520*	*60*

Table 5.17 Services turned down

by people with and without psychotic disorder

	No psychotic disorder	Probable psychosis
	Percentage turning down help	
Has turned down a service	3	7
Base	*8519*	*60*
Turned down help from		
Community Psychiatric Nurse	5	[1]
Social Worker	10	-
Occupational/Industrial Therapist	5	-
Psychiatrist	9	[1]
Other nursing services	7	-
Home help/home care worker	7	-
Counselling service	50	[2]
Other	15	[1]
Base: (those turning down help)	*266*	*5*

Table 5.18 Treatment received for mental or emotional problems

by level of alcohol problem

	No hazardous drinking[1]	Hazardous drinking not dependent[2]	Alcohol dependent[3]
	%	%	%
No treatment	92	96	90
Medication only	5	3	6
Counselling or therapy only	1	1	2
Both medication and counselling	1	1	2
Base	*6464*	*1508*	*567*

[1] AUDIT score <8.
[2] AUDIT score >8 but SAD-Q score 0–3.
[3] AUDIT score >8 and SAD-Q score 4+.

Table 5.19 Types of medication taken

by level of alcohol problem

	No hazardous drinking[1]	Hazardous drinking not dependent[2]	Alcohol dependent[3]
		Percentage receiving each type of medication	
Hypnotics and anxiolytics	2	1	3
Drugs used in psychoses etc.	1	0	0
Anti-depressants	5	3	6
Any psychoactive medication	**6**	**3**	**7**
Analgesics	12	7	10
Any other CNS medication*	2	1	4
Any CNS medication*	**17**	**10**	**16**
Base	*6464*	*1508*	*567*

[1] AUDIT score <8.
[2] AUDIT score >8 but SAD-Q score 0–3.
[3] AUDIT score >8 and SAD-Q score 4+.
* Medication acting on the Central Nervous System.

Table 5.20 Treatment by counselling and therapy

by level of alcohol problem

	No hazardous drinking[1]	Hazardous drinking not dependent[2]	Alcohol dependent[3]
	Percentage receiving each type of treatment		
Psychotherapy	1	0	1
Behaviour or cognitive therapy	0	0	0
Art, music or drama therapy	0	0	-
Social skills training	0	-	-
Marital or family therapy	0	0	0
Sex therapy	0	-	0
Counselling	1	1	2
Other therapy	0	0	0
Any counselling or therapy	**2**	**2**	**4**
Base	*6464*	*1508*	*567*

[1] AUDIT score <8.
[2] AUDIT score >8 but SAD-Q score 0–3.
[3] AUDIT score >8 and SAD-Q score 4+.

Table 5.21 Health care services used for mental and emotional problems

by level of alcohol problem

	No hazardous drinking[1]	Hazardous drinking not dependent[2]	Alcohol dependent[3]
	Percentage reporting using each service		
Inpatient stay in last quarter	**0**	**0**	**0**
in secure unit	-	-	-
in acute psychiatric ward	0	-	0
in rehabilitation ward	0	-	-
in A&E department	0	0	0
in general ward	0	0	0
in other ward	-	-	-
Outpatient visit in last quarter	**1**	**0**	**1**
to A&E department	0	0	0
to psychiatric outpatients	0	0	1
other hospital department	0	0	1
other outpatient service	0	0	0
GP consultations			
Spoken to GP in last year	12	9	15
Spoken to GP in last two weeks	2	1	2
Base	*6462*	*1508*	*567*

[1] AUDIT score <8.
[2] AUDIT score >8 but SAD-Q score 0–3.
[3] AUDIT score >8 and SAD-Q score 4+.

Table 5.22 Community care services used by level alcohol problem

	No hazardous drinking[1]	Hazardous drinking not dependent[2]	Alcohol dependent[3]
		Percentage reporting using each service	
Services used in the last year			
Psychiatrist	1	1	2
Psychologist	0	0	2
Community psychiatric nurse	1	0	2
Community learning difficulty nurse	0	-	-
Other nursing services	3	2	2
Social worker	1	1	3
Self help/support group	1	0	1
Home help/home care worker	1	0	0
Outreach worker	0	0	0
Any community care service	**7**	**4**	**8**
Services used in the last quarter			
Psychiatrist	0	0	1
Psychologist	0	0	1
Community psychiatric nurse	0	0	1
Community learning difficulty nurse	-	-	-
Other nursing services	1	1	1
Social worker	1	0	2
Self help/support group	0	0	1
Home help/home care worker	1	0	0
Outreach worker	0	0	0
Any community care service	**3**	**2**	**5**
Base	*6464*	*1508*	*567*

[1] AUDIT score <8.
[2] AUDIT score >8 but SAD-Q score 0–3.
[3] AUDIT score >8 and SAD-Q score 4+.

Table 5.23 Day activity services used

by level of alcohol problem

	No hazardous drinking[1]	Hazardous drinking not dependent[2]	Alcohol dependent[3]
		Percentage reporting using each service	
Services used in the last year			
Community mental health centre	1	0	1
Day activity centre	0	0	1
Sheltered workshop	0	0	-
Other day service	0	-	-
Any day care service	**1**	**1**	**2**
Services used in the last quarter			
Community mental health centre	0	0	1
Day activity centre	0	0	0
Sheltered workshop	-	0	-
Other day service	0	-	-
Any day care service	**0**	**0**	**1**
Base	*6464*	*1508*	*567*

[1] AUDIT score <8.
[2] AUDIT score >8 but SAD-Q score 0–3.
[3] AUDIT score >8 and SAD-Q score 4+.

Table 5.24 Services turned down

by level of alcohol problem

	No hazardous drinking[1]	Hazardous drinking not dependent[2]	Alcohol dependent[3]
		Percentage turning down help	
Has turned down a service	3	3	8
Base	*6463*	*1508*	*567*
Turned down help from			
Community Psychiatric Nurse	8	1	2
Social Worker	9	8	17
Occupational/Industrial Therapist	5	11	-
Psychiatrist	9	1	18
Other nursing services	4	13	10
Home help/home care worker	8	3	8
Counselling service	51	58	42
Other	17	6	17
Base: (those turning down help)	*180*	*38*	*49*

[1] AUDIT score <8.
[2] AUDIT score >8 but SAD-Q score 0–3.
[3] AUDIT score >8 and SAD-Q score 4+.

Table 5.25 Treatment received for mental or emotional problems by drug dependence

	Type of dependence		
	No dependence	Cannabis only	Other drug(s) with or without cannabis
	%	%	%
No treatment	93	91	84
Medication only	5	5	9
Counselling or therapy only	1	0	5
Both medication and counselling	1	4	1
Base	*8283*	*173*	*85*

Table 5.26 Types of medication taken by drug dependence

	Type of dependence		
	No dependence	Cannabis only	Other drug(s) with or without cannabis
	Percentage receiving each type of medication		
Hypnotics and anxiolytics	2	2	7
Drugs used in psychoses etc.	1	1	1
Anti-depressants	4	8	6
Any psychactive medication	**6**	**9**	**10**
Analgesics	11	6	9
Any other CNS medication*	2	1	4
Any CNS medication*	**16**	**13**	**17**
Base	*8283*	*173*	*85*

* Medication acting on the Central Nervous System.

Table 5.27 Treatment by counselling and therapy by drug dependence

	Type of dependence		
	No dependence	Cannabis only	Other drug(s) with or without cannabis
	Percentage receiving each type of treatment		
Psychotherapy	1	2	1
Behaviour or cognitive therapy	0	-	-
Art, music or drama therapy	0	0	-
Social skills training	0	-	-
Marital or family therapy	0	-	-
Sex therapy	0	-	2
Counselling	1	2	4
Other therapy	0	-	1
Any counselling or therapy	**2**	**4**	**7**
Base	*8283*	*173*	*85*

Table 5.28 Health care services used for mental or emotional problems by drug dependence

	Type of dependence		
	No dependence	Cannabis only	Other drug(s) with or without cannabis
	Percentage reporting using each service		
Inpatient stay in last quarter	**0**	**-**	**1**
in secure unit	-	-	-
in acute psychiatric ward	0	-	-
in rehabilitation ward	0	-	-
in A&E department	0	-	1
in general ward	0	-	1
in other ward	-	-	-
Outpatient visit in last quarter	**1**	**0**	**1**
to A&E department	0	-	-
to psychiatric outpatients	0	-	1
other hospital department	0	0	1
other outpatient service	0	-	-
GP consultations			
Spoken to GP in last year	11	18	27
Spoken to GP in last two weeks	1	3	7
Base	*8281*	*173*	*85*

Table 5.29 Community care services used by drug dependence

	Type of dependence		
	No dependence	Cannabis only	Other drug(s) with or without cannabis
	Percentage reporting using each service		
Services used in the last year			
Psychiatrist	1	2	5
Psychologist	0	1	2
Community psychiatric nurse	1	3	4
Community learning difficulty nurse	0	-	-
Other nursing services	3	0	4
Social worker	1	3	6
Self help/support group	1	1	4
Home help/home care worker	1	0	1
Outreach worker	0	1	1
Any community care service	**6**	**8**	**17**
Services used in the last quarter			
Psychiatrist	0	1	3
Psychologist	0	1	1
Community psychiatric nurse	0	1	1
Community learning difficulty nurse	-	-	-
Other nursing services	1	0	1
Social worker	1	2	5
Self help/support group	0	-	4
Home help/home care worker	0	0	1
Outreach worker	0	1	1
Any community care service	**3**	**3**	**11**
Base	*8283*	*173*	*85*

Table 5.30 Day care services used by drug dependence

	Type of dependence		
	No dependence	Cannabis only	Other drug(s) with or without cannabis
	Percentage reporting using each service		
Services used in the last year			
Community mental health centre	1	2	2
Day activity centre	0	0	1
Sheltered workshop	0	-	-
Other day service	0	-	-
Any day care service	**1**	**3**	**3**
Services used in the last quarter			
Community mental health centre	0	1	1
Day activity centre	0	-	0
Sheltered workshop	0	-	-
Other day service	0	-	-
Any day care service	**0**	**1**	**1**
Base	*8283*	*173*	*85*

Table 5.31 Services turned down by drug dependence

	Type of dependence		
	No dependence	Cannabis only	Other drug(s) with or without cannabis
	Percentage turning down help		
Has turned down a service	3	8	15
Base	*8282*	*173*	*85*
Turned down help from			
Community Psychiatric Nurse	6	-	[1]
Social Worker	10	-	[4]
Occupational/Industrial Therapist	5	-	[1]
Psychiatrist	9	[2]	[3]
Other nursing services	6	[1]	[1]
Home help/home care worker	8	-	-
Counselling service	50	[9]	[8]
Other	15	[3]	[2]
Base: (those turning down help)	*236*	*15*	*16*

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Appendix A

Statistical terms and their interpretation

A1 Confidence intervals

The percentages and means quoted in the text of this report represent summary information about a variable (eg CIS-R score) based on the sample of people interviewed in this study. However, extrapolation from these sample statistics is required in order to make inferences about distribution of that particular variable in the population. This is done by calculating confidence intervals around the statistic in question. These confidence intervals indicate the range within which the 'true' (or population) percentage is likely to lie. Where 95% confidence intervals are calculated, this simply indicates that one is '95% confident' that the population percentage lies within this range. (More accurately, it indicates that, if repeated samples were drawn from the population, the percentage would lie within this range in 95% of the samples.)

Confidence intervals are calculated on the basis of the sampling error (see below). The upper 95% confidence intervals are calculated by adding the sampling error (SE) multiplied by 1.96 to the sample percentage or mean. The lower confidence interval is derived by subtracting the same value. 99% confidence intervals can also be calculated, by replacing the value 1.96 by the value 2.58.

A2 Sampling errors

The sampling error is a measure of the degree to which a percentage (or other summary statistic) would vary if repeatedly calculated in a series of samples. It is used in the calculation of confidence intervals and statistical significance tests. In this survey simple random sampling did not take place, a multi-stage stratified sampling design was used. In addition, the data was weighted firstly to take account of differing selection probabilities and, secondly, to compensate for non-response using post-stratification. To take account of the complex sample design and weighting procedures used in this survey, sampling errors were calculated using STATA and the sampling errors associated with key prevalence estimates in Chapter 2 are shown in Tables A.1 to A.11 below. However, this does not affect the interpretation of the sampling errors or their use in the calculation of confidence intervals.

The effect of a complex sampling design on the precision of survey estimates is usually quantified by means of the design factor (deft). For any survey estimate, the deft is calculated as the ratio of the standard error allowing for the full complexity of the survey design to the standard error assuming a simple random sample. The standard error based on a simple random sample multiplied by the deft gives the standard error of a complex design.

$$se(p) = deft \times se(p)_{sys}$$

where:

$$se(p)_{sys} = \sqrt{\frac{p(1-p)}{N}}$$

The formula to measure whether the differences between the percentages is likely to be due entirely to sampling error for a complex design is:

$$se(p_1-p_2) = \sqrt{\frac{deft_1^{2*}\, p_1(100-p_1)}{n_1} + \frac{deft_2^{2*}\, p_2(100-p_2)}{n_2}}$$

where p_1 and p_2 are observed percentages for the two sub-samples and n^1 and n^2 are the sub-sample sizes. The 95% confidence interval for the difference between two percentages is then given by;

$$(p_1-p_2) +/- 1.96 \times se(p_1-p_2)$$

If this confidence interval includes zero then the observed difference is considered to be a result of chance variation in the sample. If the interval does not include zero then it is unlikely (less than 5% probability) that the observed differences could have occurred by chance. The standard errors of survey measures which are not presented in the following tables for sample subgroups may be estimated by applying an appropriate value of deft to the sampling error. The choice of an appropriate value of deft will vary according to whether the basic survey measure is included in the tables. Since

most deft values are relatively small (1.1 or less) the absolute effect of adjusting sampling errors to take account of the survey's complex design will be small. In most cases it will result in an increase of less than 10% over the standard error assuming simple random sampling. However, for some regional estimates the deft is greater and caution should be exercised when considering the significance of apparent differences between regions. Whether it is considered necessary to use deft or to use the basic estimates of standard errors assuming a simple random sample is a matter of judgement and depends chiefly on how the survey results will be used.

Sampling errors have been calculated for other estimates and have been used to test the statistical significance of differences for this report. In general only statistically significant differences are commented on in the report unless specifically stated otherwise. Tables of additional sampling errors can be found in the Technical Report of the survey.

A3 Significance

It is stated in the text of the report that some differences are 'significant'. This indicates that it is unlikely that a difference of this magnitude would be found due to chance alone. Specifically, the likelihood that the difference would occur simply by chance is less than 5%. This is conventionally assumed to be in frequent enough to discount chance as an explanation for the finding.

Table A.1 Standard errors and 95% confidence intervals for prevalence of CIS-R symptoms by sex

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
All adults	Fatigue	27.31	8580	0.67	1.38	26.01	28.62
	Sleep Problems	28.92	8580	0.61	1.25	27.73	30.12
	Irritability	20.12	8580	0.54	1.26	19.06	21.19
	Worry	19.04	8580	0.52	1.23	18.02	20.06
	Depression	10.97	8580	0.41	1.23	10.15	11.78
	Depressive ideas	9.47	8580	0.38	1.19	1.19	1.19
	Anxiety	8.57	8580	0.36	1.19	7.86	9.27
	Obsessions	5.59	8580	0.28	1.14	5.03	6.15
	Concentration and forgetfulness	9.79	8580	0.41	1.27	8.99	10.59
	Somatic symptoms	6.87	8580	0.30	1.09	6.28	7.45
	Compulsions	3.02	8580	0.20	1.08	2.63	3.41
	Phobia	4.68	8580	0.25	1.10	4.18	5.17
	Worry–Physical health	6.97	8580	0.30	1.07	6.39	7.55
	Panic	1.98	8580	0.16	1.06	1.67	2.30
Women	Fatigue	32.11	4728	0.93	1.37	30.29	33.92
	Sleep Problems	34.20	4728	0.80	1.15	32.64	35.76
	Irritability	22.21	4728	0.70	1.16	20.83	23.58
	Worry	21.42	4728	0.78	1.31	19.89	22.96
	Depression	11.64	4728	0.59	1.27	10.47	12.80
	Depressive ideas	11.07	4728	0.54	1.19	10.01	12.14
	Anxiety	9.29	4728	0.46	1.09	8.39	10.19
	Obsessions	6.96	4728	0.43	1.18	6.10	7.81
	Concentration and forgetfulness	10.65	4728	0.55	1.23	9.57	11.73
	Somatic symptoms	8.29	4728	0.42	1.06	7.46	9.12
	Compulsions	3.62	4728	0.29	1.08	3.04	4.20
	Phobia	5.88	4728	0.36	1.06	5.17	6.59
	Worry–Physical health	7.30	4728	0.40	1.06	6.51	8.09
	Panic	2.04	4728	0.20	0.99	1.64	2.44
Men	Fatigue	22.50	3852	0.74	1.10	21.05	23.96
	Sleep Problems	23.63	3852	0.79	1.15	22.09	25.18
	Irritability	18.04	3852	0.75	1.21	16.57	19.51
	Worry	16.65	3852	0.62	1.03	15.44	17.87
	Depression	10.29	3852	0.56	1.13	9.20	11.38
	Depressive ideas	7.86	3852	0.51	1.17	6.86	8.85
	Anxiety	7.85	3852	0.46	1.07	6.95	8.76
	Obsessions	4.22	3852	0.34	1.04	3.56	4.88
	Concentration and forgetfulness	8.93	3852	0.56	1.21	7.84	10.02
	Somatic symptoms	5.44	3852	0.41	1.12	4.63	6.24
	Compulsions	2.42	3852	0.24	0.98	1.94	2.89
	Phobia	3.47	3852	0.30	1.03	2.87	4.07
	Worry–Physical health	6.64	3852	0.42	1.05	5.81	7.47
	Panic	1.93	3852	0.24	1.08	1.46	2.40

Table A.2 Standard errors and 95% confidence intervals for prevalence of CIS-R symptoms by age

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
16- to 19-year-olds	Fatigue	24.04	334	2.31	0.99	19.50	28.57
	Sleep Problems	28.99	334	2.47	0.99	24.15	33.83
	Irritability	23.79	334	2.39	1.03	19.10	28.49
	Worry	18.86	334	2.19	1.02	14.57	23.15
	Depression	11.98	334	1.77	0.99	8.52	15.44
	Depressive ideas	12.74	334	1.78	0.97	9.25	16.23
	Anxiety	6.60	334	1.33	0.97	4.00	9.20
	Obsessions	5.91	334	1.26	0.97	3.45	8.38
	Concentration and forgetfulness	7.95	334	1.43	0.96	5.16	10.75
	Somatic symptoms	3.46	334	1.11	1.11	1.28	5.65
	Compulsions	4.07	334	1.13	1.04	1.86	6.27
	Phobias	6.39	334	1.31	0.98	3.82	8.95
	Worry–Physical health	5.85	334	1.30	1.01	3.31	8.40
	Panic	2.14	334	0.78	0.98	0.61	3.67
20- to 24-year-olds	Fatigue	23.63	460	2.30	1.16	19.12	28.15
	Sleep Problems	28.03	460	2.00	0.95	24.11	31.96
	Irritability	23.22	460	2.17	1.10	18.98	27.47
	Worry	19.95	460	2.02	1.08	16.00	23.91
	Depression	9.58	460	1.47	1.07	6.69	12.47
	Depressive ideas	9.71	460	1.36	0.98	7.05	12.36
	Anxiety	6.17	460	1.08	0.96	4.05	8.29
	Obsessions	6.56	460	1.16	1.01	4.28	8.84
	Concentration and forgetfulness	8.36	460	1.43	1.11	5.56	11.16
	Somatic symptoms	5.42	460	1.04	0.98	3.39	7.46
	Compulsions	3.68	460	0.76	0.87	2.18	5.17
	Phobias	6.07	460	1.28	1.14	3.57	8.58
	Worry–Physical health	6.21	460	1.20	1.06	3.86	8.56
	Panic	0.89	460	0.39	0.90	0.12	1.66
25- to 29-year-olds	Fatigue	29.64	730	1.76	1.04	26.19	33.08
	Sleep Problems	29.23	730	1.88	1.12	25.54	32.92
	Irritability	25.28	730	1.65	1.03	22.04	28.52
	Worry	22.05	730	1.63	1.06	18.86	25.24
	Depression	11.06	730	1.18	1.01	8.75	13.37
	Depressive ideas	11.01	730	1.29	1.11	8.48	13.53
	Anxiety	9.03	730	1.08	1.01	6.92	11.14
	Obsessions	7.47	730	1.11	1.14	5.29	9.65
	Concentration and forgetfulness	9.26	730	1.14	1.06	7.02	11.50
	Somatic symptoms	7.13	730	0.96	1.01	5.25	9.01
	Compulsions	3.17	730	0.67	1.03	1.87	4.48
	Phobias	5.12	730	0.75	0.92	3.65	6.59
	Worry–Physical health	5.50	730	0.84	1.00	3.85	7.15
	Panic	1.94	730	0.46	0.91	1.03	2.85
30- to 34-year-olds	Fatigue	28.08	953	1.68	1.15	24.79	31.37
	Sleep Problems	26.32	953	1.49	1.05	23.40	29.25
	Irritability	23.83	953	1.43	1.04	21.02	26.64
	Worry	21.45	953	1.48	1.11	18.55	24.35
	Depression	10.87	953	1.05	1.04	8.82	12.92
	Depressive ideas	9.99	953	1.04	1.07	7.95	12.03
	Anxiety	9.28	953	0.99	1.05	7.34	11.21
	Obsessions	6.12	953	0.79	1.02	4.57	7.67
	Concentration and forgetfulness	11.27	953	1.09	1.07	9.13	13.42
	Somatic symptoms	7.20	953	0.93	1.11	5.38	9.03
	Compulsions	3.89	953	0.60	0.96	2.71	5.07
	Phobias	5.40	953	0.82	1.12	3.80	7.00
	Worry–Physical health	6.40	953	0.87	1.09	4.70	8.10
	Panic	2.25	953	0.59	1.23	1.09	3.41

Table A.2 - *continued* Standard errors and 95% confidence intervals for prevalence of CIS-R symptoms by age

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
35- to 39-year-olds	Fatigue	28.66	1006	1.56	1.10	25.60	31.73
	Sleep Problems	28.13	1006	1.47	1.03	25.26	31.01
	Irritability	25.37	1006	1.53	1.11	22.38	28.36
	Worry	20.84	1006	1.37	1.07	18.16	23.53
	Depression	12.65	1006	1.26	1.20	10.19	15.12
	Depressive ideas	11.24	1006	1.04	1.05	9.20	13.29
	Anxiety	8.50	1006	0.87	0.99	6.79	10.21
	Obsessions	6.48	1006	0.74	0.96	5.02	7.94
	Concentration and forgetfulness	10.57	1006	1.06	1.10	8.49	12.66
	Somatic symptoms	7.86	1006	0.90	1.06	6.09	9.62
	Compulsions	3.09	1006	0.53	0.97	2.05	4.13
	Phobias	5.39	1006	0.67	0.94	4.08	6.70
	Worry–Physical health	6.28	1006	0.82	1.07	4.67	7.88
	Panic	2.17	1006	0.47	1.02	1.25	3.08
40- to 44-year-olds	Fatigue	30.53	842	1.69	1.06	27.22	33.84
	Sleep Problems	29.16	842	1.76	1.12	25.71	32.60
	Irritability	22.30	842	1.59	1.11	19.18	25.41
	Worry	21.66	842	1.55	1.09	18.63	24.69
	Depression	13.73	842	1.29	1.09	11.20	16.26
	Depressive ideas	11.25	842	1.14	1.05	9.02	13.49
	Anxiety	10.94	842	1.22	1.13	8.55	13.33
	Obsessions	5.99	842	0.91	1.11	4.21	7.77
	Concentration and forgetfulness	11.36	842	1.11	1.02	9.17	13.54
	Somatic symptoms	8.98	842	1.01	1.03	6.99	10.97
	Compulsions	3.13	842	0.64	1.06	1.89	4.38
	Phobias	4.99	842	0.70	0.93	3.61	6.36
	Worry–Physical health	8.12	842	1.00	1.06	6.17	10.08
	Panic	2.77	842	0.59	1.04	1.62	3.92
45- to 49-year-olds	Fatigue	29.11	723	1.76	1.04	25.66	32.56
	Sleep Problems	31.42	723	1.75	1.01	28.00	34.84
	Irritability	21.03	723	1.65	1.09	17.79	24.27
	Worry	21.34	723	1.77	1.16	17.88	24.81
	Depression	12.27	723	1.41	1.15	9.51	15.04
	Depressive ideas	9.48	723	1.22	1.12	7.10	11.86
	Anxiety	10.69	723	1.21	1.05	8.32	13.06
	Obsessions	5.76	723	1.01	1.16	3.79	7.74
	Concentration and forgetfulness	10.61	723	1.32	1.15	8.03	13.19
	Somatic symptoms	9.90	723	1.31	1.18	7.34	12.46
	Compulsions	2.14	723	0.54	1.01	1.07	3.20
	Phobias	3.85	723	0.75	1.04	2.39	5.31
	Worry–Physical health	7.49	723	1.08	1.10	5.37	9.62
	Panic	3.11	723	0.70	1.08	1.74	4.47
50- to 54-year-olds	Fatigue	31.70	822	1.85	1.14	28.07	35.33
	Sleep Problems	29.26	822	1.74	1.10	25.84	32.68
	Irritability	19.80	822	1.44	1.04	16.98	22.63
	Worry	21.80	822	1.58	1.09	18.71	24.88
	Depression	11.02	822	1.07	0.98	8.93	13.11
	Depressive ideas	10.17	822	1.03	0.98	8.14	12.20
	Anxiety	12.09	822	1.18	1.04	9.77	14.40
	Obsessions	4.32	822	0.79	1.12	2.77	5.88
	Concentration and forgetfulness	13.49	822	1.40	1.17	10.75	16.23
	Somatic symptoms	8.38	822	0.97	1.00	6.48	10.27
	Compulsions	2.68	822	0.52	0.92	1.66	3.69
	Phobias	5.66	822	0.91	1.13	3.88	7.44
	Worry–Physical health	8.46	822	1.06	1.09	6.39	10.53
	Panic	1.95	822	0.46	0.95	1.06	2.84

Table A.2 - *continued* Standard errors and 95% confidence intervals for prevalence of CIS-R symptoms by age

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
55- to 59-year-olds	Fatigue	26.75	703	1.79	1.07	23.25	30.25
	Sleep Problems	31.61	703	1.69	0.96	28.31	34.92
	Irritability	16.32	703	1.46	1.05	13.46	19.18
	Worry	16.26	703	1.54	1.10	13.24	19.27
	Depression	10.45	703	1.10	0.96	8.29	12.62
	Depressive ideas	8.59	703	1.18	1.11	6.28	10.90
	Anxiety	8.77	703	1.19	1.11	6.44	11.09
	Obsessions	4.10	703	0.81	1.08	2.51	5.68
	Concentration and forgetfulness	9.17	703	1.12	1.03	6.97	11.37
	Somatic symptoms	6.39	703	0.93	1.01	4.56	8.22
	Compulsions	2.92	703	0.65	1.03	1.64	4.19
	Phobias	3.44	703	0.71	1.04	2.04	4.83
	Worry–Physical health	8.16	703	1.09	1.05	6.03	10.30
	Panic	2.42	703	0.53	0.91	1.39	3.45
60- to 64-year-olds	Fatigue	25.61	739	1.61	1.00	22.45	28.77
	Sleep Problems	29.28	739	1.81	1.08	25.73	32.83
	Irritability	13.31	739	1.27	1.02	10.82	15.80
	Worry	15.52	739	1.32	0.99	12.92	18.11
	Depression	10.22	739	1.04	0.93	8.18	12.26
	Depressive ideas	7.41	739	0.87	0.90	5.71	9.11
	Anxiety	7.22	739	0.98	1.03	5.29	9.15
	Obsessions	5.38	739	0.82	0.99	3.77	7.00
	Concentration and forgetfulness	8.74	739	1.15	1.10	6.49	10.99
	Somatic symptoms	5.85	739	0.98	1.13	3.93	7.77
	Compulsions	2.83	739	0.66	1.07	1.54	4.11
	Phobias	2.76	739	0.60	0.99	1.59	3.93
	Worry–Physical health	8.38	739	0.98	0.96	6.45	10.30
	Panic	1.38	739	0.42	0.98	3.96	7.43
65- to 69-year-olds	Fatigue	21.26	668	1.61	1.02	18.11	24.42
	Sleep Problems	28.18	668	1.91	1.09	24.44	31.92
	Irritability	8.38	668	1.18	1.10	6.07	10.68
	Worry	10.22	668	1.17	1.00	7.93	12.51
	Depression	8.30	668	1.14	1.06	6.08	10.53
	Depressive ideas	3.30	668	0.74	1.07	1.84	4.75
	Anxiety	4.48	668	0.81	1.02	2.88	6.07
	Obsessions	3.04	668	0.73	1.10	1.60	4.48
	Concentration and forgetfulness	6.15	668	1.04	1.12	4.11	8.18
	Somatic symptoms	4.06	668	0.78	1.02	2.52	5.59
	Compulsions	1.73	668	0.56	1.12	0.63	2.83
	Phobias	2.46	668	0.66	1.10	1.17	3.75
	Worry–Physical health	5.70	668	0.89	0.99	3.96	7.43
	Panic	0.79	668	0.32	0.92	0.17	1.42
70- to 74-year-olds	Fatigue	21.81	600	1.93	1.15	18.02	25.60
	Sleep Problems	28.28	600	1.71	0.93	24.92	31.64
	Irritability	5.55	600	1.01	1.08	3.56	7.54
	Worry	8.74	600	1.11	0.96	6.57	10.91
	Depression	5.40	600	0.84	0.91	3.74	7.05
	Depressive ideas	3.79	600	0.81	1.04	2.19	5.38
	Anxiety	4.67	600	0.71	0.83	3.27	6.06
	Obsessions	3.97	600	0.77	0.97	2.46	5.49
	Concentration and forgetfulness	6.08	600	1.03	1.06	4.06	8.10
	Somatic symptoms	3.84	600	0.72	0.92	2.43	5.26
	Compulsions	2.19	600	0.59	0.98	1.04	3.35
	Phobias	2.39	600	0.63	1.01	1.15	3.63
	Worry–Physical health	7.28	600	1.14	1.07	5.05	9.52
	Panic	0.91	600	0.42	1.08	0.09	1.72

Table A.3 Standard errors and 95% confidence intervals for the distribution of CIS-R scores by sex and ethnicity

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
All adults	0–5	67.82	8580	0.68	1.35	66.48	69.15
	6–11	16.95	8580	0.51	1.25	15.96	17.94
	Under 12	84.77	8580	0.49	1.26	83.81	85.73
	12–17	7.86	8580	0.35	1.19	7.18	8.54
	18 and over	7.37	8580	0.33	1.17	6.72	8.01
	12 and over	15.23	8580	0.49	1.26	14.27	16.19
Women	0–5	62.52	4728	0.91	1.30	60.73	64.32
	6–11	19.38	4728	0.68	1.18	18.05	20.70
	Under 12	81.90	4728	0.73	1.30	80.47	83.33
	12–17	9.51	4728	0.53	1.24	8.47	10.56
	18 and over	8.58	4728	0.47	1.16	7.65	9.51
	12 and over	18.10	4728	0.73	1.30	16.67	19.53
Men	0–5	73.12	3852	0.83	1.17	71.48	74.75
	6–11	14.52	3852	0.62	1.09	13.31	15.74
	Under 12	87.64	3852	0.60	1.14	86.46	88.83
	12–17	6.21	3852	0.43	1.10	5.37	7.05
	18 and over	6.15	3852	0.41	1.07	5.34	6.96
	12 and over	12.36	3852	0.60	1.14	11.17	13.54
White	0–5	67.92	8031	0.70	1.35	66.54	69.31
	6–11	16.98	8031	0.53	1.27	15.94	18.02
	Under 12	84.90	8031	0.48	1.20	83.97	85.84
	12–17	7.92	8031	0.36	1.18	7.23	8.62
	18 and over	7.17	8031	0.32	1.12	6.54	7.81
	12 and over	15.10	8031	0.48	1.20	14.16	16.03
Black	0–5	69.25	185	3.94	1.16	61.53	76.97
	6–11	16.97	185	2.81	1.02	11.46	22.48
	Under 12	86.22	185	2.74	1.08	80.85	91.58
	12–17	4.75	185	1.60	1.02	1.62	7.88
	18 and over	9.03	185	2.39	1.13	4.34	13.73
	12 and over	13.78	185	2.74	1.08	8.42	19.15
South Asian	0–5	67.23	142	4.67	1.18	58.07	76.39
	6–11	13.55	142	3.04	1.05	7.60	19.51
	Under 12	80.78	142	4.28	1.29	72.38	89.18
	12–17	9.57	142	2.64	1.07	4.39	14.75
	18 and over	9.65	142	2.84	1.14	4.07	15.22
	12 and over	19.22	142	4.28	1.29	10.82	27.62
Other	0–5	58.30	156	4.47	1.13	49.53	67.07
	6–11	22.69	156	3.88	1.15	15.08	30.30
	Under 12	80.99	156	3.57	1.13	73.99	87.99
	12–17	8.76	156	2.28	1.00	4.30	13.22
	18 and over	10.25	156	2.65	1.09	5.04	15.45
	12 and over	19.01	156	3.57	1.13	12.01	26.01

Table A.4 Standard errors and 95% confidence intervals for the distribution of CIS-R scores by age

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
16- to 19-year-olds	0–5	67.79	334	2.51	0.98	62.88	72.70
	6–11	18.90	334	2.16	1.01	14.66	23.13
	Under 12	86.69	334	1.96	1.05	82.85	90.52
	12–17	6.18	334	1.44	1.09	3.36	8.99
	18 and over	7.13	334	1.42	1.01	4.35	9.92
	12 and over	13.31	334	1.96	1.05	9.48	17.15
20- to 24-year-olds	0–5	67.89	460	2.25	1.03	63.47	72.31
	6–11	17.24	460	1.78	1.01	13.76	20.72
	Under 12	85.13	460	1.80	1.08	81.61	88.65
	12–17	9.18	460	1.55	1.15	6.15	12.22
	18 and over	5.69	460	1.07	0.99	3.60	7.78
	12 and over	14.87	460	1.80	1.08	11.35	18.39
25- to 29-year-olds	0–5	63.55	730	1.94	1.09	59.74	67.36
	6–11	19.10	730	1.53	1.05	16.10	22.10
	Under 12	82.66	730	1.48	1.06	79.75	85.56
	12–17	9.83	730	1.14	1.04	7.59	12.07
	18 and over	7.52	730	0.97	0.99	5.62	9.41
	12 and over	17.34	730	1.48	1.06	14.44	20.25
30- to 34-year-olds	0–5	65.87	953	1.72	1.12	62.50	69.25
	6–11	18.42	953	1.42	1.13	15.63	21.21
	Under 12	84.30	953	1.35	1.15	81.64	86.95
	12–17	7.67	953	0.97	1.12	5.77	9.57
	18 and over	8.04	953	0.97	1.10	6.14	9.93
	12 and over	15.70	953	1.35	1.15	13.05	18.36
35- to 39-year-olds	0–5	66.37	1006	1.62	1.09	63.20	69.54
	6–11	17.02	1006	1.31	1.11	14.44	19.59
	Under 12	83.39	1006	1.26	1.07	80.92	85.85
	12–17	7.76	1006	0.86	1.02	6.08	9.45
	18 and over	8.85	1006	0.93	1.04	7.02	10.68
	12 and over	16.61	1006	1.26	1.07	14.15	19.08
40- to 44-year-olds	0–5	63.78	842	1.90	1.15	60.07	67.50
	6–11	18.24	842	1.51	1.13	15.29	21.19
	Under 12	82.02	842	1.35	1.02	79.37	84.67
	12–17	8.88	842	1.03	1.05	6.86	10.89
	18 and over	9.10	842	1.03	1.04	7.09	11.12
	12 and over	17.98	842	1.35	1.02	15.33	20.63
45- to 49-year-olds	0–5	65.95	723	2.02	1.14	62.00	69.91
	6–11	16.68	723	1.51	1.09	13.73	19.63
	Under 12	82.63	723	1.49	1.06	79.71	85.56
	12–17	8.91	723	1.15	1.09	6.65	11.16
	18 and over	8.46	723	1.13	1.10	6.24	10.68
	12 and over	17.37	723	1.49	1.06	14.44	20.29
50- to 54-year-olds	0–5	64.18	822	1.99	1.19	60.28	68.08
	6–11	17.56	822	1.59	1.19	14.45	20.67
	Under 12	81.74	822	1.44	1.07	78.92	84.56
	12–17	9.51	822	1.10	1.08	7.34	11.67
	18 and over	8.76	822	0.97	0.98	6.86	10.65
	12 and over	18.26	822	1.44	1.07	15.44	21.08

Table A.4 - *continued* Standard errors and 95% confidence intervals for the distribution of CIS-R scores by age

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
55- to 59-year-olds	0–5	70.25	703	1.73	1.00	66.86	73.65
	6–11	15.59	703	1.48	1.08	12.69	18.49
	Under 12	85.85	703	1.36	1.03	83.18	88.51
	12–17	6.75	703	0.94	1.00	4.90	8.60
	18 and over	7.40	703	1.02	1.03	5.41	9.40
	12 and over	14.15	703	1.36	1.03	11.49	16.82
60- to 64-year-olds	0–5	72.62	739	1.77	1.08	69.16	76.08
	6–11	14.28	739	1.38	1.07	11.58	16.98
	Under 12	86.90	739	1.23	0.99	84.49	89.31
	12–17	6.42	739	0.91	1.01	4.63	8.21
	18 and over	6.68	739	0.91	0.99	4.90	8.45
	12 and over	13.10	739	1.23	0.99	10.69	15.51
65- to 69-year-olds	0–5	78.01	668	1.57	0.98	74.93	81.09
	6–11	13.29	668	1.32	1.00	10.71	15.86
	Under 12	91.29	668	1.17	1.07	89.01	93.58
	12–17	5.04	668	0.89	1.05	3.30	6.78
	18 and over	3.66	668	0.80	1.10	2.09	5.23
	12 and over	8.71	668	1.17	1.07	6.42	10.99
70- to 70-year-olds	0–5	77.97	600	1.56	0.92	74.91	81.02
	6–11	13.60	600	1.37	0.98	10.92	16.29
	Under 12	91.57	600	1.11	0.98	89.40	93.74
	12–17	5.42	600	0.96	1.04	3.53	7.31
	18 and over	3.01	600	0.66	0.95	1.72	4.31
	12 and over	8.43	600	1.11	0.98	6.26	10.60

Table A.5 Standard errors and 95% confidence intervals for distribution of CIS-R scores by region

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
Northern and Yorkshire	0–5	65.78	963	2.48	1.62	60.93	70.64
	6–11	18.83	963	1.71	1.36	15.48	22.18
	Under 12	84.61	963	1.63	1.40	81.42	87.81
	12–17	7.58	963	0.94	1.11	5.73	9.43
	18 and over	7.81	963	1.21	1.40	5.44	10.18
	12 and over	15.39	963	1.63	1.40	12.19	18.58
Trent	0–5	69.45	751	2.12	1.26	65.29	73.61
	6–11	17.15	751	2.13	1.55	12.97	21.32
	Under 12	86.59	751	1.59	1.28	83.48	89.71
	12–17	6.06	751	0.82	0.94	4.46	7.66
	18 and over	7.35	751	1.09	1.14	5.21	9.48
	12 and over	13.41	751	1.59	1.28	10.29	16.52
West Midlands	0–5	69.41	739	2.12	1.25	65.25	73.58
	6–11	17.56	739	1.55	1.10	14.53	20.59
	Under 12	86.97	739	1.36	1.10	84.31	89.63
	12–17	7.81	739	0.87	0.88	6.12	9.51
	18 and over	5.22	739	1.00	1.22	3.26	7.18
	12 and over	13.03	739	1.36	1.10	10.37	15.69
North West	0–5	63.54	991	2.30	1.50	59.03	68.05
	6–11	16.93	991	1.56	1.31	13.87	20.00
	Under 12	80.47	991	1.67	1.32	77.21	83.74
	12–17	10.61	991	1.11	1.14	8.42	12.79
	18 and over	8.92	991	1.05	1.16	6.87	10.97
	12 and over	19.53	991	1.67	1.32	16.26	22.79
Eastern	0–5	68.43	829	2.33	1.44	63.87	72.99
	6–11	16.36	829	1.27	0.99	13.86	18.85
	Under 12	84.79	829	1.68	1.35	81.49	88.08
	12–17	7.50	829	1.11	1.22	5.32	9.68
	18 and over	7.71	829	1.20	1.29	5.37	10.06
	12 and over	15.21	829	1.68	1.35	11.92	18.51
London	0–5	67.25	881	1.98	1.25	63.37	71.14
	6–11	15.55	881	1.52	1.24	12.57	18.52
	Under 12	82.80	881	1.74	1.37	79.39	86.22
	12–17	8.37	881	1.34	1.43	5.75	10.99
	18 and over	8.83	881	1.10	1.15	6.67	10.98
	12 and over	17.20	881	1.74	1.37	13.78	20.61
South East	0–5	67.70	1302	1.81	1.40	64.15	71.25
	6–11	19.25	1302	1.30	1.19	16.71	21.79
	Under 12	86.95	1302	0.98	1.05	85.03	88.87
	12–17	7.61	1302	0.84	1.15	5.96	9.27
	18 and over	5.44	1302	0.63	1.01	4.19	6.68
	12 and over	13.05	1302	0.98	1.05	11.13	14.97
South West	0–5	69.24	791	1.55	0.94	66.21	72.27
	6–11	15.16	791	1.53	1.20	12.16	18.16
	Under 12	84.40	791	1.52	1.18	81.41	87.39
	12–17	8.23	791	1.23	1.26	5.82	10.65
	18 and over	7.37	791	0.97	1.04	5.46	9.27
	12 and over	15.60	791	1.52	1.18	12.61	18.59

Table A.5 - *continued* Standard errors and 95% confidence intervals for distribution of CIS-R scores by region

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
England	0–5	67.45	7247	0.75	1.36	65.99	68.92
	6–11	17.21	7247	0.56	1.25	16.12	18.30
	Under 12	84.66	7247	0.54	1.27	83.61	85.72
	12–17	8.02	7247	0.38	1.18	7.29	8.76
	18 and over	7.31	7247	0.36	1.18	6.60	8.02
	12 and over	15.34	7247	0.54	1.27	14.28	16.39
Wales	0–5	67.00	412	2.84	1.22	61.44	72.55
	6–11	15.25	412	1.80	1.01	11.72	18.77
	Under 12	82.24	412	2.41	1.28	77.52	86.97
	12–17	7.53	412	1.91	1.47	3.79	11.28
	18 and over	10.23	412	1.65	1.10	7.00	13.46
	12 and over	17.76	412	2.41	1.28	13.03	22.48
Scotland	0–5	71.71	921	2.00	1.34	67.80	75.63
	6–11	15.35	921	1.50	1.26	12.42	18.29
	Under 12	87.07	921	1.27	1.15	84.58	89.55
	12–17	6.50	921	0.97	1.19	4.60	8.40
	18 and over	6.43	921	0.82	1.01	4.83	8.03
	12 and over	12.93	921	1.27	1.15	10.45	15.42

Table A.6 Standard errors and 95% confidence intervals for prevalence of neurotic disorders by sex and ethnicity

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
All adults	Mixed anxiety and depressive disorder	8.77	8580	0.36	1.19	8.06	9.49
	Generalised anxiety disorder	4.44	8580	0.24	1.10	3.96	4.92
	Depressive episode	2.58	8580	0.18	1.03	2.23	2.92
	All Phobias	1.76	8580	0.14	0.99	1.48	2.03
	Obsessive compulsive disorder	1.11	8580	0.12	1.07	0.87	1.35
	Panic disorder	0.70	8580	0.09	1.02	0.52	0.88
	Any neurotic disorder	16.43	8580	0.51	1.27	15.44	17.43
Women	Mixed anxiety and depressive disorder	10.75	4728	0.59	1.30	9.60	11.90
	Generalised anxiety disorder	4.60	4728	0.30	0.99	4.01	5.19
	Depressive episode	2.80	4728	0.24	0.98	2.34	3.26
	All Phobias	2.18	4728	0.21	1.00	1.77	2.60
	Obsessive compulsive disorder	1.35	4728	0.20	1.18	0.96	1.74
	Panic disorder	0.71	4728	0.12	0.97	0.48	0.95
	Any neurotic disorder	19.41	4728	0.75	1.31	17.93	20.88
Men	Mixed anxiety and depressive disorder	6.79	3852	0.43	1.07	5.94	7.63
	Generalised anxiety disorder	4.28	3852	0.37	1.13	3.55	5.00
	Depressive episode	2.35	3852	0.26	1.05	1.85	2.85
	All Phobias	1.34	3852	0.18	0.98	0.98	1.69
	Obsessive compulsive disorder	0.87	3852	0.15	1.01	0.57	1.16
	Panic disorder	0.69	3852	0.14	1.01	0.43	0.96
	Any neurotic disorder	16.43	8580	0.51	1.27	15.44	17.43
White	Mixed anxiety and depressive disorder	8.70	8031	0.37	1.19	7.97	9.43
	Generalised anxiety disorder	4.47	8031	0.25	1.10	3.97	4.96
	Depressive episode	2.50	8031	0.17	0.97	2.17	2.83
	All Phobias	1.77	8031	0.15	1.00	1.48	2.05
	Obsessive compulsive disorder	1.03	8031	0.11	1.00	0.81	1.25
	Panic disorder	0.71	8031	0.09	0.99	0.53	0.89
	Any neurotic disorder	16.34	8031	0.49	1.20	15.37	17.31
Black	Mixed anxiety and depressive disorder	7.39	185	2.03	1.05	3.41	11.38
	Generalised anxiety disorder	3.76	185	1.59	1.13	0.65	6.87
	Depressive episode	2.70	185	1.13	0.95	0.48	4.92
	All Phobias	1.88	185	0.87	0.87	0.17	3.59
	Obsessive compulsive disorder	1.77	185	0.99	1.02	-0.18	3.71
	Panic disorder	0.28	185	0.30	0.77	-0.30	0.86
	Any neurotic disorder	14.13	185	2.73	1.06	8.79	19.48
South Asian	Mixed anxiety and depressive disorder	10.02	142	2.69	1.07	4.74	15.30
	Generalised anxiety disorder	4.16	142	1.31	0.78	1.59	6.74
	Depressive episode	3.71	142	1.27	0.80	1.22	6.20
	All Phobias	1.87	142	1.07	0.94	-0.23	3.97
	Obsessive compulsive disorder	3.96	142	2.13	1.30	-0.22	8.14
	Panic disorder	0.00	142	0.00	-	0.00	0.00
	Any neurotic disorder	19.22	142	4.28	1.29	10.82	27.62
Other	Mixed anxiety and depressive disorder	13.36	156	2.67	0.98	8.13	18.59
	Generalised anxiety disorder	3.99	156	1.75	1.11	0.56	7.42
	Depressive episode	3.23	156	1.61	1.14	0.07	6.40
	All Phobias	1.18	156	1.00	1.15	-0.77	3.13
	Obsessive compulsive disorder	0.00	156	0.00	-	0.00	0.00
	Panic disorder	1.65	156	1.21	1.18	-0.72	4.01
	Any neurotic disorder	20.41	156	3.64	1.12	13.28	27.54

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Table A.7 Standard errors and 95% confidence intervals for prevalence of neurotic disorders by age

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
16- to 19-year-olds	Mixed anxiety and depressive disorder	8.32	334	1.69	1.11	5.02	11.63
	Generalised anxiety disorder	1.36	334	0.58	0.92	0.22	2.50
	Depressive episode	1.68	334	0.69	0.97	0.34	3.03
	All Phobias	1.27	334	0.64	1.04	0.03	2.52
	Obsessive compulsive disorder	0.89	334	0.48	0.93	- 0.05	1.83
	Panic disorder	0.54	334	0.33	0.81	- 0.09	1.18
	Any neurotic disorder	13.31	334	1.96	1.05	9.48	17.15
20- to 24-year-olds	Mixed anxiety and depressive disorder	9.38	460	1.48	1.09	6.48	12.29
	Generalised anxiety disorder	1.49	460	0.48	0.85	0.54	2.44
	Depressive episode	2.22	460	0.54	0.79	1.15	3.28
	All Phobias	1.64	460	0.55	0.93	0.56	2.72
	Obsessive compulsive disorder	1.90	460	0.72	1.13	0.49	3.32
	Panic disorder	0.37	460	0.32	1.13	- 0.26	0.99
	Any neurotic disorder	15.76	460	1.84	1.08	12.14	19.37
25- to 29-year-olds	Mixed anxiety and depressive disorder	10.99	730	1.25	1.08	8.54	13.44
	Generalised anxiety disorder	3.89	730	0.70	0.98	2.51	5.26
	Depressive episode	2.40	730	0.54	0.96	1.34	3.47
	All Phobias	1.78	730	0.45	0.93	0.89	2.67
	Obsessive compulsive disorder	1.16	730	0.41	1.03	0.36	1.97
	Panic disorder	0.94	730	0.35	0.99	0.25	1.63
	Any neurotic disorder	18.12	730	1.51	1.06	15.15	21.08
30- to 34-year-olds	Mixed anxiety and depressive disorder	8.81	953	0.98	1.07	6.89	10.74
	Generalised anxiety disorder	4.54	953	0.72	1.07	3.12	5.96
	Depressive episode	2.15	953	0.45	0.96	1.26	3.04
	All Phobias	1.99	953	0.49	1.07	1.04	2.94
	Obsessive compulsive disorder	1.07	953	0.30	0.89	0.49	1.65
	Panic disorder	0.73	953	0.31	1.11	0.13	1.33
	Any neurotic disorder	16.92	953	1.43	1.18	14.11	19.73
35- to 39-year-olds	Mixed anxiety and depressive disorder	8.87	1006	0.93	1.03	7.05	10.68
	Generalised anxiety disorder	5.32	1006	0.71	1.00	3.94	6.71
	Depressive episode	3.74	1006	0.71	1.18	2.36	5.13
	All Phobias	2.57	1006	0.51	1.02	1.57	3.56
	Obsessive compulsive disorder	1.30	1006	0.35	0.98	0.61	1.98
	Panic disorder	0.57	1006	0.19	0.79	0.21	0.94
	Any neurotic disorder	17.24	1006	1.27	1.06	14.76	19.72
40- to 44-year-olds	Mixed anxiety and depressive disorder	10.79	842	1.08	1.01	8.68	12.90
	Generalised anxiety disorder	6.08	842	0.93	1.13	4.25	7.91
	Depressive episode	2.79	842	0.60	1.06	1.61	3.97
	All Phobias	2.06	842	0.48	0.99	1.11	3.00
	Obsessive compulsive disorder	1.33	842	0.43	1.09	0.49	2.18
	Panic disorder	0.51	842	0.27	1.08	-0.01	1.03
	Any neurotic disorder	19.53	842	1.43	1.05	16.73	22.34
45- to 49-year-olds	Mixed anxiety and depressive disorder	9.14	723	1.15	1.07	6.89	11.39
	Generalised anxiety disorder	7.07	723	1.00	1.05	5.10	9.04
	Depressive episode	3.60	723	0.72	1.04	2.18	5.02
	All Phobias	2.51	723	0.61	1.04	1.33	3.70
	Obsessive compulsive disorder	1.27	723	0.44	1.06	0.41	2.14
	Panic disorder	1.00	723	0.40	1.08	0.22	1.78
	Any neurotic disorder	19.63	723	1.63	1.10	16.44	22.82

Table A.7 - *continued* Standard errors and 95% confidence intervals for prevalence of neurotic disorders by age

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
50- to 54-year-olds	Mixed anxiety and depressive disorder	9.47	822	1.12	1.09	7.28	11.66
	Generalised anxiety disorder	6.58	822	0.86	1.00	4.89	8.27
	Depressive episode	3.24	822	0.54	0.88	2.17	4.31
	All Phobias	2.01	822	0.50	1.01	1.04	2.99
	Obsessive compulsive disorder	0.69	822	0.23	0.81	0.23	1.15
	Panic disorder	1.18	822	0.37	0.99	0.44	1.91
	Any neurotic disorder	19.82	822	1.50	1.08	16.88	22.77
55- to 59-year-olds	Mixed anxiety and depressive disorder	6.80	703	0.98	1.03	4.88	8.72
	Generalised anxiety disorder	4.96	703	0.84	1.02	3.31	6.60
	Depressive episode	3.42	703	0.69	1.01	2.07	4.78
	All Phobias	1.32	703	0.48	1.11	0.38	2.25
	Obsessive compulsive disorder	1.40	703	0.44	0.98	0.55	2.25
	Panic disorder	1.36	703	0.38	0.86	0.62	2.10
	Any neurotic disorder	15.55	703	1.41	1.03	12.78	18.32
60- to 64-year-olds	Mixed anxiety and depressive disorder	7.94	739	1.06	1.06	5.87	10.02
	Generalised anxiety disorder	4.18	739	0.71	0.96	2.80	5.56
	Depressive episode	2.43	739	0.61	1.07	1.24	3.63
	All Phobias	1.41	739	0.47	1.09	0.48	2.33
	Obsessive compulsive disorder	1.31	739	0.39	0.92	0.55	2.07
	Panic disorder	0.20	739	0.15	0.89	- 0.09	0.49
	Any neurotic disorder	14.64	739	1.34	1.03	12.02	17.27
65- to 69-year-olds	Mixed anxiety and depressive disorder	6.03	668	0.98	1.07	4.10	7.96
	Generalised anxiety disorder	2.60	668	0.61	1.00	1.40	3.81
	Depressive episode	0.61	668	0.23	0.76	0.16	1.07
	All Phobias	0.69	668	0.32	0.99	0.07	1.32
	Obsessive compulsive disorder	0.24	668	0.18	0.94	- 0.11	0.59
	Panic disorder	0.38	668	0.24	1.01	- 0.09	0.85
	Any neurotic disorder	10.22	668	1.21	1.03	7.85	12.60
70- to 74-year-olds	Mixed anxiety and depressive disorder	5.51	600	0.91	0.98	3.72	7.29
	Generalised anxiety disorder	2.34	600	0.54	0.88	1.27	3.40
	Depressive episode	1.13	600	0.33	0.76	0.49	1.77
	All Phobias	0.41	600	0.25	0.95	- 0.08	0.90
	Obsessive compulsive disorder	0.21	600	0.15	0.81	- 0.09	0.50
	Panic disorder	0.39	600	0.28	1.09	- 0.16	0.94
	Any neurotic disorder	9.44	600	1.11	0.93	7.26	11.61

Table A.8 Standard errors and 95% confidence intervals for prevalence of personality disorders by sex

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
All adults	Avoidant PD	0.84	626	0.30	0.83	0.25	1.43
	Dependent PD	0.11	626	0.08	0.65	-0.06	0.27
	Obsessive-Compulsive PD	1.92	626	0.65	1.18	0.65	3.19
	Paranoid PD	0.74	626	0.26	0.75	0.23	1.25
	Schizotypal PD	0.06	626	0.03	0.33	0.00	0.12
	Schizoid PD	0.84	626	0.37	1.03	0.10	1.57
	Histrionic PD	0.00	626	0.00	-	0.00	0.00
	Narcissistic PD	0.00	626	0.00	-	0.00	0.00
	Borderline PD	0.71	626	0.25	0.75	0.22	1.21
	Antisocial PD	0.58	626	0.20	0.65	0.19	0.97
	Any personality disorder	4.39	626	0.84	1.03	2.74	6.05
Women	Avoidant PD	0.70	355	0.31	0.70	0.09	1.30
	Dependent PD	0.02	355	0.03	0.35	-0.03	0.07
	Obsessive-Compulsive PD	1.28	355	0.59	0.99	0.12	2.43
	Paranoid PD	0.31	355	0.17	0.59	-0.03	0.65
	Schizotypal PD	0.11	355	0.06	0.36	-0.02	0.23
	Schizoid PD	0.80	355	0.59	1.25	-0.36	1.95
	Histrionic PD	0.00	355	0.00	-	0.00	0.00
	Narcissistic PD	0.00	355	0.00	-	0.00	0.00
	Borderline PD	0.41	355	0.20	0.58	0.02	0.80
	Antisocial PD	0.19	355	0.14	0.60	-0.08	0.47
	Any personality disorder	3.36	355	0.91	0.95	1.57	5.15
Men	Avoidant PD	0.98	271	0.51	0.84	-0.01	1.97
	Dependent PD	0.19	271	0.17	0.62	-0.13	0.52
	Obsessive-Compulsive PD	2.57	271	1.14	1.18	0.34	4.80
	Paranoid PD	1.17	271	0.61	0.92	-0.01	2.36
	Schizotypal PD	0.02	271	0.02	0.27	-0.03	0.06
	Schizoid PD	0.88	271	0.48	0.84	-0.06	1.81
	Histrionic PD	0.00	271	0.00	-	0.00	0.00
	Narcissistic PD	0.00	271	0.00	-	0.00	0.00
	Borderline PD	1.01	271	0.57	0.94	-0.11	2.13
	Antisocial PD	0.97	271	0.38	0.63	0.23	1.71
	Any personality disorder	5.43	271	1.41	1.02	2.67	8.19

Table A.9 Standard errors and 95% confidence intervals for prevalence of personality disorders by age

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
16- to 34-year-olds	Avoidant PD	0.56	167	0.27	0.47	0.02	1.10
	Dependent PD	0.27	167	0.24	0.58	- 0.19	0.74
	Obsessive- to Compulsive PD	1.13	167	0.86	1.05	- 0.56	2.83
	Paranoid PD	0.61	167	0.29	0.48	0.04	1.19
	Schizotypal PD	0.06	167	0.06	0.31	- 0.06	0.17
	Schizoid PD	0.68	167	0.47	0.74	- 0.24	1.61
	Histrionic PD	0.00	167	0.00	-	0.00	0.00
	Narcissistic PD	0.00	167	0.00	-	0.00	0.00
	Borderline PD	0.32	167	0.17	0.39	- 0.02	0.66
	Antisocial PD	0.67	167	0.34	0.53	0.01	1.33
	Any personality disorder	3.43	167	1.23	0.87	1.02	5.84
35- to 54-year-olds	Avoidant PD	1.59	284	0.73	0.98	0.17	3.02
	Dependent PD	0.00	284	0.00	-	0.00	0.00
	Obsessive- to Compulsive PD	1.68	284	0.94	1.23	- 0.17	3.53
	Paranoid PD	1.29	284	0.58	0.86	0.16	2.42
	Schizotypal PD	0.06	284	0.05	0.32	- 0.03	0.15
	Schizoid PD	0.09	284	0.07	0.40	- 0.05	0.22
	Histrionic PD	0.00	284	0.00	-	0.00	0.00
	Narcissistic PD	0.00	284	0.00	-	0.00	0.00
	Borderline PD	1.53	284	0.62	0.85	0.32	2.74
	Antisocial PD	0.88	284	0.42	0.76	0.06	1.70
	Any personality disorder	4.35	284	1.21	1.00	1.98	6.72
55- to 74-year-olds	Avoidant PD	0.08	175	0.07	0.31	0.00	0.00
	Dependent PD	0.04	175	0.05	0.34	- 0.06	0.15
	Obsessive- to Compulsive PD	3.39	175	1.65	1.20	0.16	6.61
	Paranoid PD	0.08	175	0.10	0.45	- 0.11	0.27
	Schizotypal PD	0.07	175	0.08	0.38	- 0.08	0.23
	Schizoid PD	2.19	175	1.31	1.18	- 0.39	4.76
	Histrionic PD	0.00	175	0.00	-	0.00	0.00
	Narcissistic PD	0.00	175	0.00	-	0.00	0.00
	Borderline PD	0.00	175	0.00	-	0.00	0.00
	Antisocial PD	0.00	175	0.00	-	0.00	0.00
	Any personality disorder	5.79	175	2.11	1.19	1.66	9.92

Table A10 Standard errors and 95% confidence intervals for probable psychosis by sex, age and ethnicity

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
All adults	Probable psychosis	0.53	8580	0.08	1.00	0.38	0.68
	No probable psychosis	99.47	8580	0.08	1.00	99.32	99.62
Women	Probable psychosis	0.49	4728	0.09	0.92	0.31	0.68
	No probable psychosis	99.51	4728	0.09	0.92	99.32	99.69
Men	Probable psychosis	0.57	3852	0.11	0.94	0.34	0.79
	No probable psychosis	99.43	3852	0.11	0.94	99.21	99.66
16- to 19-year-olds	Probable psychosis	0.21	334	0.21	0.83	- 0.20	0.62
	No probable psychosis	99.79	334	0.21	0.83	99.38	100.20
20- to 24-year-olds	Probable psychosis	0.19	460	0.20	1.00	-0.21	0.58
	No probable psychosis	99.81	460	0.20	1.00	99.42	100.21
25- to 29-year-olds	Probable psychosis	0.11	730	0.10	0.85	-0.09	0.32
	No probable psychosis	99.89	730	0.10	0.85	99.68	100.09
30- to 34-year-olds	Probable psychosis	0.85	953	0.32	1.07	0.23	1.48
	No probable psychosis	99.15	953	0.32	1.07	98.52	99.77
35- to 39-year-olds	Probable psychosis	0.80	1006	0.29	1.04	0.23	1.37
	No probable psychosis	99.20	1006	0.29	1.04	98.63	99.77
40- to 44-year-olds	Probable psychosis	0.97	842	0.33	0.98	0.32	1.62
	No probable psychosis	99.03	842	0.33	0.98	98.38	99.68
45- to 49-year-olds	Probable psychosis	0.57	723	0.20	0.71	0.18	0.96
	No probable psychosis	99.43	723	0.20	0.71	99.04	99.82
50- to 54-year-olds	Probable psychosis	0.66	822	0.28	0.98	0.11	1.20
	No probable psychosis	99.34	822	0.28	0.98	98.80	99.89
55- to 59-year-olds	Probable psychosis	0.50	703	0.26	0.99	-0.02	1.01
	No probable psychosis	99.50	703	0.26	0.99	98.99	100.02
60- to 64-year-olds	Probable psychosis	0.40	739	0.22	0.95	- 0.03	0.84
	No probable psychosis	99.60	739	0.22	0.95	99.16	100.03
65- to 69-year-olds	Probable psychosis	0.33	668	0.17	0.75	0.00	0.66
	No probable psychosis	99.67	668	0.17	0.75	99.34	100.00
70- to 74-year-olds	Probable psychosis	0.28	600	0.21	0.99	-0.14	0.70
	No probable psychosis	99.72	600	0.21	0.99	99.30	100.14
White	Probable psychosis	0.51	8031	0.08	1.01	0.35	0.67
	No probable psychosis	99.49	8031	0.08	1.01	99.33	99.65
Black	Probable psychosis	1.77	185	0.92	0.95	-0.04	3.58
	No probable psychosis	98.23	185	0.92	0.95	96.42	100.04
South Asian	Probable psychosis	0.00	142	0.00	-	0.00	0.00
	No probable psychosis	100.00	142	0.00	-	100.00	100.00
Other	Probable psychosis	0.00	156	0.00	-	0.00	0.00
	No probable psychosis	100.00	156	0.00	-	100.00	100.00

Table A.11 Standard errors and 95% confidence intervals for prevalence of hazardous drinking by sex and ethnicity

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
All adults	Score: 0–7	73.52	8538	0.52	1.08	72.51	74.54
	Score: 8–15	22.90	8538	0.49	1.08	21.93	23.86
	Score: 16–40	3.58	8538	0.24	1.17	3.12	4.04
	Hazardous drinking (Score 8+)	26.48	8538	0.52	1.08	25.46	27.49
Women	Score: 0–7	84.53	4705	0.54	1.02	83.47	85.58
	Score: 8–15	13.96	4705	0.53	1.04	12.26	15.66
	Score: 16–40	1.52	4705	0.21	1.16	1.11	1.92
	Hazardous drinking (Score 8+)	15.47	4705	0.54	1.02	14.42	16.53
Men	Score: 0–7	62.50	3833	0.87	1.11	60.80	64.20
	Score: 8–15	31.85	3833	0.83	1.11	30.22	33.49
	Score: 16–40	5.65	3833	0.41	1.10	4.84	6.46
	Hazardous drinking (Score 8+)	37.50	3833	0.87	1.11	35.80	39.20
White	Score: 0–7	72.74	8003	0.53	1.06	71.71	73.78
	Score: 8–15	23.66	8003	0.49	1.04	22.69	24.63
	Score: 16–40	3.59	8003	0.24	1.17	3.11	4.07
	Hazardous drinking (Score 8+)	27.26	8003	0.53	1.06	26.22	28.29
Black	Score: 0–7	82.09	185	2.98	1.05	76.25	87.93
	Score: 8–15	15.30	185	2.66	1.00	10.08	20.52
	Score: 16–40	2.61	185	1.20	1.02	0.26	4.97
	Hazardous drinking (Score 8+)	17.91	185	2.98	1.05	12.07	23.75
South Asian	Score: 0–7	92.36	142	1.95	0.87	88.55	96.18
	Score: 8–15	5.94	142	1.82	0.91	2.38	9.51
	Score: 16–40	1.69	142	1.05	0.97	- 0.37	3.76
	Hazardous drinking (Score 8+)	7.64	142	1.95	0.87	3.82	11.45
Other	Score: 0–7	79.68	156	3.66	1.13	72.50	86.85
	Score: 8–15	13.72	156	2.88	1.04	8.08	19.36
	Score: 16–40	6.60	156	2.37	1.19	1.95	11.26
	Hazardous drinking (Score 8+)	20.32	156	3.66	1.13	13.15	27.50

Table A.12 Standard errors and 95% confidence intervals for prevalence of hazardous drinking by age

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
16- to 19-year-olds	Score: 0–7	61.07	334	2.84	1.06	55.49	66.64
	Score: 8–15	32.48	334	2.75	1.07	27.09	37.87
	Score: 16–40	6.45	334	1.36	1.01	3.78	9.12
	Hazardous drinking (Score 8+)	38.93	334	2.84	1.06	33.36	44.51
20- to 24-year-olds	Score: 0–7	55.46	458	2.55	1.10	50.46	60.45
	Score: 8–15	35.42	458	2.43	1.09	30.66	40.18
	Score: 16–40	9.13	458	1.40	1.04	6.38	11.88
	Hazardous drinking (Score 8+)	44.54	458	2.55	1.10	39.55	49.54
25- to 29-year-olds	Score: 0–7	61.84	729	1.98	1.10	57.96	65.71
	Score: 8–15	31.69	729	1.89	1.10	27.99	35.40
	Score: 16–40	6.47	729	1.03	1.13	4.46	8.48
	Hazardous drinking (Score 8+)	38.16	729	1.98	1.10	34.29	42.04
30- to 34-year-olds	Score: 0–7	71.58	949	1.54	1.05	68.56	74.61
	Score: 8–15	24.25	949	1.51	1.08	21.30	27.20
	Score: 16–40	4.17	949	0.78	1.20	2.64	5.69
	Hazardous drinking (Score 8+)	28.42	949	1.54	1.05	25.39	31.44
35- to 39-year-olds	Score: 0–7	71.43	1003	1.51	1.06	68.47	74.40
	Score: 8–15	24.44	1003	1.43	1.05	21.64	27.23
	Score: 16–40	4.13	1003	0.75	1.20	2.65	5.60
	Hazardous drinking (Score 8+)	28.57	1003	1.51	1.06	25.60	31.53
40- to 44-year-olds	Score: 0–7	75.17	837	1.55	1.03	72.14	78.20
	Score: 8–15	22.22	837	1.56	1.09	19.16	25.29
	Score: 16–40	2.60	837	0.57	1.03	1.50	3.71
	Hazardous drinking (Score 8+)	24.83	837	1.55	1.03	21.80	27.86
45- to 49-year-olds	Score: 0–7	75.96	720	1.54	0.97	72.94	78.98
	Score: 8–15	22.19	720	1.46	0.94	19.32	25.06
	Score: 16–40	1.85	720	0.48	0.95	0.91	2.79
	Hazardous drinking (Score 8+)	24.04	720	1.54	0.97	21.02	27.06
50- to 54-year-olds	Score: 0–7	78.78	821	1.48	1.03	75.88	81.67
	Score: 8–15	19.21	821	1.43	1.04	16.41	22.00
	Score: 16–40	2.01	821	0.49	1.01	1.04	2.98
	Hazardous drinking (Score 8+)	21.22	821	1.48	1.03	18.33	24.12
55- to 59-year-olds	Score: 0–7	80.38	702	1.47	0.98	77.49	83.27
	Score: 8–15	18.06	702	1.49	1.02	15.14	20.97
	Score: 16–40	1.57	702	0.50	1.06	0.60	2.54
	Hazardous drinking (Score 8+)	19.62	702	1.47	0.98	16.73	22.51
60- to 64-year-olds	Score: 0–7	85.94	734	1.36	1.06	83.27	88.62
	Score: 8–15	13.11	734	1.29	1.04	10.58	15.65
	Score: 16–40	0.94	734	0.36	1.01	0.23	1.65
	Hazardous drinking (Score 8+)	14.06	734	1.36	1.06	11.38	16.73
65- to 69-year-olds	Score: 0–7	85.48	663	1.48	1.08	82.58	88.39
	Score: 8–15	13.45	663	1.40	1.05	10.71	16.19
	Score: 16–40	1.06	663	0.45	1.12	0.19	1.94
	Hazardous drinking (Score 8+)	14.52	663	1.48	1.08	11.61	17.42
70- to 74-year-olds	Score: 0–7	90.75	588	1.22	1.02	88.36	93.14
	Score: 8–15	8.73	588	1.16	1.00	6.46	11.01
	Score: 16–40	0.52	588	0.31	1.06	- 0.10	1.13
	Hazardous drinking (Score 8+)	9.25	588	1.22	1.02	6.86	11.64

Table A.13 Standard errors and 95% confidence intervals for prevalence of alcohol dependence by sex and ethnicity

Base	Characteristic (SAD–Q score)	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
All adults	Score 0–3: No dependence	92.62	8536	0.32	1.13	92.00	93.25
	Score 4–19: Mild dependence	6.93	8536	0.32	1.15	6.31	7.55
	Score 20–34: Moderate dependence	0.37	8536	0.08	1.20	0.21	0.52
	Score 35–60: Severe dependence	0.08	8536	0.02	0.75	0.03	0.12
Women	Score 0–3: No dependence	97.11	4705	0.27	1.09	96.59	97.63
	Score 4–19: Mild dependence	2.79	4705	0.26	1.10	2.28	3.31
	Score 20–34: Moderate dependence	0.06	4705	0.03	0.80	0.01	0.12
	Score 35–60: Severe dependence	0.03	4705	0.02	0.74	- 0.01	0.07
Men	Score 0–3: No dependence	88.12	3831	0.59	1.12	86.97	89.27
	Score 4–19: Mild dependence	11.08	3831	0.57	1.13	9.96	12.20
	Score 20–34: Moderate dependence	0.67	3831	0.16	1.17	0.37	0.98
	Score 35–60: Severe dependence	0.12	3831	0.04	0.72	0.04	0.20
White	Score 0–3: No dependence	92.46	8002	0.34	1.14	91.79	93.12
	Score 4–19: Mild dependence	7.10	8002	0.33	1.15	6.45	7.75
	Score 20–34: Moderate dependence	0.37	8002	0.08	1.22	0.21	0.53
	Score 35–60: Severe dependence	0.07	8002	0.02	0.76	0.03	0.12
Black	Score 0–3: No dependence	94.03	185	1.89	1.08	90.33	97.72
	Score 4–19: Mild dependence	5.97	185	1.89	1.08	2.28	9.67
	Score 20–34: Moderate dependence	0.00	185	0.00	-	0.00	0.00
	Score 35–60: Severe dependence	0.00	185	0.00	-	0.00	0.00
South Asian	Score 0–3: No dependence	97.48	142	1.37	1.04	94.80	100.16
	Score 4–19: Mild dependence	2.52	142	1.37	1.04	- 0.16	5.20
	Score 20–34: Moderate dependence	0.00	142	0.00	-	0.00	0.00
	Score 35–60: Severe dependence	0.00	142	0.00	-	0.00	0.00
Other	Score 0–3: No dependence	91.81	156	2.61	1.18	86.70	96.92
	Score 4–19: Mild dependence	6.85	156	2.28	1.13	2.37	11.32
	Score 20–34: Moderate dependence	1.34	156	1.32	1.43	- 1.24	3.93
	Score 35–60: Severe dependence	0.00	156	0.00	-	0.00	0.00

Table A.14 Standard errors and 95% confidence intervals for prevalence of drug use in last year by sex

Base	Characteristic	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
All adults	Cannabis	9.65	8542	0.37	1.17	8.92	10.38
	Amphetamines	1.91	8542	0.17	1.13	1.58	2.24
	Cocaine	1.92	8542	0.18	1.19	1.58	2.27
	Crack	0.18	8542	0.05	1.18	0.07	0.28
	Ecstasy	2.05	8542	0.17	1.12	1.71	2.38
	Heroin	0.16	8542	0.06	1.29	0.05	0.27
	LSD	0.42	8542	0.09	1.24	0.25	0.59
	Magic mushrooms	0.65	8542	0.11	1.31	0.42	0.87
	Methadone	0.10	8542	0.05	1.32	0.01	0.19
	Tranquillisers	0.57	8542	0.09	1.06	0.40	0.74
	Amyl nitrate	0.58	8542	0.09	1.08	0.40	0.75
	Anabolic steroids	0.12	8542	0.05	1.35	0.02	0.22
	Volatile substances	0.08	8542	0.04	1.36	0.00	0.16
	Any drug	10.54	8542	0.39	1.17	9.78	11.31
Women	Cannabis	6.96	4704	0.48	1.29	6.02	7.90
	Amphetamines	1.12	4704	0.18	1.15	0.78	1.47
	Cocaine	1.01	4704	0.21	1.46	0.59	1.43
	Crack	0.10	4704	0.04	0.95	0.02	0.19
	Ecstasy	1.26	4704	0.25	1.52	0.77	1.74
	Heroin	0.10	4704	0.06	1.29	-0.01	0.22
	LSD	0.12	4704	0.05	1.01	0.02	0.21
	Magic mushrooms	0.42	4704	0.13	1.35	0.17	0.67
	Methadone	0.02	4704	0.02	0.75	-0.01	0.06
	Tranquillisers	0.45	4704	0.09	0.92	0.28	0.63
	Amyl nitrate	0.25	4704	0.08	1.04	0.10	0.40
	Anabolic steroids	0.00	4704	0.00	-	0.00	0.00
	Volatile substances	0.03	4704	0.02	0.80	-0.01	0.07
	Any drug	7.73	4704	0.50	1.29	6.75	8.72
Men	Cannabis	12.34	3838	0.56	1.06	11.24	13.44
	Amphetamines	2.70	3838	0.29	1.10	2.14	3.27
	Cocaine	2.84	3838	0.30	1.11	2.26	3.42
	Crack	0.25	3838	0.10	1.22	0.06	0.44
	Ecstasy	2.84	3838	0.32	1.21	2.20	3.47
	Heroin	0.22	3838	0.09	1.24	0.03	0.40
	Acid	0.72	3838	0.16	1.17	0.41	1.03
	Magic mushrooms	0.87	3838	0.19	1.24	0.50	1.23
	Methadone	0.17	3838	0.09	1.31	0.00	0.35
	Tranquillisers	0.70	3838	0.15	1.08	0.41	0.98
	Amyl nitrate	0.90	3838	0.16	1.06	0.58	1.22
	Anabolic steroids	0.24	3838	0.10	1.28	0.04	0.44
	Volatile substances	0.13	3838	0.08	1.39	-0.03	0.29
	Any drug	13.35	3838	0.58	1.05	12.22	14.48

Table A.15 Standard errors and 95% confidence intervals for prevalence of drug dependence by sex

Base	Characteristic	% (p) (adj)	Sample size	True standard error of	Deft	95% confidence interval LL	UL
All adults	Cannabis	3.12	8541	0.21	1.14	2.70	3.54
	Amphetamines	0.38	8541	0.09	1.28	0.22	0.55
	Cocaine	0.24	8540	0.07	1.26	0.11	0.37
	Crack	0.11	8542	0.05	1.30	0.02	0.20
	Ecstasy	0.59	8540	0.11	1.34	0.37	0.81
	Heroin / Methadone	0.14	8541	0.05	1.29	0.04	0.24
	Tranquillisers	0.21	8542	0.05	0.99	0.11	0.30
	Volatile substances	0.01	8542	0.01	0.73	- 0.01	0.02
	No dependency	96.25	8541	0.24	1.17	95.78	96.72
	Dependent on cannabis only	2.53	8541	0.19	1.13	2.15	2.90
	Dependent on other drug with or without cannabis dependency	1.22	8541	0.15	1.22	0.94	1.51
	Any drug dependence	3.75	8541	0.24	1.17	3.28	4.22
Women	Cannabis	1.64	4703	0.22	1.20	1.21	2.08
	Amphetamines	0.26	4703	0.08	1.09	0.10	0.41
	Cocaine	0.11	4703	0.05	1.13	0.00	0.21
	Crack	0.06	4704	0.04	1.04	- 0.01	0.14
	Ecstasy	0.29	4703	0.09	1.17	0.11	0.47
	Heroin / Methadone	0.09	4703	0.05	1.16	- 0.01	0.19
	Tranquillisers	0.25	4704	0.07	0.91	0.12	0.38
	Volatile substances	0.00	4704	0.00	-	0.00	0.00
	No dependency	97.88	4703	0.25	1.19	97.39	98.37
	Dependent on cannabis only	1.37	4703	0.20	1.18	0.98	1.76
	Dependent on other drug with or without cannabis dependency	0.75	4703	0.14	1.09	0.48	1.02
	Any drug dependence	2.12	4703	0.25	1.19	1.63	2.61
Men	Cannabis	4.60	3838	0.39	1.15	3.84	5.36
	Amphetamines	0.51	3838	0.15	1.32	0.21	0.81
	Cocaine	0.37	3837	0.12	1.24	0.13	0.61
	Crack	0.15	3838	0.08	1.34	- 0.01	0.32
	Ecstasy	0.89	3837	0.20	1.30	0.51	1.28
	Heroin / Methadone	0.19	3838	0.09	1.28	0.01	0.36
	Tranquillisers	0.17	3838	0.07	1.09	0.03	0.31
	Volatile substances	0.01	3838	0.01	0.69	- 0.01	0.04
	No dependency	94.62	3838	0.42	1.15	93.80	95.44
	Dependent on cannabis only	3.68	3838	0.35	1.15	3.00	4.36
	Dependent on other drug with or without cannabis dependency	1.70	3838	0.25	1.21	1.20	2.19
	Any drug dependence	5.38	3838	0.42	1.15	4.56	6.20

Table A.16 Standard errors and 95% confidence intervals for number of disorders by sex

Base	Number of disorders	% (p) (adj)	Sample size	True standard error of p	Deft	95% confidence interval LL	UL
All adults	None	76.65	8580	0.58	1.27	75.51	77.79
	1	19.33	8580	0.55	1.29	18.25	20.41
	2	3.36	8580	0.22	1.16	2.92	3.80
	3	0.66	8580	0.11	1.28	0.44	0.88
	4	0.01	8580	0.01	0.82	-0.01	0.02
Women	None	78.03	4728	0.78	1.30	76.50	79.56
	1	19.45	4728	0.72	1.26	18.03	20.87
	2	2.13	4728	0.23	1.12	1.67	2.59
	3	0.39	4728	0.11	1.18	0.18	0.60
	4	0.00	4728	0.00	.	0.00	0.00
Men	None	75.27	3852	0.78	1.13	73.73	76.80
	1	19.21	3852	0.73	1.16	17.77	20.65
	2	4.58	3852	0.38	1.14	3.83	5.34
	3	0.93	3852	0.20	1.28	0.54	1.31
	4	0.02	3852	0.02	0.78	-0.02	0.05

Appendix B

Estimating the prevalence of psychotic disorder

A two-stage approach was adopted to provide an assessment of psychotic disorder in the survey. In the first stage interviews, carried out by ONS interviewers, screening questions were included to identify people who might have a psychotic disorder. The factors used to identify people who might have a psychotic disorder had been found in the 1993 survey of psychiatric morbidity among private households and the 1997 survey of psychiatric morbidity among prisoners to be the best predictors of the likelihood of receiving an assessment of psychotic disorder at a second stage semi-structured clinical interview. These were:

- a self-reported diagnosis or symptoms (such as mood swings or hearing voices) indicative of psychotic disorder;
- receiving anti-psychotic medication;
- a history of admission to a mental hospital; and
- a positive answer to question 5a in the Psychosis Screening Questionnaire which refers to auditory hallucinations.

The presence of any one of these criteria was sufficient for a person to screen positive for psychosis.

Then a sub-sample of people were selected to take part in a second stage interview carried out by psychologists employed and supervised by the University of Leicester, who received training and clinical experience with the SCAN interview extending over a month. The people included in the sub-sample can be divided into 3 groups that were selected using different sampling fractions as follows:

- all those who screened positive for psychotic disorder;
- half of those who screened positive for antisocial or borderline personality disorder but not psychosis; and
- 1 in 14 of those who screened positive for other types of personality disorder or screened negative for both disorders.

The second stage interviews used the SCAN v2.1 (Schedules for Clinical Interviews in Neuropsychiatry), a semi-structured interview which provides ICD-10 diagnoses of psychotic disorder.

An assessment of the prevalence of psychotic disorder could be obtained by simply weighting the results from the sub-sample who had a second stage SCAN interviews to take account of varying sampling fractions and non-response. However, there are problems with this approach:

1. The second stage sample design included a SCAN assessment of people who screened negative for psychosis in the first stage interview which allows some assessment of the prevalence of psychotic disorder among this group who are likely to be cases that are unknown to services. However, the bulk of the positive cases are likely to be in the screen positive group and logistic regression analysis showed that the most important predictor of a positive SCAN assessment among the stage 2 sample was the presence of one or more of the screening criteria, and that the odds of a positive assessment increased dramatically the more criteria were present. However, there were some positive cases among those who screened negative and because of the different sampling fractions used, these cases get a much higher weight than the majority of cases which occurred among the screen positives.

   The effect of the wide range of weights is to produce an estimate with a high coefficient of variation (the sampling error as a proportion of the estimate itself) with a very wide confidence interval around it, which is shown (estimate 1) in Table B1. Thus for all adults the prevalence estimate is 1.1% with a 95% confidence interval ranging from 0.5% to 1.7% while for women the prevalence estimate is 1.6% with a 95% confidence interval ranging from 0.4% to 2.7%. Estimates which cover such a wide possible range are very difficult to use for policy purposes, eg for predicting the numbers of people who might require services, or for monitoring trends over time.

2. The comparatively small size of the sub-sample which completed a 2nd stage interview limits the amount of additional analysis, such as co-occurrence of disorders and social and economic factors associated with disorders, which can be done using this second-stage sample only. Therefore there is a requirement for some measure of probable/possible disorder for the sample as a whole to be used for these types of analysis and for the consideration of variations in prevalence of disorder among different sub-groups.

The results obtained from the second stage interviews can be viewed as belonging to two groups for whom the prevalence of psychotic disorder can be obtained with different degrees of precision. The first group is people who screen positive for psychotic disorder from which we have SCAN assessments for all who agreed to a second interview. The prevalence of disorder is comparatively high amongst this group and a high proportion were interviewed, so the confidence interval is relatively narrow as is shown in Table B1. The prevalence estimate for this group is 13.3% (95% CI 8.1%-18.6%) and the coefficient of variation (CV) is 20%.

The second group are those who screened negative for psychotic disorder. Among this group psychotic disorder is likely to be extremely rare and, since only a small proportion could be included in the second stage of the survey, any estimate of the prevalence among this group will be extremely imprecise. The sample of screen negatives taken was small and alternative random samples of screen negatives would quite possibly have given very different estimates. The prevalence estimate obtained for this group is 0.6% (95% CI 0.0%-1.2%), which is very much lower than in the screen positive group but is much less precise having a CV of 47%, double that of the screen positive estimate. In this sample all the false negatives on the psychosis screen were found among women – a fact which is reflected in the wide confidence intervals around the estimate for women shown in estimate 1 in table B1. This might be due to true differences in prevalence between men and women, differences in responses to the screening questions, differences in the way the SCAN interviewers interpreted symptoms between men and women or a chance finding resulting from the sampling for the second stage. There was no difference between men and women in the proportion screening positive for psychosis. However, women were more likely than men to receive a positive SCAN assessment when other factors, such as the presence of different screening criteria, were controlled for and it appeared that the psychosis screen worked better for men than for women. Comparison between the detailed responses in the SCAN interviews for the false negative cases and other positive cases showed no apparent differences, except that the screen negatives were not receiving services and did not show evidence of significant disability or distress. It may be that men with psychotic disorder are more likely than women to be known to services and receiving treatment, but the difference between the men and women shown in estimate 1 is not statistically significant indicating that it could just be an artefact of the particular sample selected in the survey.

The finding of some screen negatives does suggest that a prevalence rate based solely on screen positives (estimate 2) is likely to be an underestimate. However, in view of the wide confidence interval, it is also quite possible that estimate 1, which includes the screen negatives, may be itself a substantial overestimate. Therefore, it was decided that it would not be useful to use the prevalence estimate which includes the SCAN data from screen negatives in the report because of the imprecision and uncertainty associated with it. It is recognised that any estimate that does not take account of false negatives on the screen will be an underestimate, but the extent of that underestimate and the importance of it is uncertain. However, the estimate adopted is more stable and therefore more use for policy analysis and monitoring trends.

The problem of obtaining an assessment of psychotic disorder for those people who sifted positive for psychosis but did not have a SCAN interview because they refused a second interview or could not be contacted at that time was dealt with slightly differently in the earlier 1993 survey of adults in private households and the 1997 survey of prisoners. In both cases the relationship between the initial interview data and the SCAN assessment data for those who completed both stages was considered to identify factors indicative of likely psychotic disorder. In 1993, those taking antipsychotic medication and who reported that

they had a psychotic illness or that their doctor told them they had such an illness were considered as having a functional psychosis. In the survey of prisoners there was some additional information available and it was found that the presence of any two of the sift criteria described above was a better indicator of probable psychosis. In this survey data, there continued to be a good relationship between the screening criteria and the likelihood of a positive SCAN assessment and it was decided to use the same approach as adopted in the 1997 prison survey for providing an assessment of probable psychosis for those people who sifted positive for psychosis but did not complete a SCAN interview.

In summary, the assessment of probable psychosis used in this survey was obtained for individual respondents as follows:

- For those who sifted positive for psychosis and undertook a SCAN interview, the SCAN assessment was used.
- For those who sifted positive for psychosis but did not complete a SCAN interview, an assessment based on whether or not they reported two or more of the screening criteria at the initial interview was applied.
- All those who screened negative for psychosis at the initial interview were designated psychosis negative regardless of whether or not they had undertaken a SCAN interview.

The prevalence estimates obtained in this way are shown as estimate 2 in Table B1 and were used throughout the survey report.

Table B1 Alternative estimates of psychosis prevalence

Assessment based on		Sample size	Prevalence Estimate	95% CI* LL	95% CI* UL	Sampling Error	CV**
1. SCAN interviews only - including screen negatives	Men	272	0.65	0.32	0.98	0.17	26%
	Women	351	1.57	0.41	2.73	0.59	37%
	All adults	623	1.11	0.52	1.70	0.30	27%
	People who screened positive	203	13.31	8.06	18.56	2.68	20%
	People who screened negative	420	0.63	0.04	1.22	0.30	47%
2. SCAN or prisons algorithm for screen positives (screen negatives assumed negative)	Men	3852	0.57	0.35	0.79	0.11	19%
	Women	4728	0.49	0.31	0.67	0.09	20%
	All adults	8580	0.53	0.37	0.69	0.08	15%

* 95% confidence Interval; LL = lower limit, UL = upper limit.
** Coefficient of Variation = Sampling Error/Estimate.

Glossary of survey definitions and terms

Adults

In this survey adults were defined as persons aged 16 and over and less than 75.

Alcohol dependence

Alcohol misuse was measured using two different instruments. First the Alcohol Use Disorders Identification Test (AUDIT) was used to assess hazardous drinking (see below). Then those who scored 10 or above on the AUDIT were also asked the Severity of Alcohol Dependence Questionnaire (SAD-Q). People who scored 4 or more on the SAD-Q were considered to be dependent on alcohol.

Analgesic, hypnotic and anxiolytic medication

Analgesics are drugs for relieving pain, while hypnotic and anxiolytics are drugs used for treating sleep problems and for reducing anxiety.

Depot injections

When antipsychotic medication is given by injections on a monthly basis, these are sometimes termed depot injections.

Drug dependence

In the year prior to interview drug dependence was measured by asking all those who had used drugs in the past year a series of five questions. These covered: daily use of the drug for two weeks or more; feelings of dependence; inability to cut down; need for increasing quantities; withdrawal symptoms. One positive response to any of these questions was considered to be evidence of drug dependence.

Drugs used in psychoses etc

Drugs used in psychoses and related conditions include antipsychotic drugs, including depot injections. These are also known as 'neuroleptics'. In the short term they are used to quieten disturbed patients whatever the underlying psychopathology. See depot injections. Also included in this group are antimanic drugs which are used in mania to control acute attacks and prevent their recurrence.

Economic activity

Economically active persons are those over the minimum school-leaving age who were working or unemployed in the week before the week of interview. These persons constitute the labour force.

Working persons
This category includes persons aged 16 and over who, in the week before the week of interview, worked for wages, salary or other form of cash payment such as commission or tips, for any number of hours. It covers persons absent from work in the reference week because of holiday, sickness, strike or temporary lay-off, provided they had a job to return to with the same employer. It also includes persons attending an educational establishment during the specified week if they were paid by their employer while attending it, people who worked in Government training schemes and unpaid family workers.

Persons are excluded if they have worked in a voluntary capacity for expenses only, or only for payment in kind, unless they worked for a business, firm or professional practice owned by a relative. Full-time students are classified as 'working', 'unemployed' or 'inactive' according to their own reports of what they were doing during the reference week.

Unemployed persons
This survey used the International Labour Organisation (ILO) definition of unemployment. This classifies anyone as unemployed if he or she was out of work in the four weeks before interview, or would have been but for temporary sickness or injury, and was available to start work in the two weeks after the interview. Otherwise, anyone out of work is classified as economically inactive.

The treatment of all categories on this survey is in line with that used in the Labour Force Survey (LFS)

Educational level

Educational level was based on the highest educational qualification obtained and was grouped as follows:

Degree or higher degree
NVQ Level 5

Teaching qualification
HNC/HND
BEC/TEC Higher
BTEC/SCOTVEC Higher
City and Guilds
Full Technological Certificate
Nursing Qualifications (SRN, SCM, RGN, RM, RHV, Midwife)
NVQ Level 4

GCE A levels and AS levels
SCE Higher
ONC/OND/BTEC/TEC/BTEC not higher
City and Guilds Advanced/Final Level
GNVQ (Advanced Level)
NVQ Level 3

GCE O level passes (Grade A-C if after 1975)
GCSE (Grades A-C)
CSE Grade 1
SCE Ordinary (Bands A-C)
Standard Grade (Level 1-3)
School Certificate or Matric
City and Guilds Craft/Ordinary Level
GNVQ (Intermediate level)
NVQ Level 2

CSE Grades 2-5
GCE O level Grades D & E after 1975
GCSE (Grades D,E,F,G)
SCE Ordinary (Bands D & E)
Standard Grade (Level 4,5)
Clerical or Commercial qualifications
Apprenticeships
NVQ Level 1 and GNVQ (Foundation Level)

CSE ungraded
No formal qualifications

Ethnicity

Household members were classified into nine groups by the person selected for interview. For analysis purpose these nine groups were subsumed under 4 headings: White, Black, South Asian and Other.

White	White
Black - Caribbean Black - African Black - Other	Black
Indian Pakistani Bangladeshi	South Asian
Chinese Other	Other

Family Unit

In order to classify the relationships of the subject to other members of the households, the household members were divided into family units.

Subjects were assigned to a family unit depending on whether they were or had ever been married, and whether they (or their partners) had any children living with them.

A 'child' was defined for family unit purposes as an adult who lives with one or two parents, provided he or she has never been married and has no child of his or her own in the household.

For example, a household containing three women, a grandmother, a mother and a child would contain two family units with the mother and child being in one unit, and the grandmother being in another. Hence family units can consist of:

- A married or cohabiting couple or a lone parent with their children
- Other married or cohabiting couples
- An adult who has previously been married. If the adult is now living with parents, the parents are treated as being in a separate family unit.
- An adult who does not live with either a spouse, partner, child or parent. This can include adults who live with siblings or with other unrelated people, eg flatmates.

Family unit type

Each informant's family unit was classified into one of six family unit types:

'Couple no children' included a married cohabiting couple without children.

'Couple with child' comprised a married or cohabiting couple with at least one child from their liaison or any previous relationship.

'Lone parent' describes both men and women (who may be single, widowed, divorced or separated) living with at least one child. The subject in this case could be a divorced man looking after his 12 year-old son or a 55-year-old widow looking after a 35-year-old daughter who had never married and had no children of her own.

'One person' describes the family unit type and does not necessarily mean living alone. It includes people living alone but includes one person living with a sister, or the grandmother who is living with her daughter and her family. It also includes adults living with unrelated people in shared houses, e.g. flatmates.

'Adult living with parents' describes a family unit which has the same members as 'couple with child' but in this case it is the adult son or daughter who is the subject. It includes a 20 year old unmarried student living at home with married or cohabiting parents, and a 62 year old single woman caring for her elderly parents.

'Adult living with one parent' covers the same situations as above except there is one and not two parents in the household.

Hazardous alcohol use

Hazardous alcohol use is a pattern of drinking carrying with it a high risk of damage to health in the future. The prevalence of alcohol misuse in the previous year was assessed using the Alcohol Use Disorders Identification Test (AUDIT) at the initial interview. An AUDIT score of eight or above indicates hazardous alcohol use.

Household

The standard definition used in most surveys carried out by ONS Social Survey Division, and comparable with the 1991 Census definition of a household, was used in this survey. A household is defined as single person or group of people who have the accommodation as their only or main residence and who either share one meal a day or share the living accommodation. (See E McCrossan *A Handbook for interviewers*. HMSO: London 1991)

Intellectual functioning

Three tests were included in the survey to measure different aspects of intellectual functioning. All participants completed the National Adult Reading Test (NART), a measure of crystallised intelligence, reflecting the extent of intellectual development by adulthood. Scores on the NART have then been converted into predicted verbal IQ scores on the WAIS-R using the algorithm recommended by the developers of the NART.

Those aged 60 and over also completed two tests likely to be sensitive to cognitive decline associated with ageing or dementia. The modified Telephone Interview for Cognitive Screening (TICS-m) was developed as a brief screening test for dementia. Those scoring below a cut-point have a high probability of significant cognitive impairment, and of meeting criteria for a clinical diagnosis of dementia. The animal naming test assesses verbal fluency, in this case the number of different animals a participant can name in one minute.

Locality

Interviewers coded their opinion of whether the sampled address was in urban, semi-rural or rural area.

Marital Status

Informants were categorised according to their own perception of marital status. Married and cohabiting took priority over other categories. Cohabiting included anyone living together with their partner as a couple.

Neurotic disorders, depression or anxiety disorders

These are characterised by a variety of symptoms such as fatigue and sleep problems, forgetfulness and concentration difficulties, irritability, worry, panic, hopelessness, and obsessions and

compulsions, which are present to such a degree that they cause problems with daily activities and distress. The prevalence of neurotic symptoms in the week prior to interview was assessed using the revised version of the Clinical Interview Schedule (CIS-R). A score of 12 or more indicates the presence of significant neurotic symptoms while a score of 18 or more indicates symptoms of a level likely to require treatment.

Psychiatric Morbidity

The expression psychiatric morbidity refers to the degree or extent of the prevalence of mental health problems within a defined area.

Psychoses

These are disorders that produce disturbances in thinking and perception that are severe enough to distort the person's perception of the world and the relationship of events within it. Psychoses are normally divided into two groups: organic psychoses, such as dementia and Alzheimer's disease, and functional psychoses, which mainly cover schizophrenia and manic depression.

Region

When the survey was carried out there were 8 NHS Regional Office Areas in England. These were the basis for stratified sampling and have been retained for purposes of analysis. Scotland and Wales were treated as two distinct areas.

Social Class

Based on the Registrars General's 1991 *Standard Occupational Classification*, Volume 3 OPCS, HMSO: London social class was ascribed on the basis of the informants own occupation. If the informant was unemployed or economically inactive at the time of interview but had previously worked, social class was based on the most recent previous occupation.

The classification used in the tables are as follows:

Descriptive Definition	Social Class
Professional	I
Intermediate occupations	II
Skilled occupations – non-manual	III NM
Skilled occupation – manual	III M
Partly-skilled	IV
Unskilled occupations	V
Armed Forces	

Social class was not determined where the subject had never worked, or if the subject was a full-time student or where occupation was inadequately described.

Tenure

Four tenure categories were created:

'Owned outright' means bought without a mortgage or loan or with a mortgage or loan which has been paid off.

'Owned with mortgage' includes co-ownership and shared ownership schemes.

'Rent from LA/HA' means rented from local authorities, New Town corporations or commissions or Scottish Homes, and housing associations which include co-operatives and property owned by charitable trusts.

'Rent from other source' includes rent from organisations (property company, employer or other organisation) and from individuals (relative, friend, employer or other individual).

national statistics

The report of a survey carried out by Social Survey Division of the Office for National Statistics on behalf of the Department of Health, the Scottish Executive and the National Assembly for Wales

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

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Robert Bumpstead
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Alison Lee
Howard Meltzer

London: Office for National Statistics

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Contents

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 *et al* (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 Oroganisation (1999)
Neurotic disorder	Lay interview	Clinical Interview Schedule – Revised (CIS-R)	Lewis and Pelosi (1990); Lewis *et al* (1992)
Alcohol misuse	Lay interview	Alcohol Use Disorders Identification Test (AUDIT); Severity of Alcohol Dependence Questionnaire (SAD-Q)	Babor *et al* (1992); Stockwell *et al* (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
	Percentage of adults with a score of 2 or more on each symptom		
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
Base	*4728*	*3852*	*8580*

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

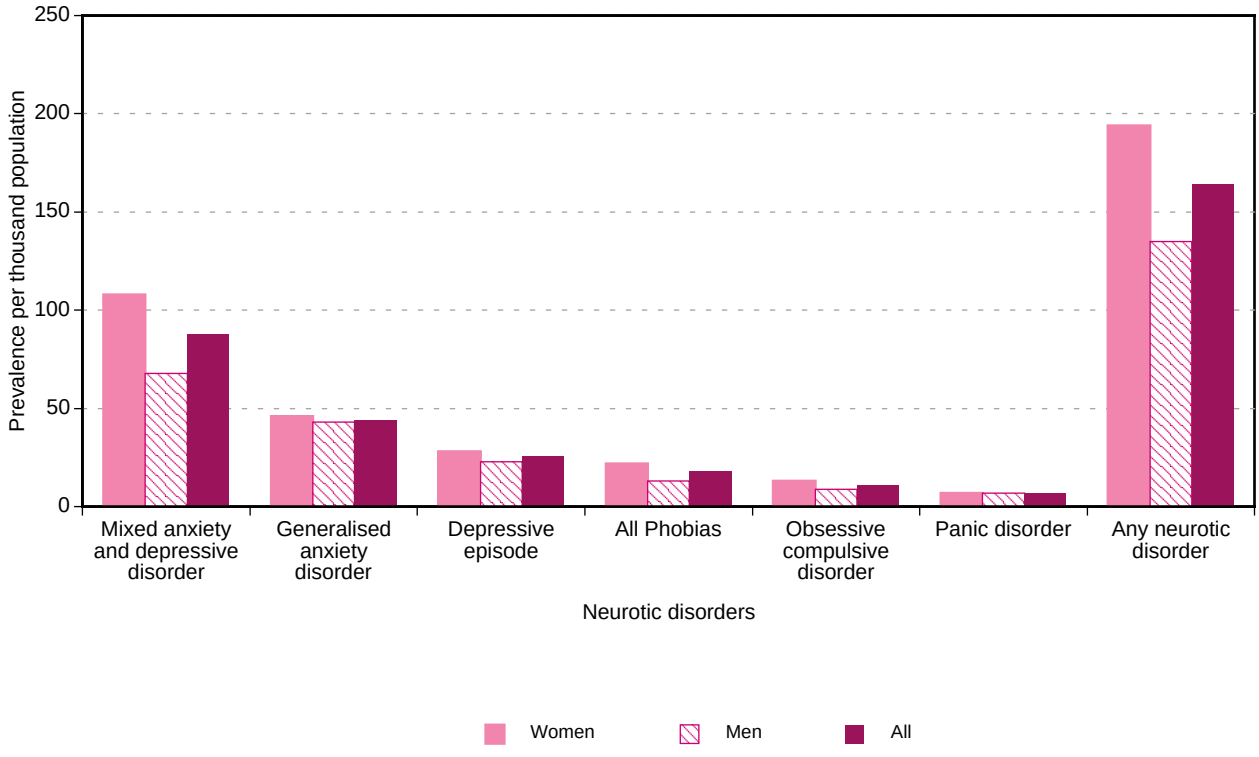
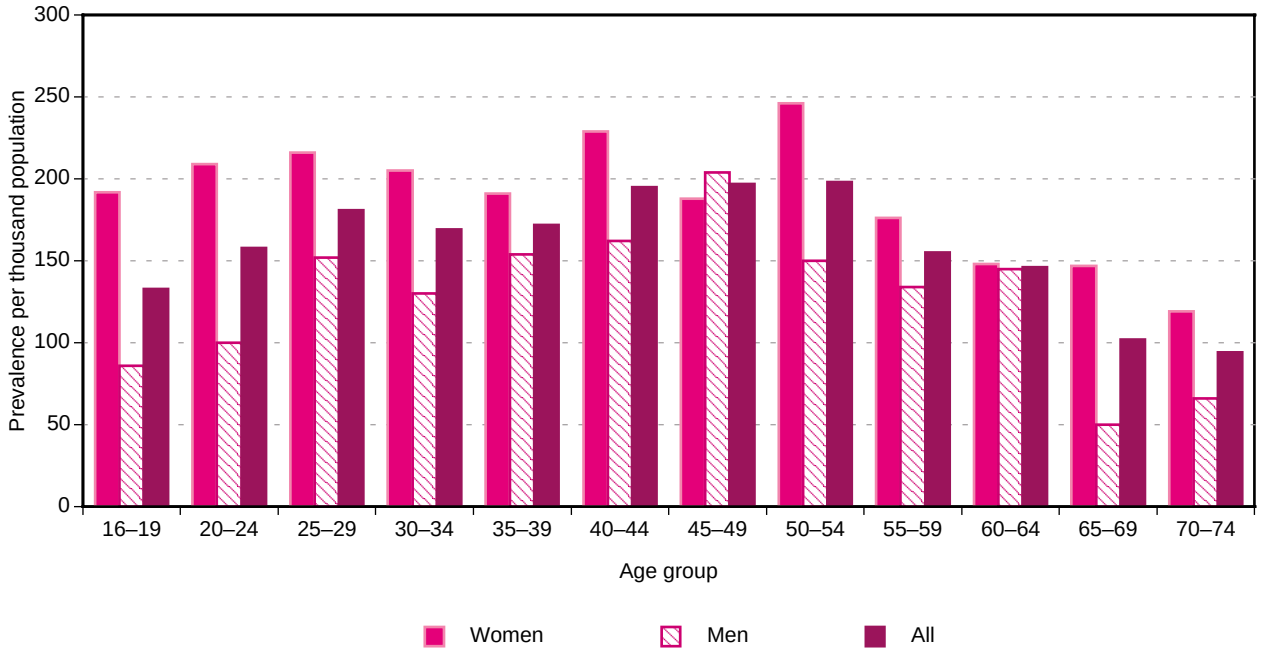


Figure 2.2 Prevalence of any neurotic disorder in the week before interview by age and sex



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

	Women	Men	All
		Rates per thousand	
Type of personality disorder			
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.

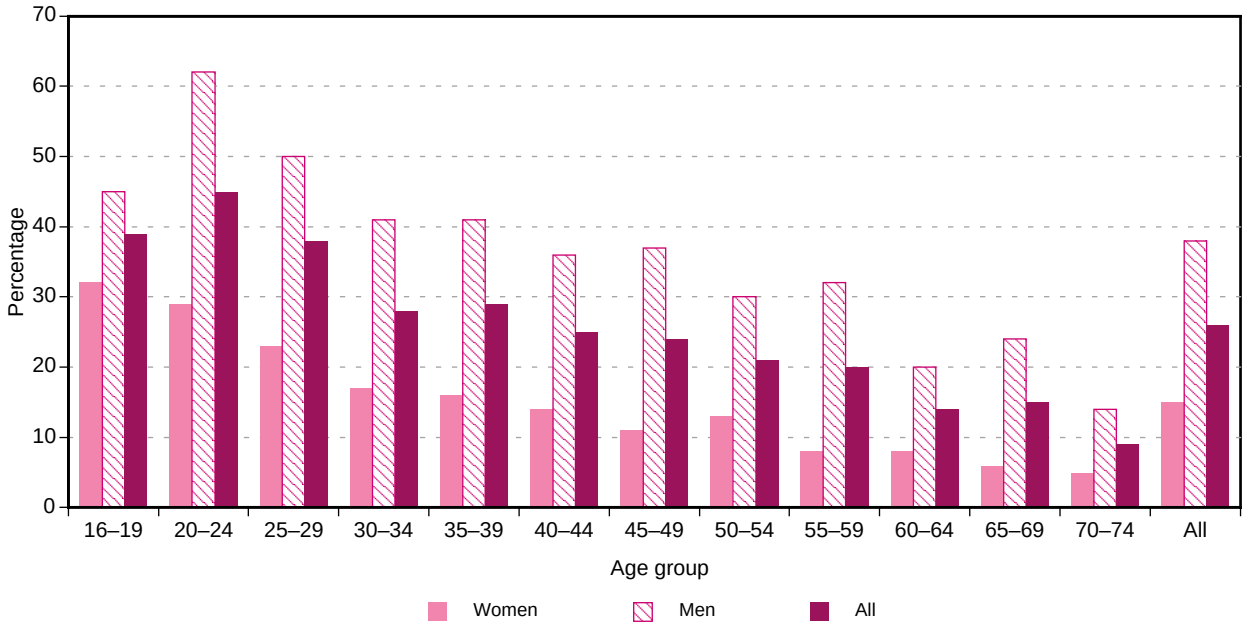
The prevalence rate for probable psychotic disorder in the past year was 5 per 1,000 adults aged 16 to 74. The rate among women was 5 per 1,000 and among men, 6 per 1,000.

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												
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	All ages
	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

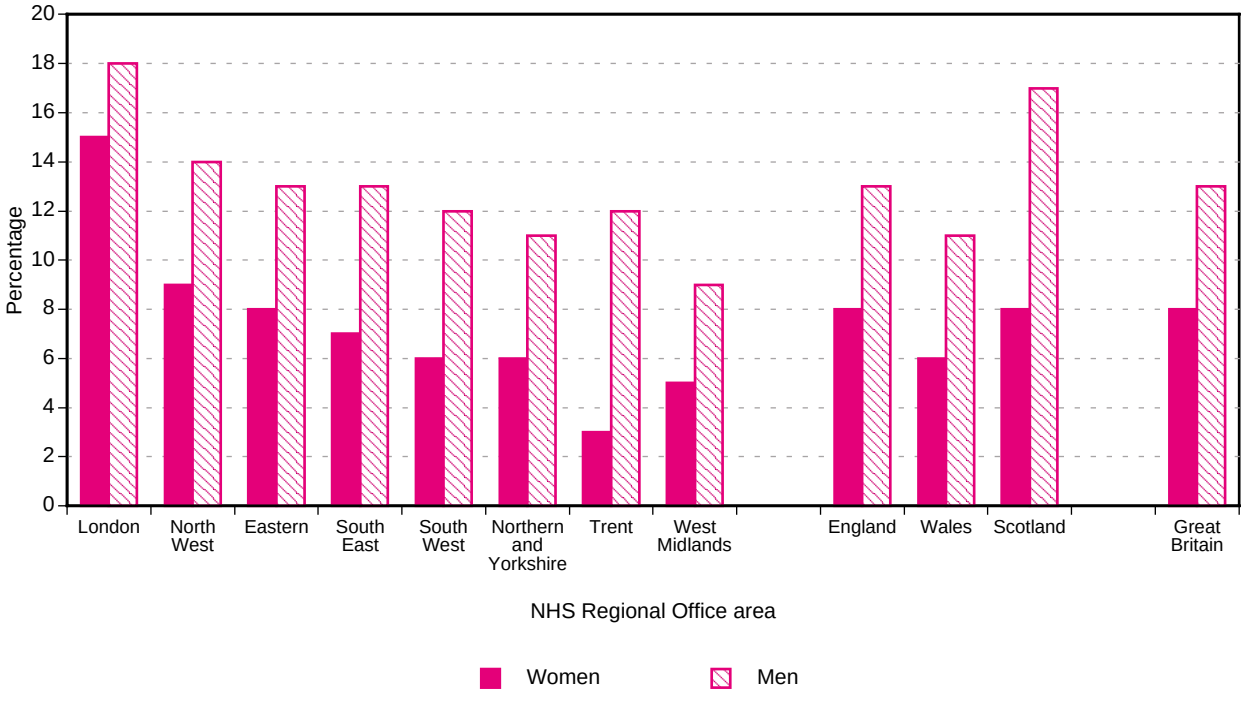
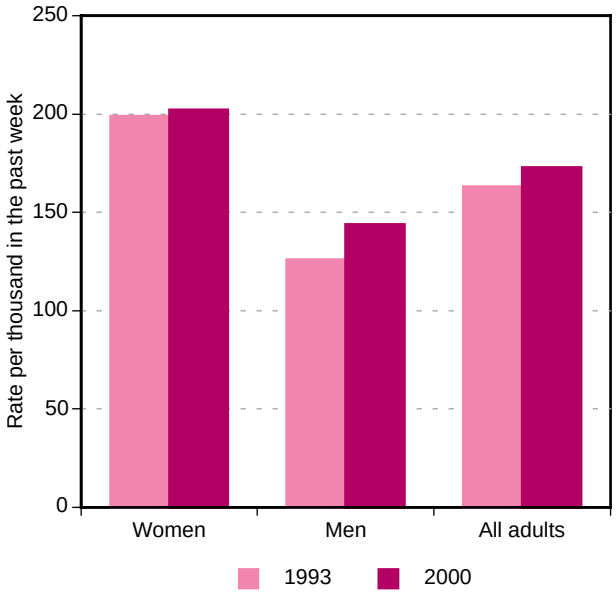


Figure 3.1 Change in the prevalence of neurotic disorder between 1993 and 2000 (people aged 16 to 64 only)



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

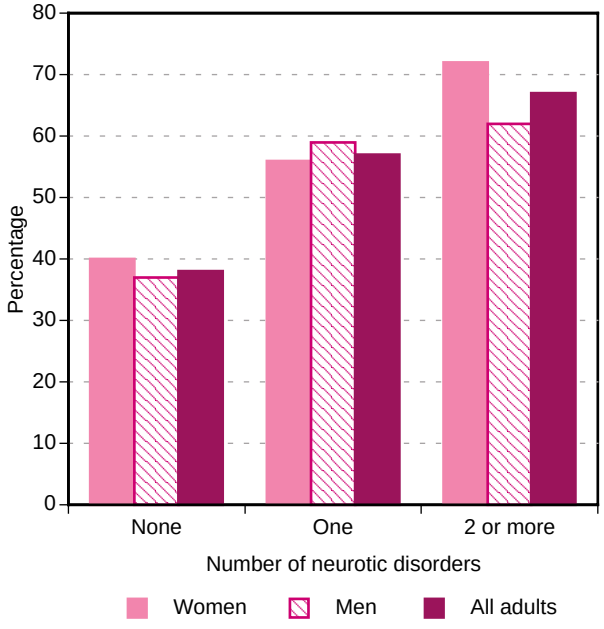
Compared with people with no neurotic disorder, those assessed as having a neurotic disorder were more likely to be:

- 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

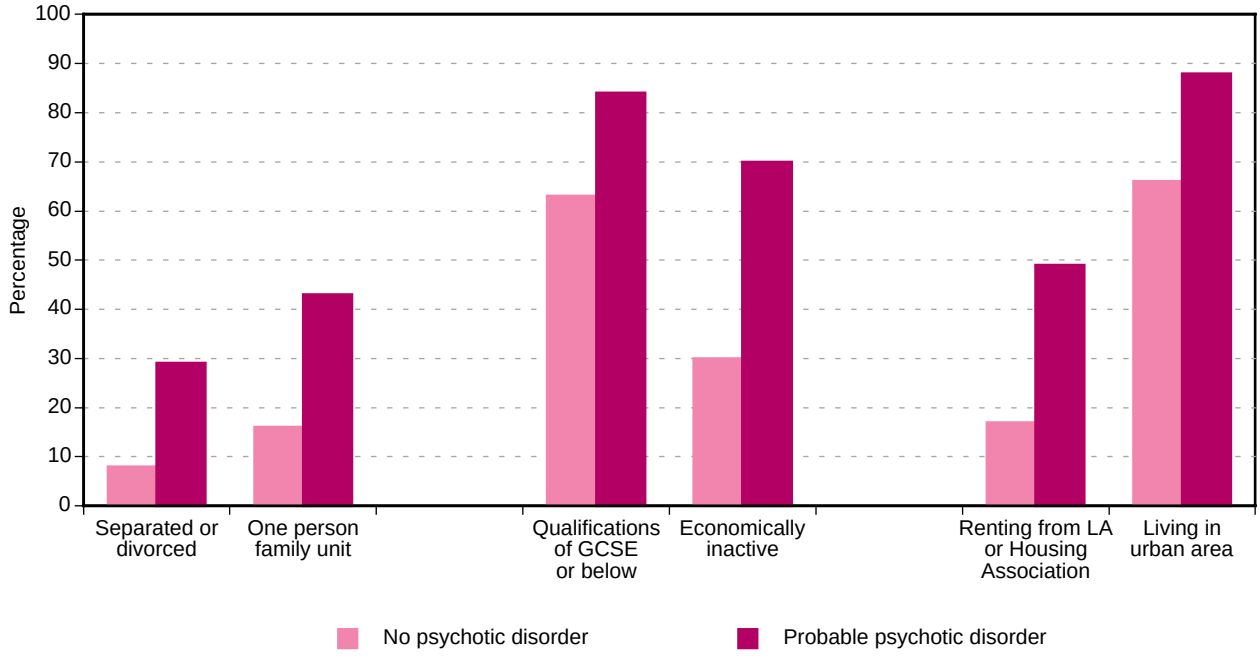
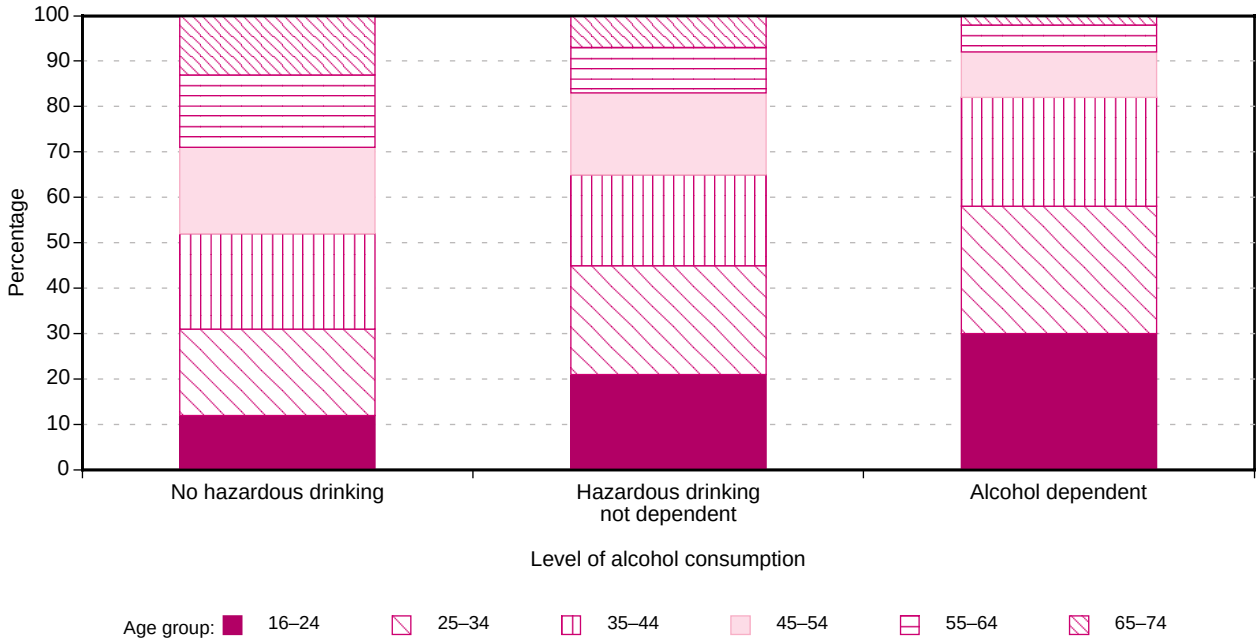


Figure 4.3 Age group by level of alcohol problem



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.

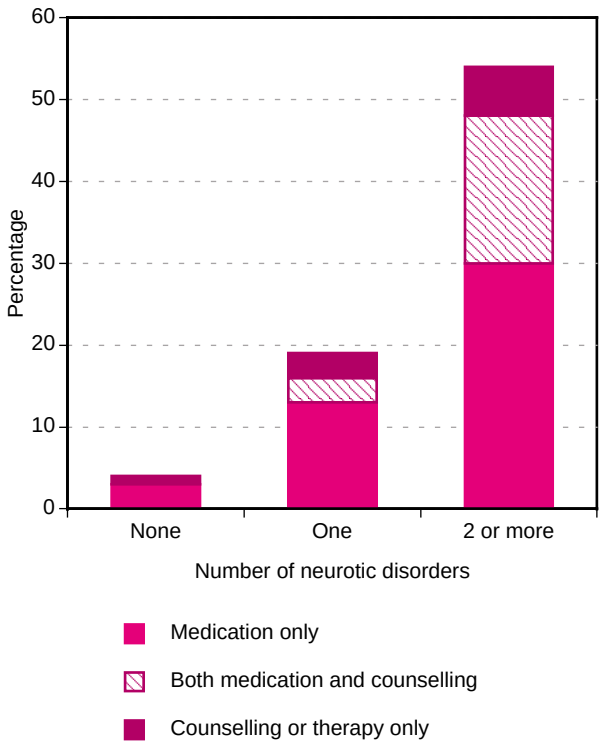
The proportion receiving treatment rose with the number of neurotic disorders present. Among people with no neurotic disorder, 4% were receiving treatment, compared with just under a fifth (19%) of those with one neurotic disorder, and over half (54%) of those with two or more disorders. The proportion 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

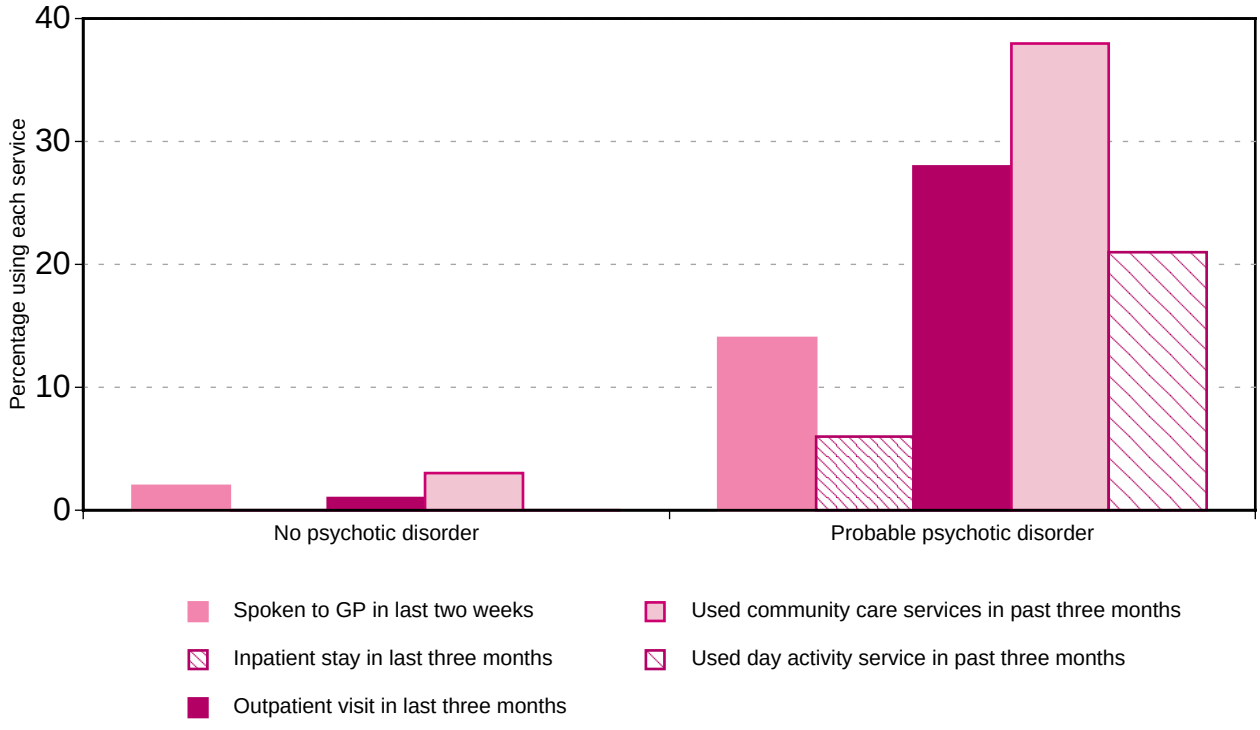


of those without a psychotic disorder, while two fifths (40%) were receiving counselling or therapy.

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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