Adult Psychiatric Morbidity Survey (APMS)

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**Information and technology
for better health and care**

Contents

Background

Between 01 November and 30 December 2016 NHS Digital ran a consultation on the Adult Psychiatric Morbidity survey which had been published on 29th September 2016. The consultation aimed to find out more about who uses the survey and for what purposes, how useful the survey findings are, and any improvements that could be made to future surveys. Feedback on the outputs from the survey (e.g. the report, the tables and the dataset) was also collected together with any ideas to improve these.

A full copy of the questionnaire is available through the following link:
http://content.digital.nhs.uk/media/23904/Adult-Psychiatric-Morbidity-Survey-APMS-Consultation-questionnaire/pdf/APMS-Consultation-Questionnaire-PDF.pdf

The consultation was widely publicised to known users and potential users of the survey through various means including:

- NHS Digital website

- NHS Digital Social Media (Twitter)

- Health Surveys Programme E-Bulletin

- Local Government Association (LGA) bulletins and Health and Wellbeing blog

- Local Authority Research and Intelligence Association (LARIA) website

- Health Statistics User Group

- UK Data Service

NHS Digital thanks all respondents for taking part in the consultation and for their helpful comments.

This report details the findings from the consultation. Many respondents supported their responses with comments, some of which have been included in this report to give readers a better understanding of the views expressed and the reasons for these.

NB: Due to rounding some of the tables may not add up to 100%.

Response to the Consultation

In total, 205 respondents replied to the consultation. A high proportion of respondents were members of the public (43%) but there was also a good response from academic institutions, representatives of the charitable/voluntary sector and Local Authorities as well as from the wider public sector (including Department of Health, Public Health England, NHS England and other NHS organisations) – see Table 1.

Table 1: Survey Respondents

Survey Respondents	Percentage	Count
Member of the public	43%	88
Academic	20%	42
Charity or voluntary organisation	13%	27
Public sector - Local Authority	8%	17
Public sector - Other NHS organisation	3%	7
Public sector - NHS England	2%	5
Public sector - Public Health England	2%	4
Public sector - Department of Health	1%	3
Public sector - Other	1%	3
Other	4.4%	9
Total	100%	205

A full list of the organisations that responded to the consultation is provided in Appendix A. Some of these organisations provided a consolidated response.

The high response from members of the public reflects the large number of respondents who had an interest in eating disorders (of 88 responses from members of the public, 65 had an interest in eating disorders). The charity Beating Eating Disorders (BEAT), encouraged followers to respond to the consultation through their website and social media and 37 respondents specifically mentioned that they had heard of the APMS consultation through BEAT. Eating disorders was included as a topic area in the 2007 APMS but, to ensure sufficient space for new topics to be covered by the survey, it was one of the topics that was not repeated in 2014.

Respondents with an interest in eating disorders highlighted the high incidence of this condition in the population, the comorbidity with other mental health conditions, the impact of these conditions on individuals, high levels of associated mortality, and concerns about available treatment. The findings from the consultation clearly reflect the large response from this group and some of the comments received are detailed in the report below.

Use of APMS

Knowledge of APMS

53% (102) of respondents had heard of APMS before the consultation and 47% (91) had not. Of the 91 respondents who had not heard of APMS, 53 had an interest in eating disorders and all bar 3 of these were members of the public.

Use of previous APMS surveys

41% (78) of respondents had used the data and findings from previous APMS surveys.

Of the 114 (59%) who had not used previous surveys, most (86) had not heard of the survey before the consultation and 64 were members of the public.

Use of APMS 2014

69% (142) of respondents said they would use the 2014 APMS survey data/findings and 30% (61) said they would not. A small proportion of respondents (1%) didn't know whether they would use the data/findings at the time they completed the survey.

The most common reason given for not making use of the APMS findings/data was that the survey did not include questions on eating disorders. Ten respondents made this comment, reflecting the high response to the consultation from those with an interest in this area. Further analysis of the 61 non-users found that 49 had specifically requested that eating disorders be included in the survey and that of these 42 were members of the public.

Other reasons for non-use given by one or two respondents included the following: that data on a specific lifestyle and behaviour (i.e. digital life) was not included; content of 2014 survey did not cover particular areas of interest; concern about accuracy of findings; sample size not large enough to produce local authority level figures. Another two individuals were responding to the consultation as users of mental health services and so did not think they would use the survey report itself.

The 142 respondents who said they would use APMS 2014 were asked further questions about this. Those who did not intend to use APMS 2014 (or who didn't know whether they would use it or not) were not asked this additional set of questions.

Outputs

The PDF publication summarises the main findings from the survey but a large amount of other data collected through the survey is made available in a dataset that is deposited with the UK Data Service. A high proportion of users (50%) reported that they would utilise the APMS dataset – see Table 2 below.

Of the 66 users of the dataset, 27 were academics, 11 were charities and 6 were LAs. 14 members of the public also said they would use the dataset.

Table 2: Use for the APMS 2014 data outputs

Responses 131/142

	Percentage	Count
PDF Reports	82%	108
Dataset	50%	66
Excel	45%	59

Over 82% of users find APMS useful, very useful or essential with 62% rating it as either essential or very useful – see Table 3.

Of the 17 people who were not sure yet, 12 were members of the public.

Table 3: How useful is APMS?

Responses 131/142

	Response Percent	Response Count
Essential	23%	30
Very useful	39%	51
Useful	21%	27
Little use	5%	6
No use	0%	0
Don't know yet	13%	17
Total	100%	131

Use of APMS Survey Topic Areas

In order to determine how useful each of the topic areas covered in the APMS survey were to users, respondents were asked a series of questions requiring them to rate the usefulness of various question modules.

Health and Wellbeing

'Common Mental Disorders' and 'Suicidal Thoughts, Attempts and Self Harm' were the two topics rated as most useful by respondents in the 'Health and Wellbeing' section. 80% of respondents rated Common Mental Disorders as very useful or essential and 75% rated Suicidal Thoughts, Attempts and Self Harm as very useful/essential. Of the remaining ten topics, eight were rated as essential or very useful by more than a quarter of users.

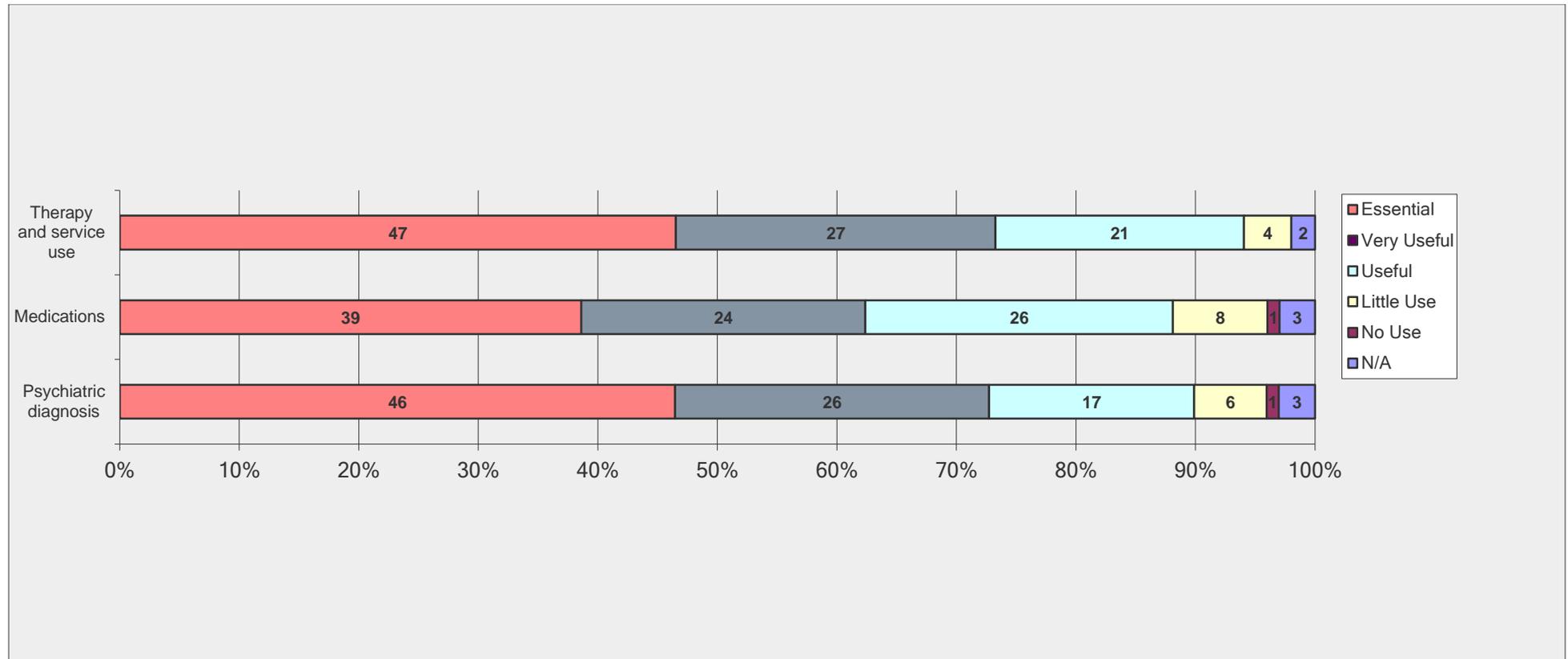## Table 4: Usefulness of Health and Wellbeing topics

Responses 125/142

Topic	Essential	Very Useful	Useful	Little Use	No Use	N/A	Total
Common Mental Disorders (depression and anxiety disorders)	54%	26%	13%	2%	1%	4%	118
Suicidal Thoughts, Attempts & Self Harm	46%	29%	19%	2%	2%	3%	118
Alcohol Dependence	31%	29%	22%	9%	3%	6%	121
Drugs Use and Dependence	30%	29%	25%	7%	4%	6%	121
General Health(perceived general health)	29%	30%	29%	6%	1%	6%	119
Post-traumatic Stress Disorder (PTSD)	27%	32%	23%	8%	2%	7%	121
Psychotic Disorder	38%	20%	18%	10%	5%	8%	119
Bipolar Disorder	32%	24%	22%	12%	4%	6%	119
Overall Mental Wellbeing(assessed using the Warwick-Edinburgh Mental Well-being scale - WEMWBS)	29%	27%	30%	6%	3%	5%	119
Personality Disorder	27%	26%	23%	12%	5%	7%	118
Autism	19%	20%	26%	16%	7%	12%	118
Attention Deficit Hyperactivity Disorder (ADHD)	15%	21%	28%	17%	8%	11%	117

Treatments and Services

The chart below shows how respondents rated the usefulness of 'Treatment and Services' questions covered by the APMS 2014 survey. Around 90% of respondents rated each of the question topics as useful, very useful or essential.

Figure 1: Usefulness of Treatment and Services topics

Responses 122/142

Understanding Health and Wellbeing

All the question areas around 'Understanding Health and Wellbeing' were considered essential by some users - see Table 5. The following topics were rated as the most useful (essential or very useful) by over 64% of respondents:

- Socio-demographics
- Childhood Abuse & Neglect
- Stressful Life Events
- Physical Health Conditions

Those topics that were considered least useful were military experience, menopause and religion and spirituality - at least a third of users considered these topics as of little or no use.

Table 5: Usefulness of Questions around Understanding Health and Wellbeing

Responses 118/142

Answer Options	Essential	Very Useful	Useful	Little Use	No Use	N/A	Response Count
Socio-demographics(Socio-economic and demographic classification, including ethnicity, educational qualifications, employment status, occupation, and housing conditions)	47%	21%	21%	4%	2%	5%	112
Childhood Abuse & Neglect	34%	32%	14%	9%	5%	6%	114
Stressful Life Events	32%	33%	22%	7%	2%	4%	111
Physical Health Conditions	35%	29%	21%	7%	2%	5%	110
Work-related Stress	25%	34%	24%	10%	3%	4%	111
Social Support(social network size and quality of social support)	23%	33%	25%	9%	2%	5%	111

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Answer Options	Essential	Very Useful	Useful	Little Use	No Use	N/A	Response Count
Benefits	29%	27%	18%	19%	1%	6%	113
Social Functioning(general level of social functioning)	23%	32%	26%	10%	5%	5%	111
Interpersonal Violence & Abuse(including domestic violence and abuse)	30%	24%	27%	12%	4%	4%	113
Parenting	18%	33%	22%	13%	7%	6%	112
Cognitive and intellectual functioning	26%	26%	27%	14%	1%	6%	113
Smoking	30%	21%	25%	11%	6%	7%	112
Learning Impairments	13%	29%	28%	14%	8%	7%	112
Social Capital & Participation (perceptions of neighbourhood, local environment and community engagement)	22%	25%	25%	20%	3%	5%	112
Caring Responsibilities	21%	28%	27%	15%	3%	6%	112
Debt	19%	29%	23%	18%	4%	7%	113
Discrimination	14%	32%	26%	17%	5%	7%	111
Sensory Impairments (hearing and sight)	12%	24%	25%	21%	9%	10%	112
Sexual Orientation & Behaviour	11%	24%	35%	11%	12%	7%	109
Military Experience	7%	24%	27%	22%	22%	9%	111
Menopause	4%	20%	22%	32%	13%	10%	111
Religion & Spirituality	5%	21%	32%	19%	14%	9%	112

Purposes for which APMS is used

Responses 115/142

Respondents were asked to provide detailed information on their use of APMS data to enable NHS Digital to get a good understanding of the value of the data and the different ways in which is it used. Many users took the opportunity to provide detailed feedback and their responses are reproduced in full in Appendix B.

Table 6 summarises what those using APMS use the data for. The data has been or will be used for research and analysis by 64% of respondents (please note some users use APMS data for acadademic and other research and analysis) . 59% of respondents have used or will use the data to examine trends and behaviours. 44% of respondents use or will use the data to inform policy making. Of the 39 respondents who said they have a personal interest in APMS, 25 were members of the public and of these 22 had an interest in eating disorders.

Table 6: How respondents use APMS

How respondents use APMS	Percentage	Number
To examine trends and behaviours	59%	68
Research and analysis - academic	48%	55
Informing policy making	44%	51
Personal interest	34%	39
Research and analysis - other	30%	35
Training or Education	30%	34
Policy monitoring and evaluation	28%	32
Planning services	27%	31
Other (please specify)	10%	11

APMS Regional level data

88% of those who used APMS rated the APMS regional level data as essential, very useful or useful – see Table 7.

Table 7: Usefulness of regional level data

Responses 115/142

Usefulness	Percentage	Number
Essential	21%	24
Very useful	37%	43
Useful	30%	34
Little use	8%	9
No use	4%	5
Total	100%	115

APMS Regional level data

Reporting and Analysis

Additional information and analyses

Responses 115/142

64 (56%) respondents felt there was other information that should have been included in the APMS main report. Of these 64 respondents, 27 (42%) felt eating disorders should have been included, 22 of whom were members of the public:

> *"Eating disorders. They're the mental illness with the highest mortality rate and probably cost the NHS more money than any other mental health issue. There's not enough support for people with eating disorders, especially once they are adults..."*

> *"Eating disorders and disorderly eating patterns. These should be included as they have the highest mortality rate of any mental illness."*

Six respondents thought that smoking should have greater coverage in the report:

> *"Given the scale of harm caused by tobacco use and the strong association with mental health, smoking should be given greater prominence in the report and have its own chapter."*

> *"The APMS report does not reflect the importance of smoking which is woefully neglected as a topic…..... In line with its enormous impact on physical and mental health and premature mortality and strong association with mental health status, smoking should be discussed in its own chapter."*

Two respondents thought that gambling should be included in the report and another two mentioned the inclusion of local authority level data. Note that the sample size is generally not large enough for local authority level analysis.

A wide range of other information/analyses were mentioned by individuals for inclusion in the report. These included:

- Access to green space, physical activity and time spent in the natural environment

- Experience of homelessness, prison or community sentence , experience of crime as a victim

- Older people's mental health

- Use of e-cigarettes

- More details on existing topics if a larger sample size was achieved

- Sexual orientation

- Job type

- Most positive psychological factors e.g. meaning in life, life satisfaction, etc.

- Comorbidity of mental ill health and substance misuse

- Mental health of transgender people

- Robust psychometric evaluations using contemporary psychometric methods

- More information on those who do not take part (e.g. current functioning and screening for intellectual ability)

- Overall prevalence figure (e.g. 1 in 4 in 2007)

Survey products

All the survey products, including the dataset, were considered essential or very useful by high proportions of respondents – see table 8 below.

Table 8: Usefulness of the survey products

Responses 112/142

Survey product	Essential		Very useful		Useful		Little use		No use		Total
	%	No	%	No	%	No	%	No	%	No	
PDF report	44%	49	29%	33	21%	24	4%	5	1%	1	112
Dataset	44%	49	24%	27	21%	23	11%	12	1%	1	112
Excel tables	34%	38	28%	31	24%	27	13%	14	2%	2	112

There was only one respondent who didn't think any of the survey products were useful.

Disseminating the results of APMS

Respondents were asked how useful different potential ways of disseminating the results of APMS would be. The three most popular methods of disseminating the results were presentations at seminars (89% very useful or useful), interactive online analysis tools (87% very useful or useful) and infographics (86% very useful or useful).

Table 9: How useful different methods of dissemination would be to users

Responses 105/142

Method of dissemination	Very useful		Useful		Little use		No use		Total
	%	No	%	No	%	No	%	No	
Presentations at seminars	36%	38	53%	57	10%	11	1%	1	107
Interactive online analysis tools	41%	43	46%	48	13%	14	0%	0	105
Infographics	41%	43	45%	47	12%	13	2%	2	105
Webinars	31%	32	42%	44	25%	26	2%	2	104
Videos	24%	25	44%	46	28%	29	4%	4	104
Interactive quizzes	15%	16	38%	40	36%	37	11%	11	104

Future Surveys

All respondents were asked the questions about future APMS surveys.

Future APMS topics

Responses 173/205

68% (117) of respondents felt there are topics that were not included in the 2014 survey that should be included in future surveys.

Respondents expressed a future requirement for 24 different topics. However only 4 topics were suggested by more than one respondent:

- Eating disorders (74)

- Gambling (6)

- E-Cigarettes / nicotine outside cigarettes (6)

- Social media (3)

    NB: Numbers in brackets show the number of respondents making each suggestion

Eating disorders was by far the most frequently identified gap in the 2014 APMS survey. The following comments were made by two of the respondents who identified eating disorders:

> *"Eating disorders. They have the highest mortality rate of any psychiatric disorder and have not been mentioned at all. Statistics are incredibly high as they are, and are only getting worse…."*

> *"I am struggling to understand why within a mental health and wellbeing survey why eating disorders were not included in this. The mortality rate for eating disorders is one of the highest amongst mental health disorders. If untreated eating disorders can cause (huge) mental and physical difficulties. Not only costing families lives but also costing the NHS a huge amount of money…"*

A small number of respondents also pointed to the need to cover other topic areas (e.g. poverty, use of e-cigarettes) in more depth or to improve survey coverage for certain groups (e.g. those with autism or learning disabilities and ethnic minorities)

A full list of the topics that respondents thought should be included in future surveys is provided in Appendix C.

Improvements to APMS

Responses 172/205

43% of respondents (74) felt there could be improvements to the survey or survey products (i.e. the report, dataset and/or tables)

Of these 74 respondents, almost two thirds mentioned the need to include eating disorders in the survey in their response:

> *"By including eating disorders in the survey. This will give a much more accurate insight into adult mental health across the UK."*

"Be more inclusive of all mental illness especially those with incredibly high mortality rates such as Anorexia Nervosa."

Other respondents (13 in total) thought that all mental health conditions (or a broader range) should be covered.

"By increasing the issues it covers (but recognise the practical difficulties that are involved and that this issue is addressed by this consultation)."

"(Include a) diverse range of illnesses included not just most common".

Small numbers of respondents (between 3 and 5) mentioned other improvements including the need for the survey to be run more frequently; the need for a larger sample size to improve the accuracy of estimates and increase the value of the dataset; improved signposting to the survey products; and simpler language/more clarity on reported statistics. A full list of the suggested improvements is provided in Appendix D.

Frequency of APMS

APMS is currently carried out every seven years. When asked how often the survey should be conducted over 92% thought it should be more frequent. Responses are shown in Table 10.

Some of those who thought the survey should be carried out more frequency also reported that they did not expect to use the survey outputs. However, even when these non-users are excluded from this analysis, 89% still think the survey should be carried out more frequently (at least every 5 years) and 43% think it should be carried out every year or two years.

Table 10: Frequency of APMS

Responses 167/205

Length between surveys	Response Percent	Response Count
Every year	33%	55
Every two years	22%	36
Every three years	16%	26
Every four years	7%	11
Every five years	16%	26
Every seven years (current format)	7%	12
Every ten years	0%	0
No requirement for another survey	1%	1

Some of the comments made by those who thought the survey should be run more regularly are shown below:

"Ideally every year would be my choice but given the financial constraints in the system, every other year or third year is acceptable. The current period doesn't allow for trends or impacts of changes in policy or macroeconomic environment to be seen early enough."(Every 2 years)

"Just to take an example in the 2014 survey. We have seen some striking changes in rates of use of treatment and in the prevalence of some common conditions. But the previous survey was in 2007. We don't know when these changes took place. This makes interpretation of the data more difficult which has a bearing on planning and tracking the effects of changes in care and services. Government ministers and their departments (not just health but others also) also will want more frequent newer information to accord with their cycles of policy development, intervention and effect estimation." (Every 3 years)

"The current format of a survey every 7 years was, I think, just an accidental tradition and doesn't really make much empirical sense. More frequent surveys, even if smaller in size, would provide an opportunity to track time trends more effectively - particularly the growing influence of work stress in late middle age, and the very worrying rise in younger people's mental health problems." (Every 3 years)

The following comment was made by a respondent suggesting no change in the frequency of the survey:

"A more regular survey would be preferred but given the detail involved and finance required, the current format is appropriate."

Respondents were also asked what the impact would be on their work if APMS were not run again (see Table 11 below)

Table 11: Respondents' Perceptions of Impact if APMS was not repeated

Responses 167/205

Impact	Percentage	Count
High	38%	63
Medium	24%	40
Low	11%	18
No impact	28%	46
Total	100%	167

Those who reported that there would be no impact on their work were mainly members of the public who did not use APMS and had an interest in eating disorders. Of the 46 respondents who reported no impact on their work if the survey was not run again, 37 were members of the public.

The following comments were made by those who reported that the impact of their work would be high:

> *"It would mean that we end up commissioning services in a vacuum and have no way of monitoring the bigger picture and how my area compares with others. ...."*

> *"Our understanding of population level mental health need would be seriously impacted. The regular and consistent surveying of need is essential, as shown by some significant changes for key subpopulations identified in the most recent survey..."*

> *"....Without up to date estimates of the prevalence of mental health conditions, it will be impossible to produce truly evidence-based mental health policy.... It is very important ... that the APMS continues to be carried out as it provides a data collection infrastructure which has the potential to finally result in reliable estimates of the prevalence of eating disorders in English adults."*

> *"It would have a serious impact as it is the only household psychiatric survey with a large enough sample and reliable measures to draw conclusions from."*

> *"It would be difficult to track prevalence at a national and local leave. This would then make it difficult to target areas for intervention".*

Several comments were made by theose who thought the impact on their work would be low. These also referred to the negative impact on policy and planning as well as lack of information for study. No comments were made by those identifying no impact on their work.

Other Comments

Respondents were given the opportunity at the end of the questionnaire to provide any other feedback/comments on the survey.

Ten of the 21 comments were around the omission of eating disorders from the survey and the need to include coverage of this topic area in future surveys.

NHS Digital Response

NHS Digital thanks everyone who replied to the consultation. We are committed to ensuring that the APMS survey continues to meet the needs of users and your feedback is essential in helping us to do this. NHS Digital:

- Will consider feedback on the APMS 2014 survey and use this to inform the planning and development of future surveys within the constraints of cost and feasibility.
- Acknowledges the strong response from those with an interest in eating disorders and will ensure that due consideration is given to the inclusion of eating disorder in the next APMS.
- Will feedback to the Department of Health and other stakeholders that there is strong support for the survey to continue on a regular basis and more frequently than the current seven year cycle.

The implementation of some of the needs/wants identified through this survey may be constrained by the scope of the survey, length of the questionnaire and level of funding available from sponsor organisations.

Further comments can be submitted at any time to NHS Digital using the feedback form that accompanies the publication or alternatively via email to: enquiries@hscic.gov.uk

Appendix A

Organisations responding to the consultation

- Action on Smoking and Health
- Addiction Dependency Solutions
- Alcohol Health Alliance UK
- Association of Directors of Public Health
- Barnsley MBC
- Barios
- Barking, Havering and Redbridge University Hospitals NHS Trust
- Beat
- Bipolar UK
- Brown University
- Buckinghamshire County Council
- Cardiff University
- Cheshire and Wirral Partnership NHS Foundation Trust
- Children and Young People's Mental Health Coalition
- CYPMHC
- Department of Health
- Devon County Council
- Dudley MBC
- Free me
- Fudan University
- Guys and St Thomas NHS Trust
- Hartlepool Borough Council
- Heriot-Watt University
- Instituto Universitario da Maia - ISMAI
- Journal of Public Mental Health
- King's College London
- Leicester City Council
- LiveWire Community Interest Company
- London Borough of Hackney
- London Borough Tower Hamlets
- Making Every Adult Matter
- MEAM coalition

- Men Get Eating Disorders Too
- Mental Health Foundation
- Milton Keynes Council
- Mind
- MQ: Transforming Mental Health
- NatCen Social Research
- National Association for People Abused in Childhood
- Nene CCG
- NHS England
- Northamptonshire healthcare NHS foundation trust
- Parent carers
- PHE
- Portsmouth City Council
- Predominantly University of South Wales
- Public Health England
- Queen Mary University of London
- RBKC
- Rethink Mental Illness
- Revolving Doors Agency
- Royal College of Psychiatrists
- Samaritans
- School of Health and Related Research, University of Sheffield
- Sheffield Hallam University
- Shrewsbury College
- Swansea University
- Swindon Borough Council
- Tees, Esk & Wear Valleys NHS Trust
- The Breastfeeding Network
- UCL
- Uclan
- UHCW NHS Trust
- Ulster University
- University of Dundee
- University of Edinburgh

- University of Exeter Medical School
- University of Leicester
- University of Lincoln
- University of Oxford
- University of Saskatchewan
- University of Sheffield
- University of Sheffield
- University of South Wales
- University of West London
- University of York, Mental Health and Addictions Research Group
- Wakefield Council
- Working with Men

Appendix B

How respondents use APMS

The following comments were made by respondents about how they have or will use the data/findings from APMS. Comments along similar themes have been grouped together.

Informing Policy/Strategy

"The X Team includes drug & alcohol misuse policy and smoking/tobacco control, which have an obvious strong ministerial interest. The APMS Survey helps us to better understand these areas, which helps in policy planning and providing ministerial support."

"We have used the survey data/findings for background in policy and parliamentary briefings. They have also helped us to make decisions on policy issues and to raise the profile of issues that are a priority for X. While we don't use the raw data for our own analysis, it is useful that NHS Digital publish the Excel spreadsheet so we can investigate issues in more detail and see how the researchers arrived at those findings. The regional data helps us to know about variation across the country."

"I use the APMS to help inform with regards to policy decisions and prioritising work in the area."

"The APMS provides the only representative general population data in adults on psychosis and on autism that is underpinned by clinical evaluation which is necessary because of the complexity of these conditions. Information on trends for these conditions and for common mental disorders is essential to monitoring, policy-making and planning. Information on determinants such as social factors, social support networks, stressful life events, debt, although cross sectional makes it possible to determine the magnitude of these associations in the population and to prioritise research and policy direction."

"It is very important to have national data on psychiatric disorders and the associations of social and environmental factors with these disorders for developing research and informing policy. The dataset is very helpful for undertaking secondary analysis on these factors. The report statistics are enormously helpful for teaching and for informing strategies and plans for policy."

"These data have provided an essential background to policy development and evidence-based policy making (not my personal role but essential all the same) The data have been extensively used by academics to investigate the correlates of mental ill health which feeds into to service development and policy as new insights are discovered and tested These surveys have been extremely important to the quality of mental health services and research in this country."

"In my role as X for X this information will help inform policy and strategic initiatives. I also chair a mental health charity so would find it useful in that respect.   I have ticked some subjects as less useful due to the difficulty of getting accurate information from self reporting."

"APMS is crucially important for our mental health information and policy work at X. The statistic that one in four people will experience a mental health problem over their lifetime, from the 2007 report, is a key message we use to help normalise mental health problems and is used extensively in campaigns, communications and the information we provide to the public though our website and helpline. We were disappointed that the 2014 release did not look at prevalence of all mental health problems but instead gave the rate for common mental health problems only. We hope that in the next release of data NHS Digital will report the prevalence of all mental health problems so we can understand how it might have changed in the intervening years.   We use the social and demographic data collected to understand the experiences of people with mental problems, to better inform our work on discrimination, legal and workplace issues among others. It is also helpful for us to know the rates of people receiving, or not receiving, treatment for their mental health problem for our campaigning work."

"Publishing robust psychometric publications that can influence thinking and policy e.g. X"

"We use the data for analysis that informs service planning and future needs."

"The APMS allows us to understand the needs of our local population by: 1) Comparing recorded service use with predicted need. a) This allows us to estimate unmet need overall. Adjusting for our local wider determinants of health, we can very roughly estimate how many cases we think we should see and compare this against service use figures (cases recorded by GPs, IAPT use, secondary care use, etc). b) This allows us to identify inequalities in access. We can compare the demographics of service use against the demographics of predicted need in order to understand whether lower use by certain groups is a reflection of lower need or lower access.   2) Applying the needs and inequalities identified in the APMS to our population. a) Where the APMS identifies higher need in demographics that strongly apply to our population -- e.g. deprivation -- then we understand better issues that may raise need across the board. b) Where the APMS identifies higher need in groups where we already know there are health inequalities, this strengthens our case for action and helps us understand what it's important to target first (e.g. recent finding about Black groups being less likely to receive services needed) c) Where the APMS identifies higher need in groups where we weren't aware there were health inequalities, this allows us to begin exploring what this means for our residents (e.g. high PTSD in young women)   3) Strengthening the case for change. Solid, robust evidence of need is a lever for raising the profile of mental ill health. Where the APMS highlights comorbidities and health inequalities, this is a particularly strong motivator for cross-area, cross-department or cross-agency working."

Research

"As part of my research assignment, looking at X"

"I use APMS findings to inform my research and teaching activities re smoking and mental health"

"Research, education, informed knowledge"

"The APMS is an excellent resource for mental health researchers worldwide."

"I am conducting research on a topic (x) which is data demanding and the type of data provided by the APMS survey is invaluable in this context. This is why I am currently using it in my own research to explore X."

"I am looking at Mental Health conditions in X and trying to define a sample universe for research into conditions such as Bipolar Disorder.   I also would like to have reliable statistics to hand when discussing the importance of Mental Health problems."

"I will refer to APMS data when conducting my own research on epidemiology of physical and mental health (albeit in much larger cohorts)"

"I'm studying at the moment for a degree in criminology and psychology so can use info in assignments."

Alcohol and mental health

"The survey is invaluable.   Among alcohol organisations and researchers, APMS data on alcohol problems is considered one of the most accurate indications of alcohol use disorders in the population, due to the survey's use of the AUDIT and SASQ assessment tools. Over the coming years, it will be incredibly important we understand trends in alcohol consumption and problems in the population, because: - Alcohol is responsible for over 60 illnesses and conditions, including heart disease, liver disease and cancer, and leads to over a million hospital admissions each year   - The lives lost and harm done by alcohol results in 167,000 years of working life lost in England per year, with an estimated annual cost of alcohol harm up to £52billion a year   - 2016 ONS figures show that alcohol deaths are increasing, and the age at which these deaths take place is falling   - There has been a fourfold increase in deaths due to liver disease in the past 30 years   - There are signs that, after recent declines in alcohol consumption since the mid-2000s, alcohol consumption may be on the rise again Results from the APMS allow us to present government and other decision-makers with the most credible and reliable data on trends in alcohol consumption in the population and within subgroups of the population, including regional variations. Understanding these trends allows us to propose effective alcohol harm reduction policies, in the context of the problems we face outlined above."

"The APMS is a highly useful resource. It is one, perhaps the only, dataset to contain information on the Severity of Alcohol Dependence Questionnaire. It is very useful that it also asks the Alcohol Use Disorder Test questions for comparability. I have used the APMS data as the main source for commissioned work for the X and X on the prevalence of alcohol dependence. The data forms the backbone of the Specialist Treatment for Alcohol Model (STreAM), a tool for local policymakers to help allocate treatment services for people with alcohol dependence."

"My special interest in Public Health is addictive behaviour, so up-to-date population data on alcohol and drug dependence is most useful."

Understanding psychiatric disorders

"Study of the nature and correlates of individual psychiatric disorders (summation of reports for rare disorders to increase numbers - very useful). Study of treatment trends, appropriateness and delivery of treatment etc. Study of social factors in relation to disease. One of the most useful things is the fact that the 2000 survey had an n 18 month follow-up allowing study of the emergence and resolution of disorders and the factors that influenced that."

"To ascertain population prevalence of psychiatry disorders in the UK"

Eating disorders

"Why are eating disorders not included? One of the most fatal yet common mental health disorders is not covered by your survey, this is a shocking oversight."

"Personal understanding of provision of mental health services. However what about Eating disorders?"

"You have not listed eating disorders. Are these not valid psychiatric illnesses? Why have they been omitted?"

"I wouldn't like to know more about eating disorders"

"I have never heard of it before but as someone who suffers from anxiety and EDNOS I think I will find it informing. "

Smoking and mental health

"I am a smoke free lead in a large acute NHS Trust, and we are focusing on special needs of mental health patients who attend our Trust. One of our local authorities has

decommissioned all Stop Smoking Services, but is now recommissioning for selected groups, including those with severe mental health problems."

"Smoking among people with a mental health condition remains worryingly high when compared to the general population. The resulting premature death, preventable disability and poverty caused by smoking is of concern to many national organisations (such as PHE, DH, NHS E, RCPsych) who have published guidance expressing the need for urgent action. Data from this survey is an important component in understanding the rates of smoking and behaviours associated with it. Without the data, it will be more difficult to highlight the underlying inequality and call for action to the health and social care system."

"As the Tobacco lead for X we get much information from ASH. We know that ASH relies on the APMS survey for information on smoking prevalence among people with different mental health disorders and the data is used in their various publications which we depend on such as their Fact Sheet on smoking and mental health. Apparently APMS is the only source of data on mental health across England. As there are high levels of smoking among people with a mental health condition it is important to have regular data to measure changes over time in order to help inform policy decisions. As I also take the lead on mental health promotion and suicide prevention I find the various categories useful to get a fuller picture of issues contributing to poor mental health."

"X relies on the APMS survey for information on smoking prevalence among people with different mental health disorders and we use the data in our publications, e.g. X Fact sheet on smoking and mental health. The APMS is very important as it is the only source of data on mental health across England. Because of the high levels of smoking among people with a mental health condition it is important to have regular data to measure changes over time in order to help inform policy decisions."

"The APMS findings provide the only detailed and representative source of data on mental health across England. As such, they are invaluable for evaluating population health and impact of policy on health. We will be using the data to provide more detailed evidence on smoking and mental health. Smoking is the main cause for a gap in life expectancy of 15 to 20 years between those with and without mental health problems and we will assess smoking behaviour, dependence, cessation attempts and support and different markers of mental health status as well as trying to disentangle the effect of smoking on the higher rate of physical comorbidity among people with poorer mental health."

"As a public health professional, I develop local profiles and needs assessments to inform colleagues in local authority and in health in order for them to commission effectively. Given that people with mental health problems are affected by serious health inequalities, this survey provides vital measures of these inequalities. Smoking rates in people with mental health issues are known to be far higher than in the general population and therefore the impact of smoking on the physical heath of mental health clients needs to be highlighted by this survey. The data on dual diagnosis vital in developing an integrated drug and alcohol offer."

Informing Joint Strategic Needs Assessments

"To inform health needs assessment for local partners - e.g. CCG; to inform Joint Strategic Needs Assessments; to inform specific subject briefings to inform service provision and delivery."

"Only robust source of this information at national level. This allows us to estimate the extent of the need at a local level and assess and plan services accordingly. This is essential information for the mental health and emotional wellbeing parts of our Joint Strategic Needs Assessment."

"The APMS provides essential data for the monitoring of mental health, and the influence of a wider variety of factors on mental health in the UK. It has been used extensively in local authority settings, information the Joint Strategic Needs Assessment, Health Needs Assessment, research and evidence reviews, and local estimates and projections of mental health conditions."

"We use the APMS to inform the JSNA and commissioning of services. We commissioned an additional 500 responses to increase the detail for our local population."

"Informs decisions about a wide range of services for which the LA and partners are responsible. Covers remit of statutory JSNA as well as other strategic assessments for Children's Trust and Safer Portsmouth Partnership. Some of the mental health areas are only covered in the APMS e.g. results inform LA statutory responsibilities under the Autism Act. Complements outputs from Health Survey for England"

Trends analysis/comparative analysis

"Comparisons from local urban areas to national"

"The capacity to investigate trends in mental health and its correlates over time is invaluable and the four APMS datasets are a rare resource internationally. I have particularly interests in the interface between physical and mental health, late-life mental health, and mental health issues around the statutory retirement age."

"Use the findings to set the context around the work we conduct. Use the raw data to run analyses not presented in the published reports. Make comparisons between the general population and the group I am interested in."

"General trends and common issues of adult patients and service provision"

"Always useful to get trustworthy data which gives more insight into the lives of people it helps us to understand our target cohort of users more accurately and help us to examine trends and patterns within society.   These are used internally to formulate responses and ideas for projects and programs to address need."

"Used for academic work and understanding of conditions and trends in conditions and service use"

Links with physical illness

"It's often hard to get clinicians to see the importance of physical health, and prevention, when they are focused on mental health. This data is invaluable for that"

"I have studied the relationships between mental and physical conditions   In future I hope to use the APMS to evaluate policies"

"To assess the relationship between mental and physical illness"

Assess mental health needs

"The APMS provides essential data to help us understand the mental health needs of the population and identify priority audiences for new interventions."

"Helps to inform and shape our understanding of the prevalence and complexity of needs in the community.   Regrettable that there isn't a similar product (or an annex to APMS itself) covering hard to reach populations - e.g. those in prisons, and those on probation. The former hasn't been done since the late 90s, when the prison population was smaller and compositionally different and, as far as I'm aware, the latter has never been carried out at geography larger than a probation trust."

"The APMS survey represents an objectively collected set of numbers on prevalence that are essential to communication about mental health. The numbers stand on their own, but are also very useful as a cross-check against research findings and NHS routine data.   We could not understand or describe the mental health landscape in the UK without this data".

"I conducted a study using APMS 2007 that examined X…While the measures in the survey are crude; the results provide a clear indication of X…. These results lay the foundation for further studies of the association more precisely. The ultimate aim of the research is to inform clinical best practices, promote early intervention in the potential trajectory of poor mental health and development of mental disease."

Other

"We are particularly interested in the needs of individuals with developmental disorders such as intellectual disability, autism and ADHD. They have very considerable care needs and consume a much larger than expected proportion of health resources while representative data on these conditions are very much lacking. However, the numbers of individuals with these conditions are underrepresented in the survey - we would very much like the survey to be enhanced for these conditions. It may also be good if the survey is conducted 5 yearly, rather than 7-10 yearly which is currently the case."

"APMS is the single most useful data source available for investigating the overlaps between mental ill-health, substance misuse, being a victim of domestic or sexual violence and abuse, having experienced homelessness and being an offender in the general population (as opposed to those in contact with services). It has been used for a number of research projects in this regard, for example X It is essential that APMS continues to cover those areas of disadvantage in the future."

"For equality and diversity issues"

"Have previously used the data to apply to the X population to give an estimation of numbers of mental health conditions across gender age and ethnicity."

"Change management activity to improve support and referral mechanisms for women suffering acute events following childbirth."

"Used to estimate the prevalence of common mental health disorders to understand population need, in relation to provision and monitoring of IAPT services. Also useful to contextualise other issues around mental health."

"To find out useful information and where to get advice and support and if support is available."

"To understand how services and diagnosis are doing in my area and how my own experience within the service."

"A frequency of 5 years (rather than 7) would be more in keeping with the planning cycle."

"I plan to use this data to help our work on the issues and barriers experienced by people with coexisting substance misuse and mental health problems."

"I would like to look at occupational outcomes amongst patients with mental health problems, taking into account social demographics and experiences of discrimination."

"This would be extremely useful for Xs Mental Health team in pulling together data for publishing in online atlases around Mental Health conditions. It is also useful for the public to know they are not alone in experiencing mental health conditions and can help remove some of the stigmatisation around mental health."

"Investigating the extent to which people suffering CMDs will come forward to seek treatment. Without such survey work, it is impossible to know how representative GP data on mental health are (and hence their value would be unknown and speculative)."

"Inclusion of questions assessing financial worries generally and use of emergency financial loans and gambling related problems in particular would be helpful. Gambling prevalence, especially, is important to continue to chart since the end of the last BGPS in 2010."

"To look at the links between debt (and other financial issues) and mental health. To look at the links between military service and outcomes later in life/career. This is both for academic reasons and to feed into policy debates. Example -- evidence submitted to the House of Lords Financial Exclusion Committee. McKay, S. (2016) Written evidence on debt and mental health, submitted to the House of Lords Financial Exclusion Committee. http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/financial-exclusion-committee/financial-exclusion/written/38037.pdf"

"This report is essential for us at X. We use the findings from the chapter on suicidal behaviour and self-harm with regularity. It is the most reliable indicator we have of population-level self-harm. We use findings from other chapters, for example CMDs, often. Examples of how we use the report include in policy/influencing, communications, internal knowledge building, service development and planning, and overall monitoring of trends in suicidal behaviour and self-harm."

"Conduct and publish epidemiological studies relating to depression, self-harm, child abuse, and life stress."

"In analyses to meet the information needs of a range of different organisations, such as the Environment Agency, Department of Health, Agenda, Lankelly Chase and others."

"The data published by the survey is important as the X covers young people up to 18 and some of the work force are involved in services that cover young people up to age 21 or 25 The APMS helps the X ensure that psychiatric trainees have a suitable skill mix for the constellation of difficulties presented by the current population and influences the X response and input into policy making for our profession, within the health service and other public sectors"

"Our particular interest is in young adults under 25, and any data that suggests that earlier life experiences etc. Impact on mental health."

"For data and personal interest"

"As a small charity we are often asked to evidence the need for our services. It is useful to see how the problems we work with are perceived by statutory agencies."

"To get more information and improve the ability to deal with the gathered data"

Appendix C

Suggested topics for inclusion in future surveys

117 of respondents felt there were topics not included in the 2014 survey that should be included in future surveys. All suggested topics are listed below. Note that some of the topics listed below were covered in the survey but not always with the coverage/depth respondents would have wanted.

- Eating disorders
- Gambling
- E-Cigarettes / nicotine outside cigarettes
- Social media
- Self harm
- Substance misuse
- Welsh coverage
- Dementia
- Family history of mental illness
- Five factor personality model
- Genetic or other longitudinal factors
- A focus on areas of cultural significance
- Impact on and support for carers
- IQ or other measures of baseline cognitive functioning
- Personality disorders
- Detailed examination of attitudes
- Learning disabilities
- Occupational outcomes
- Parenting
- Outcomes of conditions that can fluctuate
- Developmental disorders
- Sleep disturbances
- Financial and material poverty
- Robust figures for ethnic groupings
- Use of voluntary sector services & digital MH interventions
- Wider range of therapies
- Coverage of digital life and online

Appendix D

Suggestions for improvements to survey or survey products

- Inclusion of eating disorders

- Coverage of all mental health conditions (or a broader range)

- Survey to be run more frequently

- Larger sample size to improve the accuracy of estimates and increase the value of the dataset

- Improved signposting to the survey products and simpler language/more clarity on reported statistics

- Data at local authority level

- Coverage of other sources of mental illness (e.g. poverty, housing, cuts to benefit, stigma etc.)

- Inclusion of participants not in private households

- A wider definition of trauma in PTSD

- Using a computer assisted self-completion module for OCD as well other more sensitive questions, as people experiencing symptoms, especially violent or sexually graphic intrusive thoughts, may be too embarrassed/scared to disclose

- The use of SF12 (12 item Short Form) or a preference based measure being used in the next survey as this is important link between the survey and economic evaluation.

- Explore possibility of including a sample from non-private household population.

- The survey is still too small for looking at effects in key subgroups (including ethnic minorities, vulnerable groups). It is also too small for looking at the prevalence of less common but very important conditions.

- Coverage of the prison population

- Further guidance on how best to understand the data, interpret the results and accuracy of estimates.

- More patient input

- Something more detailed on adolescent and young adult mental health and service use

- Strength of evidence to change government policies and funding provision

- Larger sample for 16-24 year olds so that more findings meet statistical significance. Consider expansion to younger age groups. More co-ordination with the children's mental health survey in terms of shared measures or overlapping samples if expansion to younger samples is not feasible.

- A wider definition of PTSD, for example to include all sexual assault rather than just rape.

- Inclusion of people not living in private households, for example care homes, prisons, offender institutions, temporary housing or sleeping rough for a more accurate estimate of the prevalence of mental health problems.

- More types of therapy, particularly those recommended by NICE

- Inclusion of Wales in future surveys

- Cover greater numbers with developmental disorders such as intellectual disability, autism and ADHD.

- Coverage of hard to reach populations - e.g. those in prisons, and those on probation.