Agenda Item 17, Appendix A

Joint Strategic Needs Assessment: Autism, Personality Disorder and Dual Diagnosis

TECHNICAL NOTE ON DATA

INTRODUCTION

On the 2nd October 2014 the Joint Strategic Needs Assessment for autism, personality disorder and dual diagnosis was presented to the Cambridgeshire Health and Wellbeing Board for approval. The Board requested some further information as follows:

1) An explanation of why prevalence from ONS data (displayed in Figure 9) differs to that presented in Section 3.5 (from The Adult Psychiatric Morbidity Survey)
2) Some clarification as to why the combined sum of individual mental illness diagnoses does not give the overall population prevalence

WHAT IS MEANT BY PREVALENCE?

Prevalence tells us the total number of cases of a condition, in a specified population, at a given point in time. Prevalence is an important measure as it tells us about the burden of a particular condition within the population.

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Figure 9: Proportion of the population with daily activities limited by a long-term condition, Cambridgeshire and England, 2011 (Source: ONS Census 2011)

Data source: ONS 2011 Census data
Data presented is taken directly from the last national population census, carried out in the UK by the Office for National Statistics (ONS) in 2011. All households are expected to participate in the national census, with a household response rate of 95% (person response rate 94%) achieved in 2011.

Definition
For the purpose of the 2011 census a long-term health problem or disability is one that limits a person's day-to-day activities, and has lasted, or is expected to last, at least 12 months.

This definition includes problems that are related to old age, as well as long term chronic health conditions which effect all ages (for example diabetes, musculoskeletal complaints, cardiovascular disease). Only a proportion of the total numbers shown may relate to mental illness and it is not possible to separate physical health and mental health conditions.

Census data is self-reported and data accuracy relies upon the accurate reporting of health conditions by responders.

Self-reported severity
People were asked to assess whether their daily activities were limited a lot or a little by such a health problem, or whether their daily activities were not limited at all. This measure is subjective and reported severity will vary from person to person.

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Section 3.5 Current and future prevalence of mental illness

Data sources:

1) **The Adult Psychiatric Morbidity Survey (APMS) 2007**

This household survey provides data on the prevalence of both treated and untreated psychiatric disorder in the English adult population (aged 16 and over).The survey used a robust stratified, multi-stage probability sample of households and assesses psychiatric disorder where possible to actual diagnostic criteria. This means only a reprehensive sample of households (<10,000) from England were invited to participate.

Topics covered in the survey included common mental disorders, posttraumatic stress disorder, suicidal thoughts, attempts and self-harm, psychosis, antisocial and borderline personality disorders, attention deficit hyperactivity disorder, eating disorder; alcohol misuse and dependency, drug use and dependency, problem gambling and psychiatric comorbidity.

2) Projecting Adult Needs and Service Information (PANSI)

Prevalence rates generated by a sample survey can be applied to a larger population to give population prevalence estimates.

The results of the Adult Psychiatric Morbidity Survey 2007have been applied to ONS population projections, for the population aged 18-64 years, to give estimated numbers predicted to have a mental health problem, projected to 2030.

Definitions

When applying the APMS data to the ONS population projections, to produce the projected population prevalence, PANSI use the following definitions:

Common mental disorders (CMDs) are mental conditions that cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. They comprise different types of depression and anxiety, and include obsessive compulsive disorder.

Personality disorders are longstanding, ingrained distortions of personality that interfere with the ability to make and sustain relationships. Antisocial personality disorder (ASPD) and borderline personality disorder (BPD) are two types with particular public and mental health policy relevance.

ASPD is characterised by disregard for and violation of the rights of others. People with ASPD have a pattern of aggressive and irresponsible behaviour which emerges in childhood or early adolescence. They account for a disproportionately large proportion of crime and violence committed.

BPD is characterised by high levels of personal and emotional instability associated with significant impairment. People with BPD have severe difficulties with sustaining relationships, and self-harm and suicidal behaviour is common.

Psychoses are disorders that produce disturbances in thinking and perception severe enough to distort perception of reality. The main types are schizophrenia and affective psychosis, such as bi-polar disorder.

Psychiatric comorbidity - or meeting the diagnostic criteria for two or more psychiatric disorders - is known to be associated with increased severity of symptoms, longer duration, greater functional disability and increased use of health services. Disorders included the most common mental disorders (namely anxiety and depressive disorders) as well as: psychotic disorder; antisocial and borderline personality disorders; eating disorder; posttraumatic stress disorder (PTSD); attention deficit hyperactivity disorder (ADHD); alcohol and drug dependency; and problem behaviour's such as problem gambling and suicide attempts.

A note about persons with 2 or more diagnosed mental illnesses

Section 3.5 presents separate data charts depicting the prevalence of individual conditions, including:

- Common Mental Health Disorder (Figure 20)
- Borderline Personality Disorder (Figure 22)
- Antisocial Personality Disorder (Figure 24)

The prevalence of these conditions cannot be added to give a total prevalence of mental health illness, because there are persons with more than 1 diagnosis who will feature in more than one condition category. This is illustrated in Figure 26, Persons diagnosed with 2 or more Psychiatric Disorders.