

**Correction to Section 2.2 of the Mental Health Needs Assessment, 2019**

**October 2023**



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 Summary

**This is a small set of corrections to the Common Mental Illness and disorders section of the 2019 Mental Health Needs Assessment. The amended parts of this section are in bold.**

2.2 Common Mental Illness (Disorder) & Serious and Enduring Mental Illness (Disorder)

There are two interacting ways to consider mental health. Just like physical health – there is an every-day, fluctuating sense of ‘health’ and this can be called ‘mental health or mental wellbeing’. Every person has this, and it can fluctuate and be responsive to a person’s actions. Most people, with some effort, will achieve a sense of wellbeing. There are life events and ‘stressors’ that can impact on ‘mental wellbeing’ that a person can either withstand or become vulnerable to.

2.2.1 The Adult Psychiatric Morbidity Survey for England (APMS)

The Adult Psychiatric Morbidity Survey for England (APMS), which has been carried out every seven years since 1993, offers some of the most reliable data for the trends and prevalence of many different mental health problems and treatments. The survey, carried out in 2014 and published in 2016, is the source of many of the prevalence figures cited in this section and applied to Kent’s population. Please see the methodology of APMS in Appendix 3.

In examining prevalence rates, and to some extent incidence of mental health disorders in Kent, three approaches have been taken; firstly by applying rates taken from APMS secondly from QOF and PHE fingerprints data and finally by looking at data from the Kent Integrated Data set (KID).

**Correction: figure 8 has been removed. The 2014 APMS found that one adult in six had a common mental disorder (CMD): about one woman in five and one man in eight.**

Drug and alcohol problems are prevalent in the population where 21% of the population are drinking at hazardous levels and 8% are misusing drugs. The more serious and persistent conditions can also be seen within the depression category where 2.6% have serious and enduring depression, 8.7% have bi-polar, 10% of adults have attention deficit hyperactivity disorder (ADHD), 4% have post-traumatic stress disorder (PTSD) and less than 1% have psychosis. It is important to note the high degree of co-morbidity and co-occurrence of mental health problems.

A third of people (36.2%) who self-identified as having a mental health problem in the 2014 APMS have never been diagnosed by a professional.

2.2.2 Common Mental Illness

Psychiatry is a complex art and science and conditions are often interacting, fluctuating and dynamic (e.g. they can stabilise over time). Common Mental illness (CMI) is a term used for depression, anxiety, obsessive compulsive disorder and panic disorder. It is called ‘common’ because it is prevalent (1 in 4 over a lifetime). In many cases of CMI, it can be of short duration. However, there are two forms of depression that are complex and enduring:

* Major Depressive Disorder (chronic or episodic and recurring severe depression): please note that the prevalence of major depressive disorder is 5 to 15% of the primary care population[[1]](#footnote-1) although it is understood that this is under-diagnosed.
* Dysthymia (chronic moderate depression)

Measuring the prevalence of mental health problems is challenging for many reasons such as the hidden nature of mental health issues, variations in access and stigma and the variation in diagnostic practices across the country. Scotland and England & Wales use different measures for mental health which makes it difficult to determine whether areas have more or fewer mental health problems. Therefore, we need to be cautious about directly comparing statistics, as they are not always resulting from similar surveying techniques.

Figure 9: Prevalence of common mental health problems by gender. Source: APMS 2014.

2.2.2.1 Estimated Common Mental Health Disorders in Kent (APMS)

**Correction: The 2014 APMS rates have been applied to Kent population estimates from the Census 2021.** Overall, women in Table 2 below, show higher rates of CMDs than men, however there are a few age groups among certain conditions that buck this trend:

* Men aged 55-64yrs have higher predicted rates of panic disorder than women of the same age (men = 0.7% and women = 0.4%).
* Depression episodes are more common among men aged 25 to 34 (4.1% and 2.8% respectively) and among men aged 65 to 74 (2.4% and 1.9%). This is an increase of over 2% for men in this age group and over 1% for women.

The APMS (2014) data shows that most of the burden for common mental illness falls in the 16 to 64 age brackets (Figure 10). In women, prevalence estimates are highest in the 16 to 24 age group but this is not observed among men. The 16 to 24 age group is served by Children and Young People’s Mental Health Services (CAMHS).

Figure 10: APMS prevalence of common health problems by age (16-75+). Source: APMS 2014.

**Correction: Table 2: APMS Estimates of number of Kent residents with Common Mental Disorders**

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| **Condition** | **Male prevalence (16+, AMPS)** | **Estimated number of males in Kent** | **Female prevalence (16+, AMPS)** | **Estimated number of Females in Kent** | **Estimated Kent total** |
| **Generalised anxiety disorder** | 4.9 | 30,107 | 6.8 | 45,026 | 75,133 |
| **Depressive episode** | 2.9 | 17,818 | 3.7 | 24,499 | 42,318 |
| **Phobias** | 1.8 | 11,060 | 3 | 19,864 | 30,924 |
| **Obsessive compulsive disorder** | 1.1 | 6,759 | 1.5 | 9,932 | 16,691 |
| **Panic disorder** | 0.3 | 1,843 | 0.8 | 5,297 | 7,140 |
| **CMD – not otherwise specified**  | 5.8 | 35,637 | 9.6 | 63,566 | 99,203 |
| **Any CMD** | 13.2 | 81,104 | 20.7 | 137,064 | 218,168 |

1. NICE guidance https://www.nice.org.uk/guidance/ta367/documents/major-depressive-disorder-vortioxetine-id583-final-scope2 [↑](#footnote-ref-1)