

## APPENDIX B: APMS 2023/4 ABBREVIATIONS AND GLOSSARY

### Abbreviations

ADHD	Attention deficit hyperactivity disorder
APMS	Adult Psychiatric Morbidity Survey
AQ	Autism Spectrum Quotient
ASD	Autism Spectrum Disorder
ASPD	Antisocial personality disorder
ASRS	Adult ADHD Self-Report Scale
AUDIT	Alcohol Use Disorders Identification Test
BPD	Borderline personality disorder
CAPI	Computer Assisted Personal Interviewing
CASI	Computer Assisted Self Interviewing
CAWI	Computer Assisted Web Interviewing
CI	Confidence interval
CIS-R	Clinical Interview Schedule-Revised
CMHC	Common mental health conditions (previously referred to as CMD)
DH	Department of Health and Social Care
ED	Eating disorder
EDE-QS	Eating Disorder Examination Questionnaire - Short
DSM	Diagnostic Statistical Manual
GAD	Generalised anxiety disorder
HSE	Health Survey for England
ICD	International Classification of Disease
IMD	Index of Multiple Deprivation
LPHC	Limiting physical health condition
MDQ	Mood Disorder Questionnaire
MHCYP	Mental Health of Children and Young People Survey
NHS D	NHS Digital, now NHS England
OCD	Obsessive compulsive disorder
ONS	Office for National Statistics
PGSI	Problem Gambling Severity Index
PSQ	Psychosis Screening Questionnaire
PTSD	Posttraumatic stress disorder
PTSD-CL	Posttraumatic stress disorder – checklist screening tool
SAPAS	Standardised Assessment of Personality – Abbreviated Scale
SCAN	Schedules for Clinical Assessment in Neuropsychiatry
SCID-II	Structured Clinical Interviews for DSM Disorders
SCOFF	Sick-Control-One stone-Fat-Food questionnaire
SWEMWBS	Short Warwick Edinburgh Mental Well-Being Scale

## Glossary

ADHD	<p>Attention deficit hyperactivity disorder (ADHD) is a life-long condition characterised by sustained and excessive problems with organisation, sustaining attention in activities that require cognitive involvement, hyperactivity, restlessness and impulsiveness to the extent that it significantly interferes with everyday life.</p> <p>Also see <b>ASRS</b> (Adult ADHD Self-Report Scale–v1.1).</p>
Adults	Adults were defined as people aged 16 and over.
Age-standardisation	<p>Age-standardisation was applied to some analyses to enable different groups to be compared after adjusting for the effects of any differences in their age distributions. When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.</p> <p>Age-standardisation was carried out using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the <a href="#">Office for National Statistics 2022 mid-year household population estimates for England</a>. Age-standardisation was carried out using the following age groups: 16–24, 25–34, 35–44, 45–54, 55–64, 65–74 and 75 and over. All age-standardised tables are labelled as such in the title. title.</p> <p>For further information, see the <a href="#">APMS 2023/4 Methods documentation</a>.</p>
Alcohol use	<p>'Alcohol use disorders' encompass a range of conditions defined in the ICD-10 (WHO 1992). In this report we consider 'harmful alcohol use' (an established pattern of drinking causing damage to health) and 'alcohol dependence' (including signs of addiction to alcohol). We also consider hazardous drinking (an established pattern of drinking, which increases the risk of health harm).</p> <p>Also see <b>Harmful alcohol use</b> and <b>Hazardous alcohol use</b>.</p>
Alcohol dependence	<p>In this report we consider 'alcohol dependence' as an established pattern of drinking causing damage to health including signs of addiction to alcohol.</p> <p>Also see <b>Alcohol use</b>, <b>Harmful alcohol use</b> and <b>Hazardous alcohol use</b>.</p>
Anxiety disorders	<p>Anxiety disorders include generalised anxiety disorder (GAD), panic disorder, phobias and obsessive compulsive disorder (OCD).</p> <p>Also see <b>Common mental health conditions</b>.</p>
Area-level deprivation	<p>Area-level deprivation has been defined using the <a href="#">English Indices of Deprivation 2019</a>, commonly known as the Index of Multiple Deprivation (IMD).</p> <p>IMD is the official measure of relative deprivation for Lower Super Output Areas (LSOAs) in England. LSOAs comprise between 400 and 1,200 households and usually have a resident population between 1,000 and 3,000 persons. IMD ranks every LSOA in England from 1 (most deprived area) to 32,844 (least deprived area). Deprivation quintiles are calculated by ranking the 32,844 neighbourhoods in England from most deprived to least deprived</p>

	and dividing them into five equal groups. These range from the most deprived 20% of neighbourhoods nationally to the least deprived 20% of neighbourhoods nationally.
ASPD (antisocial personality disorder)	<p>DSM-IV characterises ASPD as a pervasive pattern of disregard for and violation of the rights of others that has persisted in the individual since the age of 15 or earlier, as indicated by three (or more) of seven criteria:</p> <ul style="list-style-type: none"> <li>• Failure to conform to social norms</li> <li>• Irresponsibility</li> <li>• Deceitfulness</li> <li>• Indifference to the welfare of others</li> <li>• Recklessness</li> <li>• Failure to plan ahead</li> <li>• Irritability and aggressiveness.</li> </ul> <p>A feature of ASPD in the DSM-IV is that it requires the individual to meet diagnostic criteria in childhood (presence of conduct disorder before age 15) as well as adulthood. Because particular behaviours must have persisted beyond the age of 18, people younger than this cannot be given the diagnosis.</p> <p>Also see <b>Personality disorder</b>.</p>
ASRS (Adult ADHD Self-Report Scale-v1.1)	<p>The Adult ADHD Self-Report Scale-v1.1 (ASRS) was used in the 2007, 2014 and 2023/4 APMS to estimate the prevalence of possible ADHD. The six item ASRS screen is a shortened version of the 18 item Symptom Checklist scale measuring the frequency of recent DSM-IV Criterion A symptoms of adult ADHD.</p> <p>Also see <b>ADHD</b>.</p>
Bipolar disorder	<p>Bipolar disorder is defined in ICD-10 as a condition that is characterised by repeated episodes in which someone’s mood and activity levels are significantly disturbed, with some occasions of an elevation of mood and increased energy and activity (mania or hypomania), and on others of a lowering of mood and decreased energy and activity (depression). It was screened for on the APMS series for the first time in 2014 and again in 2023/4, using the Mood Disorder Questionnaire (MDQ).</p>
BPD (borderline personality disorder)	<p>According to the DSM-IV diagnostic criteria for borderline personality disorder (BPD), the key features are instability of interpersonal relationships, self-image and mood, combined with marked impulsivity, beginning in early adulthood. It is indicated by five (or more) of the following criteria:</p> <ul style="list-style-type: none"> <li>• Frantic efforts to avoid real or imagined abandonment</li> <li>• Pattern of unstable and intense personal relationships</li> <li>• Unstable self-image</li> <li>• Impulsivity in more than one way that is self-damaging (e.g. spending, sex, substance abuse, binge eating, reckless driving)</li> <li>• Suicidal or self-harming behaviour</li> <li>• Affective instability</li> <li>• Chronic feelings of emptiness</li> <li>• Anger</li> <li>• Paranoid thoughts or severe dissociative symptoms.</li> </ul> <p>Also see <b>Personality disorder</b>.</p>

CIS-R (Clinical Interview Schedule – Revised)	<p>The CIS-R is a questionnaire designed to measure common mental symptoms and disorders, such as anxiety and depression. It comprises of 14 sections each covering a particular type of common mental health condition (CMHC) symptom. Scores are obtained for each symptom based on frequency, duration and severity in the last week. Individual symptoms scores can be summed to provide an overall score for the level of symptoms of CMHC. A score of 12 or more indicates that a level of CMHC symptoms is present such that primary care recognition is likely to be warranted, while a score of 18 or more denotes more severe or pervasive symptoms of a level very likely to warrant intervention such as medication or psychological therapy. Diagnoses of six specific CMHCs were obtained by looking at answers to the various sections of the CIS-R and applying algorithms based on the ICD-10 diagnostic criteria for research.</p> <p>The six categories of CMHC were:</p> <ul style="list-style-type: none"> <li>• Generalised anxiety disorder (GAD)</li> <li>• Depressive episode (mild, moderate or severe)</li> <li>• Phobias</li> <li>• Obsessive-compulsive disorder</li> <li>• Panic disorder</li> <li>• CMHC not otherwise specified (CMHC-NOS)</li> </ul> <p>Also see <b>Common mental health conditions</b> and <b>CMHC symptoms</b>.</p>
Common mental health conditions (CMHCs)	<p>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 present to such a degree that they cause problems with daily activities and distress. The prevalence of CMHC 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 symptoms of CMHC. Participants with such a score who did not meet the criteria for any of the specific conditions assessed were categorised with CMHC not otherwise specified (CMHC-NOS). For the other five ICD-10 conditions, participants could be classed in more than one category. Some adults identified with a CMHC did not score 12 or more on the CIS-R. Participants with a CIS-R score of 11 or less could still meet the criteria for some specific CMHC.</p> <p>All of those with a CIS-R score of 12 or above were classed as having a CMHC.</p> <p>Also see <b>CMHC symptoms</b> and <b>CIS-R (Clinical Interview Schedule – Revised)</b>.</p>
Common mental health condition (CMHC) symptoms	<p>The CIS-R comprises 14 sections, each covering a particular symptom of CMHC as follows:</p> <ul style="list-style-type: none"> <li>• <b>Somatic symptoms</b> are characterised by a physical ache or pain/discomfort that cannot be attributed to a medical condition or to the use of drugs. Somatic symptoms often interfere significantly with a person's ability to perform important activities.</li> <li>• <b>Fatigue</b> the emphasis is on feelings of bodily or physical weakness and exhaustion after only minimal effort, accompanied by a feeling of muscular aches and pains and inability to relax. A variety of other unpleasant physical feelings are common, such as dizziness, tension headaches, and feelings of general instability.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Concentration and forgetfulness</b> includes the inability to concentrate without the mind wandering and forgetting something important to the extent that it interferes with a person’s ability to perform daily activities.</li> <li>• <b>Sleep problems</b> are characterised by a disturbance in the person’s amount of sleep, quality or timing of sleep, or in behaviours or physiological conditions associated with sleep.</li> <li>• <b>Irritability</b> is associated with feeling short tempered and angry to the extent that it results in arguments or quarrels.</li> <li>• <b>Worry about physical health</b> is defined by feelings of worry about a physical/serious physical illness to the extent that an individual is unable to take their mind off their health worries.</li> <li>• <b>Depression</b> is characterised by a lowering of mood, reduction of energy, and decrease in activity. Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common.</li> <li>• <b>Depressive ideas</b> are characterised by loss of self-esteem and ideas of worthlessness or guilt. Suicidal thoughts are common.</li> <li>• <b>Worry</b> is associated with a persistent feeling of worry about things (other than physical health).</li> <li>• <b>Anxiety</b> is defined as generalised and persistent but not restricted to, or even strongly predominating in, any particular environmental circumstances. The dominant symptoms are variable but include complaints of persistent nervousness, trembling, muscular tensions, sweating, light-headedness, palpitations, dizziness, and discomfort.</li> <li>• <b>Phobias</b> are a group of disorders in which anxiety is evoked only, or predominantly, in certain well-defined situations that are not currently dangerous. As a result, these situations are characteristically avoided or endured with dread. Individual symptoms include palpitations or feeling faint and are often associated with secondary fears of dying, losing control, or going mad.</li> <li>• <b>Panic</b> the essential feature is recurrent attacks of severe anxiety (panic), which are not restricted to any particular situation or set of circumstances and are therefore unpredictable. The dominant symptoms include sudden onset of palpitations, chest pain, choking sensations, dizziness, and feelings of unreality.</li> <li>• <b>Compulsions</b> are repetitive, purposeful and ritualistic behaviours or mental acts, performed in response to obsessive intrusion and to a set of rigidly prescribed rules.</li> <li>• <b>Obsessions</b> are defined as recurrent and persistent thoughts, impulses or images that are intrusive and inappropriate and cause anxiety or distress.</li> </ul> <p>Symptoms of CMHC are not reported on separately in the APMS 2023/4 report, but are included in the archived dataset.</p> <p>Also see <b>Common mental health conditions</b> and <b>CIS-R</b> (Clinical Interview Schedule – Revised).</p>
Community care services	Community care services included use of the following in the past year: a psychiatrist, psychologist, community psychiatric nurse, community learning disability nurse, other nursing services, social worker, self-help/support group, home help/homecare worker, outreach worker, social prescribing link worker or domestic abuse support services.
Comorbidity	The co-occurrence of two (or more) different conditions. Comorbidity is associated with increased severity and longer duration of disorders, greater functional disability and increased

	use of health services. In this report this refers to psychiatric comorbidity and limiting physical health comorbidity only.
Confidence interval	<p>Statistics based on the survey are estimates, rather than precise figures, and are subject to a margin of error, shown as a 95% confidence interval. For example, the survey estimate might be 24.1% with a 95% confidence interval of 22.2% to 26.4%. A different sample might have given a different estimate, but we expect that the true value of the statistic in the population would be within the range given by the 95% confidence interval in 95 cases out of 100.</p> <p>Confidence intervals (CIs) are shown for key statistics and trends within this report and in the accompanying Excel data tables. Confidence intervals are affected by the size of the sample on which the estimate is based. Generally, the larger the sample, the smaller the confidence interval, and hence the more precise the estimate.</p>
Current treatment for mental or emotional problem	Current treatment for a mental or emotional problem included currently receiving any psychoactive medication or psychological therapy, for a mental, nervous or emotional problem.
Day care services	Day care service use included use of a community mental health centre, day activity centre or sheltered workshop in the past year.
Depressive symptoms	Depressive symptoms include low mood and loss of interest and enjoyment in ordinary things and experiences.
Drug dependence	<p>Drug dependence syndrome is defined in ICD-10 as 'a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state'. A threshold of three or more of the following occurring in the past 12 months is required for a formal diagnosis:</p> <ul style="list-style-type: none"> <li>• Preoccupation with substance use</li> <li>• A sense of need or dependence</li> <li>• Impaired capacity to control substance-taking behaviour</li> <li>• Increased tolerance</li> <li>• Withdrawal symptoms, and</li> <li>• Persistent substance use despite evidence of harm.</li> </ul>
DSM (Diagnostic and Statistical Manual of Mental Disorders)	<p>The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a manual produced by the American Psychiatric Association that categorises currently recognised mental health disorders.</p> <p>To enable meaningful temporal trends to be captured, the ways in which measures are scored in APMS have not changed in line with changes in diagnostic classification systems. However, additional items have often been used to enable researchers to do this in secondary analyses. The definitions section of each chapter covers the measures used to screen and assess for the relevant condition.</p>
Eating disorders	Eating disorders are characterised by a persistent and severe disturbance in eating attitudes and behaviour, to an extent that it significantly interferes with everyday functioning. Three main subtypes of eating disorder are identified by the DSM-IV: anorexia nervosa, bulimia nervosa, and eating disorder not otherwise specified (EDNOS).

	Also see <b>SCOFF questionnaire</b> and <b>EDE-QS</b> .
Economic activity/ employment status	<p>Economically active people are those over the minimum school-leaving age who were working or unemployed in the week before the week of the interview. These people constitute the labour force.</p> <p><b>Employed</b></p> <p>This category includes people aged 16 and over who, in the week before the week of the interview, worked for wages, salary or other form of cash payment such as commission or tips, for any number of hours. It covers people 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 people 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. People 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.</p> <p><b>Unemployed people</b></p> <p>This survey used the <a href="#">International Labour Organisation (ILO)</a> definition of unemployment. This classifies anyone as unemployed if they were out of work in the four weeks before interview, or would have been but for temporary sickness or injury, and were available to start work in the two weeks after the interview. Otherwise, anyone out of work is classified as economically inactive.</p> <p><b>Economically inactive</b></p> <p>The 'economically inactive' group includes students, and those looking after the home, long term sick or disabled, or retired.</p> <p>Most of the analyses based on employment status in the report are based on those aged 16 to 64.</p>
EDE-QS	<p>The Eating Disorder Examination-Questionnaire Short (EDE-QS) is a screening tool for eating disorders. It is a 12-item version of the Eating Disorder Examination Questionnaire (EDE-Q) with a 4-point response scale assessing eating disorder symptoms over the preceding 7 days.</p> <p>Participants were asked the EDE-QS if they scored one or more on SCOFF questionnaire.</p> <p>Also see <b>Eating disorders</b> and <b>SCOFF questionnaire</b>.</p>
Equivalent household income	<p>Making precise estimates of household income, as is done for example in the <a href="#">Family Resources Survey</a>, requires far more interview time than available to this survey. Household income was thus established by means of a show card on which banded incomes were presented. Information was obtained from the selected participant, although they were encouraged to seek further information from the household reference person when this was someone else in the household.</p> <p>Initially the participant was asked to state their own aggregate gross income, and was then asked to estimate the total household income including that of any other people in the household.</p>

	<p>Household income can be used as an analysis variable, but there has been interest in using measures of equivalised income that adjust income level to take account of the number of people in the household. Methods of doing this vary in detail: the starting point is usually an exact estimate of net income, rather than the banded estimate of gross income obtained in APMS 2023/4. The method used in the present report uses the McClements scoring system, described below.</p> <p>A score was allocated to each household member, and these were added together to produce an overall household McClements score. Household members were given scores as follows:</p> <ul style="list-style-type: none"> <li>• First adult 0.61</li> <li>• Spouse/partner 0.39</li> <li>• Other second adult 0.46</li> <li>• Third adult 0.42</li> <li>• Subsequent adults 0.36</li> <li>• Dependant aged 0–1 0.09</li> <li>• Dependant aged 2–4 0.18</li> <li>• Dependant aged 5–7 0.21</li> <li>• Dependant aged 8–10 0.23</li> <li>• Dependant aged 11–12 0.25</li> <li>• Dependant aged 13–15 0.27</li> <li>• Dependant aged 16+ 0.36</li> </ul> <ol style="list-style-type: none"> <li>1. The equivalised income was derived as the annual household gross income divided by the McClements score. Where information on annual household gross income was not available, this was replaced with annual individual gross income.</li> <li>2. This equivalised annual income was attributed to all members of the household, including children.</li> <li>3. Households were ranked by equivalised income, and quintiles q1–q5 were identified. Because incomes were obtained in banded form, there were clumps of households with the same income spanning the quintiles. It was decided not to split clumps but to define the quintiles as ‘households with income up to q1’, ‘over q1 up to q2’ etc. Equivalised household income quintiles and corresponding income groups: <ul style="list-style-type: none"> <li>• Lowest quintile &lt; £17,152</li> <li>• 2nd quintile ≥ £17,152 and &lt; £24,700</li> <li>• 3rd quintile ≥ £24,700 and &lt; £36,700</li> <li>• 4th quintile ≥ £36,700 and &lt; £62,500</li> <li>• Highest quintile ≥ £62,500.</li> </ul> <p>All individuals in each household were allocated to the equivalised household income quintile to which their household had been allocated. Insofar as the mean number of people per household may vary between quintiles, the numbers in the quintiles will be equal. Inequalities in numbers are also introduced by the clumping referred to above, and by the fact that in any sub-group analysed the proportionate distribution across quintiles will differ from that of the total sample</p> </li> </ol>
Ethnicity	<p>Ethnic group was classified according to the latest <a href="#">Government Statistical Service harmonised standard</a>:</p> <p><b>White</b> English/Welsh/Scottish/Northern Irish/British</p>

	<p>Irish Gypsy or Irish Traveller Any other White background, please describe</p> <p><b>Mixed/Multiple ethnic groups</b> White and Black Caribbean White and Black African White and Asian Any other Mixed/Multiple ethnic background</p> <p><b>Asian/Asian British</b> Indian Pakistani Bangladeshi Chinese Any other Asian background</p> <p><b>Black/African/Caribbean/Black British</b> African Caribbean Any other Black/African/Caribbean background</p> <p><b>Other ethnic group</b> Arab Any other ethnic group</p> <p>For analyses in this report the mixed and multiple ethnicities group was combined with 'other'. For some analyses, the White group was further divided into 'White British' and 'White other'.</p>
Gambling participation	<p>In the self-completion section of the interview, participants were presented with a list of example gambling activities and were asked whether they had spent money on any of them in the past 12 months. Participants responding 'yes' to this question, or 'yes' to a further check question on whether they had gambled even 'very occasionally', were classed as people who had gambled in the past 12 months.</p> <p>The examples of gambling activities provided were:</p> <ul style="list-style-type: none"> <li>• buying lottery tickets or scratchcards</li> <li>• betting with a bookmaker on any event or sport, including online</li> <li>• online casino, slots, poker or bingo playing slots/fruit machines/machines in a bookmakers</li> <li>• bingo at a bingo hall</li> <li>• table games at a casino</li> <li>• playing football pools</li> <li>• private betting, playing cards or games for money with friends, family or colleagues.</li> </ul> <p>Also see <b>Problem gambling severity index</b>.</p>
Gender	<p>Participants were asked their gender identity in the household demographics section of the interview. In this report, results are mostly broken down by gender, that is whether participants identified as a man, a woman or as another category such as non-binary.</p> <p>Also see <b>Sex</b>.</p>
General personality disorder traits	<p>The Standardised Assessment of Personality: Abbreviated Scale (SAPAS) was used on APMS to screen for 'general PD traits'. A positive screen indicated that someone may have sufficient relevant traits to warrant further investigation.</p>

	Also see <b>Antisocial personality disorder (ASPD)</b> , <b>Borderline personality disorder (BPD)</b> and <b>Personality disorder</b> .
Harmful alcohol use	An established pattern of drinking causing damage to health. see <b>Alcohol dependence</b> and <b>Hazardous alcohol use</b> .
Hazardous alcohol use	A pattern of alcohol consumption that increases someone's risk of harm. Some would limit this definition to the physical or mental health consequences (as in harmful use). Others include social consequences. The term is currently used by the World Health Organisation (WHO) to describe this pattern of alcohol consumption. It is not a diagnostic term.  The prevalence 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.  Also see <b>Alcohol dependence</b> and <b>Harmful alcohol use</b> .
Healthcare services	The 'health care services used' variable included an inpatient stay or outpatient visit in the past quarter, or spoken with a GP in the past year, for a mental or emotional reason. The time frame varied and so it is important to note that this variable does not represent all health care services used for a mental or emotional problem in the past year.
Health conditions	The 2007, 2014 and 2023/4 surveys adopted a show card approach to measuring self-reported general health and long standing illness. Participants were asked to identify which (if any) of the conditions listed below they had had since the age of 16. This is the list included in 2023/4:  <ul style="list-style-type: none"> <li>• Allergies</li> <li>• Arthritis</li> <li>• Asthma</li> <li>• Bladder problems/incontinence</li> <li>• Bone, back, joint or muscle problems</li> <li>• Bowel/colon problems</li> <li>• Bronchitis/emphysema</li> <li>• Cancer or malignancy</li> <li>• Cataracts/eyesight problems (even if corrected with glasses or contacts)</li> <li>• COPD (Chronic Obstructive Pulmonary Disease)</li> <li>• Dementia or Alzheimer's disease</li> <li>• Diabetes</li> <li>• Ear/hearing problems (even if corrected with a hearing aid)</li> <li>• Epilepsy/fits</li> <li>• Heart attack/angina</li> <li>• High blood pressure/hypertension</li> <li>• HIV</li> <li>• Hypothyroidism or under active thyroid</li> <li>• Infections disease</li> <li>• Liver problems</li> <li>• Migraine or frequent headaches</li> <li>• Multiple sclerosis</li> <li>• Skin problems</li> <li>• Stomach ulcer or other digestive problems</li> <li>• Stroke</li> <li>• Other</li> </ul>
ICD-10	The International Classification of Diseases and Related Health Problems 10th Revision (ICD-10) is a classification system for

	diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).		
ICD-11	The International Classification of Diseases and Related Health Problems 11th Revision (ICD-11) is the eleventh revision of the International Classification of Diseases (ICD). It is the international standard for systematic recording, reporting, analysis, interpretation and comparison of mortality and morbidity data, as classified by the World Health Organization (WHO).		
Limiting physical health condition	<p>A limiting physical health condition is a physical health condition that reduces the ability to carry out day-to-day activities.</p> <p>Participants were coded as having a limiting physical health condition if they reported having one or more physical health conditions (see <b>Health conditions</b> for list) that had been present in the past 12 months, diagnosed by a doctor and that limited their ability to carry out day-to-day activities by a little or a lot.</p>		
Medications	<p>Current use of specific psychotropic medications was asked about using a series of show cards. These included all the most commonly prescribed preparations used in the treatment of mental health problems. Interviewers asked to see medication packaging for medication taken for a mental health related reason and recorded the name and dose. Depot injections used in the treatment of psychosis were also included. Individual medications were grouped into categories reflecting what they are used to treat. One type of medication could be in more than one category.</p> <p><b>Medications used in the treatment of:</b></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><b>Anxiety</b></p> <ul style="list-style-type: none"> <li>• Amitriptylline</li> <li>• Buspirone</li> <li>• Citalopram</li> <li>• Clomipramine</li> <li>• Diazepam</li> <li>• Duciltia Escitalopram</li> <li>• Fluoxetine</li> <li>• Flupentixol</li> <li>• Gabapentin</li> <li>• Levemepromazine</li> <li>• Lorazepam</li> <li>• Lustral</li> <li>• Oxazepam</li> <li>• Paroxetine</li> <li>• Pregabalin</li> <li>• Promazine</li> <li>• Promethazine hydrochloride</li> <li>• Propranolol</li> <li>• Seroxat</li> <li>• Sertraline</li> <li>• Vencarm XL</li> <li>• Venlafaxine</li> <li>• Venladex XL</li> <li>• Venlasov XL</li> </ul> <p><b>Bipolar disorder</b></p> <ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Carbamazepine Depakote</li> <li>• Epilim</li> </ul> </td> <td style="vertical-align: top; padding-left: 20px;"> <p>In addition, medication used to treat the following conditions were also asked about:</p> <p><b>Substance dependence</b></p> <ul style="list-style-type: none"> <li>• Acamprosate</li> <li>• Buprenorphine</li> <li>• Chlordiazepoxide</li> <li>• Diazepam</li> <li>• Methadone</li> <li>• Naltrexone</li> <li>• Physeptone</li> </ul> <p><b>Dementia</b></p> <ul style="list-style-type: none"> <li>• Donepezil</li> <li>• Galantamine</li> <li>• Rivastigmine</li> </ul> <p><b>Depression</b></p> <ul style="list-style-type: none"> <li>• Agomelatine</li> <li>• Amitriptylline</li> <li>• Brintellix</li> <li>• Citalopram</li> <li>• Clomipramine</li> <li>• Dosulepin</li> <li>• Duciltia</li> <li>• Duloxetine</li> <li>• Escitalopram</li> <li>• Fluoxetine</li> </ul> </td> </tr> </table>	<p><b>Anxiety</b></p> <ul style="list-style-type: none"> <li>• Amitriptylline</li> <li>• Buspirone</li> <li>• Citalopram</li> <li>• Clomipramine</li> <li>• Diazepam</li> <li>• Duciltia Escitalopram</li> <li>• Fluoxetine</li> <li>• Flupentixol</li> <li>• Gabapentin</li> <li>• Levemepromazine</li> <li>• Lorazepam</li> <li>• Lustral</li> <li>• Oxazepam</li> <li>• Paroxetine</li> <li>• Pregabalin</li> <li>• Promazine</li> <li>• Promethazine hydrochloride</li> <li>• Propranolol</li> <li>• Seroxat</li> <li>• Sertraline</li> <li>• Vencarm XL</li> <li>• Venlafaxine</li> <li>• Venladex XL</li> <li>• Venlasov XL</li> </ul> <p><b>Bipolar disorder</b></p> <ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Carbamazepine Depakote</li> <li>• Epilim</li> </ul>	<p>In addition, medication used to treat the following conditions were also asked about:</p> <p><b>Substance dependence</b></p> <ul style="list-style-type: none"> <li>• Acamprosate</li> <li>• Buprenorphine</li> <li>• Chlordiazepoxide</li> <li>• Diazepam</li> <li>• Methadone</li> <li>• Naltrexone</li> <li>• Physeptone</li> </ul> <p><b>Dementia</b></p> <ul style="list-style-type: none"> <li>• Donepezil</li> <li>• Galantamine</li> <li>• Rivastigmine</li> </ul> <p><b>Depression</b></p> <ul style="list-style-type: none"> <li>• Agomelatine</li> <li>• Amitriptylline</li> <li>• Brintellix</li> <li>• Citalopram</li> <li>• Clomipramine</li> <li>• Dosulepin</li> <li>• Duciltia</li> <li>• Duloxetine</li> <li>• Escitalopram</li> <li>• Fluoxetine</li> </ul>
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	<ul style="list-style-type: none"> <li>• Haloperidol</li> <li>• Lamictal</li> <li>• Lamotrigine</li> <li>• Lithium</li> <li>• Olanzapine</li> <li>• Oramorph</li> <li>• Paliperidone</li> <li>• Priadel</li> <li>• Quetiapine</li> <li>• Risperidone Sondate XL</li> <li>• Valproate</li> <li>• Valproic acid</li> <li>• Zuclopentixol</li> </ul> <p>Sleep problems</p> <ul style="list-style-type: none"> <li>• Melatonin</li> <li>• Nitrazepam</li> <li>• Oxazepam</li> <li>• Zaleplon</li> <li>• Zolpidem</li> <li>• Zopiclone</li> <li>• Temazepam</li> </ul> <p>ADHD</p> <ul style="list-style-type: none"> <li>• Amfexa</li> <li>• Atomoxetine</li> <li>• Concerta XL</li> <li>• Delmosart</li> <li>• Dexamfetamine</li> <li>• Medikinet</li> <li>• Methylphenidate</li> <li>• Tranquilyn</li> <li>• Xaggitin XL</li> <li>• Xenidate XL</li> </ul>	<ul style="list-style-type: none"> <li>• Flupentixol</li> <li>• Fluvoxamine</li> <li>• Imipramine</li> <li>• Lamotrigine</li> <li>• Lithium</li> <li>• Lofepramine</li> <li>• Lustral</li> <li>• Mianserin</li> <li>• Mirtazapine</li> <li>• Moclobemide</li> <li>• Nortriptylline</li> <li>• Oramorph</li> <li>• Paroxetine</li> <li>• Phenelzine</li> <li>• Priadel</li> <li>• Propranolol</li> <li>• Prozac</li> <li>• Reboxetine</li> <li>• Seroxat</li> <li>• Sertraline</li> <li>• Sondate XL</li> <li>• Tranylcypramine</li> <li>• Trazodone</li> <li>• Trimipramine</li> <li>• Tryptophan</li> <li>• Vencarm XL</li> <li>• Venladex XL</li> <li>• Venlafaxine</li> <li>• Venlalic XI</li> <li>• Venlasov XL</li> <li>• Vensir XL</li> <li>• Vortioxetine</li> </ul> <p>Psychosis</p> <ul style="list-style-type: none"> <li>• Amisulpride</li> <li>• Aripiprazole</li> <li>• Biquelle XL</li> <li>• Chlorpromazine</li> <li>• Clopixol (Zuclopentixol decanoate)</li> <li>• Clozapine</li> <li>• Depixol (Flupentixol decanoate)</li> <li>• Flupentixol</li> <li>• Haldol (Haloperidol decanoate)</li> <li>• Haloperidol</li> <li>• Levemepromazine</li> <li>• Modecate (Fluphenazine decanoate)</li> <li>• Olanzapine</li> <li>• Oramorph</li> <li>• Paliperidone</li> <li>• Prochlorperazine</li> <li>• Promazine</li> <li>• Quetiapine</li> <li>• Risperdal Consta (Risperidone long-acting injection)</li> <li>• Risperidone</li> <li>• Serdolect</li> <li>• Sondate XL</li> </ul>
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	<ul style="list-style-type: none"> <li>• Sulpiride</li> <li>• Trifluoperazine</li> <li>• Zuclopentixol</li> </ul> <p>Epilepsy</p> <ul style="list-style-type: none"> <li>• Carbamazepine</li> <li>• Clobazam</li> <li>• Depakote</li> <li>• Epilim</li> <li>• Epilim Chrono</li> <li>• Lamictal</li> <li>• Lamotrigine</li> <li>• Levetiracetam</li> <li>• Pregabalin</li> <li>• Tegretol Prolonged Release</li> <li>• Valproate</li> </ul> <p>Dementia</p> <ul style="list-style-type: none"> <li>• Donepezil</li> <li>• Galantamine</li> <li>• Rivastigmine</li> </ul>
Mood Disorders Questionnaire (MDQ)	The Mood Disorders Questionnaire (MDQ) is a 13-item self-report questionnaire designed to screen for bipolar spectrum disorders (BD type I, II, cyclothymia and BD not otherwise specified). In a yes/no format, the scale screens for lifetime history of DSM-IV mania/hypomania. <sup>1</sup>
Non-suicidal self-harm	The definition of non-suicidal self-harm (also referred to as self-harm) used in this report refers to self-harming without intent to die and includes acts such as cutting, burning, swallowing, and other self-inflicted injuries.
Personality disorder	<p>DSM-IV and DSM-5 define a personality disorder as ‘an enduring pattern of inner experience and behaviour that deviates markedly from the expectations 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’. DSM-IV and DSM-5 identify ten types of personality disorder grouped into three clusters:<sup>2,3</sup></p> <ul style="list-style-type: none"> <li>• Cluster A includes the ‘odd or eccentric’ types</li> <li>• Cluster B disorders are the ‘dramatic, emotional or erratic’ types, and</li> <li>• Cluster C is the ‘anxious-fearful’ group.</li> </ul> <p>ASPD and BPD are both cluster B disorders.</p> <p>Also see <b>Antisocial personality disorder (ASPD)</b>, <b>Borderline personality disorder (BPD)</b> and <b>General personality disorder traits</b>.</p>

<sup>1</sup> Hirschfeld, R. M., Williams, J. B., Spitzer, R. L., Calabrese, J. R., Flynn, L., Keck Jr, P. E., ... & Zajecka, J. (2000). Development and validation of a screening instrument for bipolar spectrum disorder: the Mood Disorder Questionnaire. *American journal of psychiatry*, 157(11), 1873-1875

<sup>2</sup> American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders (4th ed.)*. American Psychiatric Association.

<sup>3</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. American Psychiatric Publishing.

<p>Posttraumatic stress disorder (PTSD)</p>	<p>Individuals who have experienced, witnessed, or been confronted with an event or events involving actual or threatened death or serious injury, or a threat to the physical integrity of self or others may go on to develop PTSD.<sup>2</sup> Their response must have involved intense fear, helplessness, or horror. Symptoms can develop within weeks but according to the 10th Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10)<sup>4</sup> onset is almost always within six months. It may take months or even years for individuals to recognise the symptoms and to seek help from appropriate services.</p> <p>Also see <b>PTSD-CL</b> and <b>Trauma</b>.</p>
<p>Problem debt</p>	<p>'Has problem debt' was defined as being seriously behind on a debt listed or had gas or electricity disconnected in the past year because they could not afford to pay for it. See list of types of debts below:</p> <ul style="list-style-type: none"> <li>• Rent</li> <li>• Gas</li> <li>• Electricity</li> <li>• Water</li> <li>• Goods on hire purchase</li> <li>• Mortgage repayments</li> <li>• Council Tax</li> <li>• Credit card payments</li> <li>• Mail order catalogue payments</li> <li>• Telephone/mobile phone</li> <li>• Other loans</li> <li>• TV Licence</li> <li>• Road Tax</li> <li>• Social Fund Loan</li> <li>• Child Support or Maintenance</li> </ul>
<p>Problem gambling severity index (PGSI)</p>	<p>The PGSI consists of nine items ranging from 'chasing losses' to 'gambling causing health problems' to 'feeling guilty about gambling'. The questions measure both behavioural symptoms of gambling disorder and certain adverse consequences from gambling. The PGSI was asked of everyone who had gambled in the past 12 months, capturing the current experience of each of these items. PGSI scores were grouped into the following categories:</p> <p><b>PGSI score 0</b> - indicating a person who gambles (including heavily) but does not report experiencing any of the nine symptoms or adverse consequences asked about. In population prevalence analysis, participants who had not gambled in the past 12 months were also given a PGSI score of 0.</p> <p><b>PGSI score 1 to 2 - indicating low risk gambling</b>, by which a person is unlikely to have experienced adverse consequences from gambling but may be at risk if they are heavily involved in gambling.</p> <p><b>PGSI score 3 to 7 - indicating moderate risk gambling</b>, by which a person may or may not have experienced adverse consequences from gambling but may be at risk if they are heavily involved in gambling.</p>

	<p><b>PGSI score 8 to 27 - indicating problem gambling</b>, by which a person will have experienced adverse consequences from their gambling and may have lost control of their behaviour. Involvement in gambling can be at any level, but is likely to be heavy.</p> <p>Also see <b>Gambling participation</b>.</p>
Psychiatric morbidity	The expression 'psychiatric morbidity' refers to the degree or extent of the prevalence of mental health problems within a defined area.
Psychotic disorder	<p>The psychotic disorders discussed in APMS are based on the World Health Organization's International Classification of Diseases chapter on Mental and Behavioural Disorders Diagnostic Criteria for Research (ICD-10).<sup>4</sup> They consist of two main types: schizophrenia and affective psychosis. The reference period for psychotic disorder was the year immediately prior to interview.</p> <p>Two measures of psychosis are presented in the chapter: 'probable psychotic disorder' (consistent with the approach used in the 2000, 2007 and 2014 surveys) and 'psychotic disorder'. These are defined in Section 12.2 in Chapter 12.</p>
PTSD-CL	<p>The PTSD Checklist (PCL) is a 17-item self-report measure reflecting DSM-IV symptoms of PTSD. The PCL has a variety of clinical and research purposes, including:</p> <ul style="list-style-type: none"> <li>• Testing individuals for possible PTSD</li> <li>• Aiding in diagnostic assessment of PTSD</li> <li>• Monitoring change in PTSD symptoms</li> </ul> <p>The PCL-C (civilian) asks about symptoms in relation to generic "stressful experiences" and can be used with any population. This version simplifies assessment based on multiple traumas because symptom endorsements are not attributed to a specific event.</p> <p>The measure is described more fully in Chapter 3.</p>
P-value	A p value is the probability of the observed result occurring due to chance alone. A p value of less than 5% is conventionally taken to indicate a statistically significant result ( $p < 0.05$ ). It should be noted that the p value is dependent on the sample size, so that the sample differences or associations which are very small may still be statistically significant. Results should therefore be assessed for their importance on the magnitude of the differences or associations as well as the p value itself.
Quintile	Quintiles are percentiles which divide a distribution into fifths, i.e. the 20th, 40th, 60th and 80th percentiles.
Region	Tables within chapters provide data for regional analysis based on former Government Office Regions. Few conditions in this report varied significantly by region, and generally region is not referred to in the text of the chapters. A table presenting the breakdown of each disorder by region is included in each chapter as this information may be useful for users of the data involved in regional service planning and provision.

<sup>4</sup> World Health Organization (WHO). (1993). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. World Health Organization.

SAPAS (Standardised Assessment of Personality – Abbreviated Scale)	The Standardised Assessment of Personality – Abbreviated Scale (SAPAS) is a screening questionnaire consisting of eight yes/no items designed to screen for general personality disorder traits.  See <b>Chapter 8 Personality disorder, Section 8.2</b> , for more information.
SCAN (Schedule for Clinical Assessment in Neuropsychiatry)	Schedule for Clinical Assessment in Neuropsychiatry version 2.1 (SCAN) <sup>5</sup> , a semi-structured interview that provides ICD-10 diagnoses of psychotic disorder.
SCID-II (Structured Clinical Interview for DSM-IV)	APMS adopts the DSM-IV classification of personality disorder and uses the Structured Clinical Interview for DSM-IV (SCID-II). <sup>2</sup> The SCID-II is available as both a self-completion screen and as a semi-structured clinician administered face to face interview. Only the self-completion screen was included in APMS 2023/4. This was used alongside the SAPAS.
SCOFF questionnaire	The SCOFF questionnaire (Sick-Control-One stone-Fat-Food) was administered to all APMS 2023/4 participants in the self-completion section of the interview. It comprises five questions with yes/no response codes. The letters included in SCOFF derive from; Sick, Control, One stone, Fat, and Food, and are part of questions used to screen for a possible eating disorder.  Also see <b>Eating disorders</b> and <b>EDE-QS</b> .
Screening	For the purposes of this report, ‘screening’ involves identifying people who have signs or traits that indicate the likely presence of a disorder. The term is not used here to refer to national screening programmes such as those recommended by the UK National Screening Committee (UK NSC).
Sex	Participants were asked about their sex at birth during the household demographics section of the interview.  Data in trend tables are presented by sex (defined as male or female at birth and described as male and female in tables, charts and commentary) to enable comparisons with previous surveys in the series.  Also see <b>Gender identity</b> .
Statistical significance	The term ‘significant’ refers to statistical significance at the 95% level and is not intended to imply substantive importance.  Also see <b>P-value</b> and <b>Confidence intervals</b> .
Suicidal behaviour	Suicidal behaviour includes suicidal thoughts and attempts. Suicidal thoughts refer to thinking about taking one’s own life; it does not incorporate feelings about ‘life not being worth living’ or ‘wishing to be dead’. ‘Suicidal attempts’ is a term used to describe an attempt to take one’s life.
SWEMWBS (Short Warwick-Edinburgh Mental Well-being Scale)	The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) was developed to enable the monitoring of mental wellbeing in the general population. SWEMWBS is a shortened version of the WEMWBS. SWEMWBS is a 7-item scale with 5 response categories, summed to provide a single score ranging

<sup>5</sup> World Health Organization, (1999). *SCAN Schedules for Clinical Assessment in Neuropsychiatry Version 2.1*. World Health Organization.

	from 7–35. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing.
Trauma	<p>According to DSM-IV, traumatic stressors are events in which an individual experiences, witnesses, or is confronted with life endangerment, death, or serious injury or threat to self or others. Traumatic stressors are distinct from and more severe than generally stressful life events, such as divorce or expected bereavement.</p> <p>Also see <b>Posttraumatic stress disorder (PTSD)</b> and <b>PTSD-CL</b>.</p>
Treatment	See <b>Current treatment for a mental or emotional problem</b> .
Wellbeing	Subjective wellbeing is generally regarded as consisting of at least two factors. Broadly, these are 'hedonic' wellbeing (happiness, pleasure, enjoyment) and 'eudemonic' wellbeing (purpose, meaning, fulfilment).