Abbreviations and glossary
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>Attention-deficit/hyperactivity disorder</td>
</tr>
<tr>
<td>ADL</td>
<td>Activities of Daily Living</td>
</tr>
<tr>
<td>APMS</td>
<td>Adult Psychiatric Morbidity Survey</td>
</tr>
<tr>
<td>AQ20</td>
<td>20 item Autism Quotient</td>
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<tr>
<td>ASPD</td>
<td>Antisocial personality disorder</td>
</tr>
<tr>
<td>ASRS</td>
<td>Adult ADHD Self-Report Scale</td>
</tr>
<tr>
<td>AUDIT</td>
<td>Alcohol Use Disorders Identification Test</td>
</tr>
<tr>
<td>BPD</td>
<td>Borderline personality disorder</td>
</tr>
<tr>
<td>CAPI</td>
<td>Computer Assisted Personal Interviewing</td>
</tr>
<tr>
<td>CASI</td>
<td>Computer Assisted Self-completion Interviewing</td>
</tr>
<tr>
<td>CI</td>
<td>Confidence interval</td>
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<tr>
<td>CIS-R</td>
<td>Clinical Interview Schedule-Revised</td>
</tr>
<tr>
<td>CMD</td>
<td>Common mental disorder</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DSM</td>
<td>Diagnostic Statistical Manual</td>
</tr>
<tr>
<td>GAD</td>
<td>Generalised anxiety disorder</td>
</tr>
<tr>
<td>HSE</td>
<td>Health Survey for England</td>
</tr>
<tr>
<td>HSCIC</td>
<td>Health and Social Care Information Centre, now NHS Digital</td>
</tr>
<tr>
<td>ICD-10</td>
<td>International Classification of Disease – version 10</td>
</tr>
<tr>
<td>IMD</td>
<td>Index of Multiple Deprivation</td>
</tr>
<tr>
<td>JSA</td>
<td>Jobseeker’s Allowance</td>
</tr>
<tr>
<td>MDQ</td>
<td>Mood Disorder Questionnaire</td>
</tr>
<tr>
<td>MHCYP</td>
<td>Mental Health of Children and Young People Survey</td>
</tr>
<tr>
<td>NART</td>
<td>National Adult Reading Test</td>
</tr>
<tr>
<td>OCD</td>
<td>Obsessive compulsive disorder</td>
</tr>
<tr>
<td>ONS</td>
<td>Office of National Statistics</td>
</tr>
<tr>
<td>PHE</td>
<td>Public Health England</td>
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<tr>
<td>PSQ</td>
<td>Psychosis Screening Questionnaire</td>
</tr>
<tr>
<td>PTSD</td>
<td>Posttraumatic stress disorder</td>
</tr>
<tr>
<td>PTSD-CL</td>
<td>Posttraumatic stress disorder – checklist screening tool</td>
</tr>
<tr>
<td>SADQ</td>
<td>Severity of Alcohol Dependence Questionnaire</td>
</tr>
<tr>
<td>SAPAS</td>
<td>Standardised Assessment of Personality – Abbreviated Scale</td>
</tr>
<tr>
<td>SCAN</td>
<td>Schedules for Clinical Assessment in Neuropsychiatry</td>
</tr>
<tr>
<td>SCID-II</td>
<td>Structured Clinical Interviews for DSM Disorders</td>
</tr>
<tr>
<td>TICS-M</td>
<td>Modified Telephone Interview for Cognitive Status</td>
</tr>
<tr>
<td>WEMWBS</td>
<td>Warwick Edinburgh Mental Well-Being Scale</td>
</tr>
</tbody>
</table>
**Glossary**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD/ADD</td>
<td>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. Also see <strong>ASRS</strong> (Adult ADHD Self-Report Scale – v1.1).</td>
</tr>
<tr>
<td>Adults</td>
<td>Adults were defined as people aged 16 and over.</td>
</tr>
<tr>
<td>Age-standardisation</td>
<td>Age-standardisation has been 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. 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 Office for National Statistics 2014 mid-year household population estimates for England. 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. When age-standardisation was applied to analysis by ethnic age, sometimes the 65–74 and 75 and over age groups were combined due to small sample sizes. Age-standardisation was not applied where a variable did not have participants for every cell in every age band. For example, because there could be no people aged 16–24 living in households where everyone was aged 65 or over, age-standardisation was not applied to analysis by household type. All age-standardised tables are labelled as such in the title.</td>
</tr>
</tbody>
</table>
Alcohol dependence  The National Institute of Health and Clinical Excellence defines alcohol dependence as a cluster of behavioural, cognitive and physiological factors that typically include a strong desire to drink alcohol and difficulties in controlling its use. Someone who is alcohol-dependent may persist in drinking despite harmful consequences. They will also give alcohol a higher priority than other activities and obligations.

Alcohol dependence was measured using two instruments. The primary measure, the Alcohol Use Disorders Identification Test (AUDIT), was used to divide the population into groups: non-drinker or low risk drinking; hazardous drinking; harmful drinking and/or mild dependence; and probable dependence.

Those who scored 10 or above on the AUDIT were also asked the Severity of Alcohol Dependence Questionnaire – Community (SADQ-C).

Also see harmful drinking and hazardous alcohol use.

Anxiety disorders  Anxiety disorders include generalised anxiety disorder (GAD), panic disorder, phobias and obsessive compulsive disorder (OCD).

Also see common mental disorders.

ASPD (antisocial personality disorder)  DSM-IV characterises antisocial personality disorder as a pervasive pattern of disregard for and violation of the rights of others that has been occurring in the individual since the age of 15 years, as indicated by three (or more) of seven criteria:

- A failure to conform to social norms
- Irresponsibility
- Deceitfulness
- Indifference to the welfare of others
- Recklessness
- A failure to plan ahead, and
- Irritability and aggressiveness.

Also see personality disorder.
### ASRS (Adult ADHD Self-Report Scale-V1.1)

The Adult ADHD Self-Report Scale-V1.1 (ASRS) was used in the 2007 and 2014 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.

Also see **ADHD (attention-deficit/hyperactivity disorder)**.

### Benefits

Participants were asked whether or not they, or their household, were in receipt of a range of different types of state benefit. Three groupings of benefits were examined in this report:

- Employment Support Allowance (ESA, plus those who reported still being in receipt of ‘Incapacity Benefit’ (IB))
- All out-of-work benefits (ESA, IB plus Jobseeker’s Allowance)
- Housing benefit.

### Bipolar disorder

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, using the Mood Disorder Questionnaire (MDQ).

### BPD (borderline personality disorder)

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:

- Frantic efforts to avoid real or imagined abandonment
- Pattern of unstable and intense personal relationships
- Unstable self-image
- Impulsivity in more than one way that is self-damaging (e.g. spending, sex, substance abuse, binge eating, reckless driving)
- Suicidal or self-harming behaviour
- Affective instability
- Chronic feelings of emptiness
### BPD (borderline personality disorder)  
*continued*

Also see personality disorder.

### Chronic physical health conditions

A chronic – or long term – physical health condition is a health problem that requires ongoing management over a period of years or decades.

It generally is one that cannot currently be cured but can be controlled with the use of medication and/or other therapies.

Chronic physical health conditions focused on in this report include:

- Asthma
- Cancer
- Diabetes
- Epilepsy
- High blood pressure

### CIS-R (Clinical Interview Schedule – Revised)

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 disorder (CMD) 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 CMD. A score of 12 or more indicates the presence of significant symptoms of CMD warranting clinical recognition, while a score of 18 or more indicates symptoms of a level likely to require intervention. Diagnoses of six specific CMD 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.

The six categories of CMD are:

- Generalised anxiety disorder (GAD)
- Depressive episode (mild, moderate or severe)
- Phobias
CIS-R (Clinical Interview Schedule – Revised)  
*continued*  

<table>
<thead>
<tr>
<th>Common mental disorders (CMDs) symptoms</th>
<th>The CIS-R comprises 14 sections, each covering a particular symptom of CMD as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Somatic symptoms</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Fatigue</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Concentration and forgetfulness</strong></td>
<td>this 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.</td>
</tr>
<tr>
<td><strong>Sleep problems</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Irritability</strong></td>
<td>is associated with feeling short tempered and angry to the extent that it results in arguments or quarrels.</td>
</tr>
</tbody>
</table>
Common mental disorders (CMDs) symptoms continued

- **Worry about physical health** this 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.

- **Depression** 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.

- **Depressive ideas** are characterised by loss of self-esteem and ideas of worthlessness or guilt. Suicidal thoughts are common.

- **Worry** is associated with a persistent feeling of worry about things (other than physical health).

- **Anxiety** 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.

- **Phobias** 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.

- **Panic** 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.

- **Compulsions** are repetitive, purposeful and ritualistic behaviours or mental acts, performed in response to obsessive intrusion and to a set of rigidly prescribed rules.

- **Obsessions** are defined as recurrent and persistent thoughts, impulses or images that are intrusive and inappropriate and cause anxiety or distress.
| Common mental disorders (CMDs) symptoms continued | Symptoms of CMD are not reported on separately in the APMS 2014 report, but are included in the archived dataset. Also see common mental disorders and CIS-R (Clinical Interview Schedule – Revised). |
| Community care services | Community care services included use of the following in the past year: a psychiatrist, psychologist, community psychiatric nurse, community learning difficulty nurse, other nursing services, social worker, self-help/support group, home help/homecare worker or outreach worker. |
| 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 only. |
| Current treatment for mental or emotional problem | Current treatment for a mental or emotional problem included currently receiving any psychoactive medication, counselling or talking 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, sheltered workshop and other nursing services in the past year. |
| Depot injection | When antipsychotic medication is given by injections on a monthly basis, these are sometimes termed depot injections. |
| Depressive symptoms | Depressive symptoms include low mood and loss of interest and enjoyment in ordinary things and experiences. |
| Drug dependence | 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: |
| • Preoccupation with substance use |
| • A sense of need or dependence |
| • Impaired capacity to control substance-taking behaviour |
Drug dependence continued

- Increased tolerance
- Withdrawal symptoms, and
- Persistent substance use despite evidence of harm.

DSM (Diagnostic and Statistical Manual of Mental Disorders) The Diagnostic and Statistical Manual of Mental Disorders is a manual produced by the American Psychiatric Association that categorises currently recognised mental health disorders. While DSM-5 has since been released, DSM-IV was in place when APMS 2014 was in development, and where survey measures operational DSM criteria, they tend to draw on DSM-IV.

Economic activity/employment status

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.

*Employed*

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.

*Unemployed people*

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

The ‘economically inactive’ group includes students, and those looking after the home, long term sick or disabled, or retired.

Most of the analyses based on employment status in the report are based on those aged 16 to 64.

Equivalised household income

Making precise estimates of household income, as is done for example in the Family Resources Survey, 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.

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. 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 2014. The method used in the present report uses the McClements scoring system, described below.

1. 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:
   - First adult 0.61
   - Spouse/partner 0.39
   - Other second adult 0.46
   - Third adult 0.42
   - Subsequent adults 0.36
   - Dependant aged 0–1 0.09
   - Dependant aged 2–4 0.18
2. 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.

3. This equivalised annual income was attributed to all members of the household, including children.

4. 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:

   - Lowest quintile <£12,999
   - 2nd quintile >=£12,999 <£20,279
   - 3rd quintile >=£20,279 < £31,666
   - 4th quintile >=£31,666 <£52,499
   - Highest quintile >=£52,499.

5. 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.

<table>
<thead>
<tr>
<th>Equivalised household income continued</th>
<th>Dependant aged 5–7 0.21</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dependant aged 8–10 0.23</td>
</tr>
<tr>
<td></td>
<td>Dependant aged 11–12 0.25</td>
</tr>
<tr>
<td></td>
<td>Dependant aged 13–15 0.27</td>
</tr>
<tr>
<td></td>
<td>Dependant aged 16+ 0.36</td>
</tr>
</tbody>
</table>
Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
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</thead>
<tbody>
<tr>
<td>Ethnic group was classified according to the latest ONS's harmonised format:</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>English/Welsh/Scottish/Northern Irish/British</td>
</tr>
<tr>
<td>Irish</td>
</tr>
<tr>
<td>Gypsy or Irish Traveller</td>
</tr>
<tr>
<td>Any other White background, please describe</td>
</tr>
<tr>
<td>Mixed/Multiple ethnic groups</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
</tr>
<tr>
<td>White and Black African</td>
</tr>
<tr>
<td>White and Asian</td>
</tr>
<tr>
<td>Any other Mixed/Multiple ethnic background</td>
</tr>
<tr>
<td>Asian/Asian British</td>
</tr>
<tr>
<td>Indian</td>
</tr>
<tr>
<td>Pakistani</td>
</tr>
<tr>
<td>Bangladeshi</td>
</tr>
<tr>
<td>Chinese</td>
</tr>
<tr>
<td>Any other Asian background</td>
</tr>
<tr>
<td>Black/African/Caribbean/Black British</td>
</tr>
<tr>
<td>African</td>
</tr>
<tr>
<td>Caribbean</td>
</tr>
<tr>
<td>Any other Black/African/Caribbean background</td>
</tr>
<tr>
<td>Other ethnic group</td>
</tr>
<tr>
<td>Arab</td>
</tr>
<tr>
<td>Any other ethnic group, please describe</td>
</tr>
</tbody>
</table>

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’.

Harmful alcohol use

A pattern of alcohol consumption that causes mental or physical damage.

Also see alcohol dependence and hazardous alcohol use.
**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 **alcohol dependence** and **harmful alcohol use**.

**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 and 2014 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.

- Cancer
- Diabetes
- Epilepsy/fits
- Migraine or frequent headaches
- Dementia or Alzheimer’s disease
- Anxiety, depression or other mental health issue
- Cataracts/eyesight problems
- Ear/hearing problems
- Stroke
- Heart attack/angina
- High blood pressure
- Bronchitis/emphysema
- Asthma
### Health conditions

- Allergies
- Stomach ulcer or other digestive problems
- Liver problems
- Bowel/colon problems
- Bladder problems/incontinence
- Arthritis
- Bone, back, joint or muscle problems
- Infectious disease
- Skin problems
- Other

### Household structure

Information is collected from participants about who else is living in the household with them. This is used to derive a classification of household type. The following groupings are used in the report:

- 1 adult 16–59, no child
- 2 adults 16–59, no child
- Small family (1 or 2 adults and 1 or 2 children)
- Large family (1 or more adults and 3 or more children)
- Large adult household (3 or more adults)
- 2 adults one or both 60+, no child
- 1 adult 60+, no child

### 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 Organisation (WHO).

### Medications

Current use of specific psychotropic medications was asked about using a series of showcards. These included all the most commonly prescribed preparations used in the treatment of mental health problems. Both generic and brand names were shown. 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.
### Medications used in the treatment of:

#### Anxiety
- Amitriptyline
- Buspirone
- Citalopram
- Clomipramine
- Diazepam
- Escitalopram
- Fluoxetine
- Flupentixol
- Gabapentin
- Levemepromazine
- Lorazepam
- Oxazepam
- Paroxetine
- Pregabalin
- Promazine
- Sertraline
- Venlafaxine

#### Bipolar disorder
- Aripiprazole
- Carbamazepine
- Haloperidol
- Lamotrigine
- Lithium
- Olanzapine
- Paliperidone
- Quetiapine
- Risperidone
- Valproate
- Zuclopenthixol

#### Depression
- Agomelatine
- Amitriptyline
- Citalopram
- Clomipramine
- Dosulepin
- Duloxetine
- Escitalopram
- Fluoxetine
- Flupentixol
- Fluvoxamine
- Imipramine
- Lamotrigine
- Lithium
- Lofepramine
- Mianserin
- Mirtazapine
- Moclobemide
- Nortriptyline
- Paroxetine
- Phenelzine
- Reboxetine
- Sertraline
- Tranylcypromine
- Trazodone
- Trimipramine
- Tryptophan
- Venlafaxine

#### ADHD
- Atomoxetine
- Methylphenidate
### Medications

**Sleep problems**
- Melatonin
- Nitrazepam
- Oxazepam
- Zaleplon
- Zolpidem
- Zopiclone
- Temazepam

**Psychosis**
- Amisulpride
- Aripiprazole
- Chlorpromazine
- Clopixol (Zuclopentixol decanoate)
- Clozapine
- Depixol (Flupentixol decanoate)
- Flupentixol
- Haldol (Haloperidol decanoate)
- Haloperidol
- Levemepromazine
- Modecate (Fluphenazine decanoate)
- Olanzapine
- Paliperidone
- Promazine
- Quetiapine
- Risperdal Consta (Risperidone long-acting injection)
- Risperidone
- Sulpiride
- Trifluoperazine
- Zuclopentixol

In addition, medications used to treat the following conditions were also asked about:

**Substance dependence**
- Acamprosate
- Buprenorphine
- Chlordiazepoxide
- Diazepam
- Methadone
- Naltrexone

**Epilepsy**
- Carbamazepine
- Lamotrigine
- Levetiracetam
- Pregabalin
- Valproate

**Dementia**
- Donepezil
- Galantamine
- Rivastigmine
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Percentile</td>
<td>The value of a distribution which partitions the cases into groups of a specified size. For example, the 20th percentile is the value of the distribution where 20 per cent of the cases have values below the 20th percentile and 80 percent have values above it. The 50th percentile is the median.</td>
</tr>
<tr>
<td>Personality disorder</td>
<td>Personality disorder is ‘an enduring pattern of inner experience and behaviour that deviates markedly from the expectation of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early childhood, is stable over time, and leads to distress or impairment’ (American Psychiatric Association, 1994). Two types of personality disorder were investigated: antisocial personality disorder (ASPD) and borderline personality disorder (BPD). Also see <strong>antisocial (ASPD)</strong> and <strong>borderline personality disorder (BPD)</strong>.</td>
</tr>
<tr>
<td>Psychiatric morbidity</td>
<td>The expression ‘psychiatric morbidity’ refers to the degree or extent of the prevalence of mental health problems within a defined area.</td>
</tr>
<tr>
<td>Psychotic disorder</td>
<td>These are disorders that produce disturbances in thinking and perception that are severe enough to distort the person’s perception of the world and their relationship to events within it. Psychoses are normally divided into two groups: organic psychoses, such as dementia and Alzheimer’s disease, and functional psychoses, which mainly cover schizophrenia and affective psychosis. The disorders discussed in Chapter 5 are based on the World Health Organisation’s International Classification of Diseases chapter on Mental and Behavioural Disorders (ICD-10) Diagnostic Criteria for Research (DCR) and consist mainly of two types: Schizophrenia and affective psychosis.</td>
</tr>
<tr>
<td>Psychotic disorder</td>
<td>Two measures of psychosis are presented in the chapter: ‘probable psychotic disorder’ (consistent with the approach used in the 2000 and 2007 surveys) and ‘psychotic disorder’. These are defined in Section 5.2 in Chapter 5.</td>
</tr>
<tr>
<td>-------------------</td>
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<tr>
<td>Posttraumatic stress disorder</td>
<td>Posttraumatic stress disorder (PTSD) is distinct from other psychiatric illnesses in that its diagnosis requires exposure to a traumatic stressor (being actually involved in, witnessing or confronted with life endangerment, death, serious injury or threat to self or others) which is accompanied by feelings of intense fear, horror, or helplessness. Also see PTSD-CL and Trauma.</td>
</tr>
</tbody>
</table>
| PTSD-CL | 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:  
- Testing individuals for possible PTSD  
- Aiding in diagnostic assessment of PTSD  
- Monitoring change in PTSD symptoms  
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. The measure is described more fully in Chapter 4. |
<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&lt;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. |</p>
<table>
<thead>
<tr>
<th>Region</th>
<th>Tables within chapters provide data for regional analysis based on former Government Office Regions. Few disorders 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAPAS (Standardised Assessment of Personality – Abbreviated Scale)</strong></td>
<td>The Standardised Assessment of Personality – Abbreviated Scale (SAPAS) is a screening questionnaire consisting of eight dichotomously rated items designed to screen for personality disorder.</td>
</tr>
<tr>
<td><strong>SCAN (Schedule for Clinical Assessment in Neuropsychiatry)</strong></td>
<td>Schedule for Clinical Assessment in Neuropsychiatry version 2.1 (SCAN), a semi-structured interview that provides ICD-10 diagnoses of psychotic disorder.</td>
</tr>
<tr>
<td><strong>SCID-II (Structured Clinical Interview for DSM-IV)</strong></td>
<td>APMS adopts the DSM-IV classification of personality disorder and uses the Structured Clinical Interview for DSM-IV (SCID-II). 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 2014. This was used alongside the SAPAS.</td>
</tr>
<tr>
<td><strong>Screening</strong></td>
<td>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).</td>
</tr>
<tr>
<td><strong>Self-harm</strong></td>
<td>The definition of self-harm used on APMS refers to self-harming without suicidal intention and includes acts such as cutting, burning, swallowing, and other self-inflicted injuries.</td>
</tr>
<tr>
<td><strong>Standardisation</strong></td>
<td>In this report, standardisation refers to standardisation (or ‘adjustment’) by age (see age-standardisation).</td>
</tr>
<tr>
<td><strong>Suicidal behaviour</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
Trauma

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.

Also see PTSD (posttraumatic stress disorder) and PTSD-CL (Post-traumatic Stress Disorder – Check List Questionnaire).

Treatment

See current treatment for a mental or emotional problem.

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).

WEMWBS (Warwick-Edinburgh Mental Well-being Scale) The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed to enable the monitoring of mental wellbeing in the general population.

WEMWBS is a 14-item scale with 5 response categories, summed to provide a single score ranging from 14–70. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing.