



**Mental Health in Focus:**  
A profile of mental health and wellbeing in Greater Glasgow & Clyde

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# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 1. Executive Summary

### Background

Since its establishment, the Glasgow Centre for Population Health (GCPH) has produced a number of significant reports as part of its observatory function. These include *Let Glasgow Flourish*, the *Community Health and Wellbeing Profiles*, *The Aftershock of Deindustrialisation* and the 'Three Cities' analyses, as well as reports of commissioned research comparing health behaviours and outcomes in Glasgow with the rest of Scotland. Recent developments, including *Understanding Glasgow*, have sought to make public health information widely available and accessible, and to encourage understanding of the interrelationships between different determinants of the city's health.

Although most of these outputs have included reference to mental health and wellbeing, none have considered these issues in depth. This is partly because the concepts are more disputed, partly because the outcomes are arguably more complex to measure, and partly because the relevant data are more dispersed. However, the establishment of the national adult mental health indicators, developed by NHS Health Scotland<sup>1</sup>, together with a growing policy awareness of the need to attend to mental health as a population health issue, created a climate of opportunity to look systematically and in detail at the mental health and wellbeing profile of Greater Glasgow & Clyde (GG&C).

Using the national mental health indicators as a framework, this report draws on a range of local and national administrative and survey data sources to describe the mental health and wellbeing of the population of Greater Glasgow & Clyde. A set of 51 indicators, within 14 domains (Table ES.1) have been analysed. Wherever possible, the indicators were analysed by sex, age, area deprivation (SIMD quintiles) and geographical area (GG&C vs. rest of Scotland, local authority and neighbourhood).

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<sup>1</sup>Parkinson J. *Establishing a core set of national, sustainable mental health indicators for adults in Scotland: Final report*. NHS Health Scotland, 2007.

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 1. Executive Summary

Table ES.1: Domains (**in bold**) and indicators used to describe the mental health and wellbeing of GG&C

High level mental health outcomes	Contextual factors		
	Individual	Community	Structural
<p><b>Positive mental health</b></p> <ul style="list-style-type: none"> <li>- Positive mental health (Warwick-Edinburgh Mental Wellbeing Scale)<sup>i</sup></li> <li>- Life satisfaction</li> </ul> <p><b>Mental health problems</b></p> <ul style="list-style-type: none"> <li>- Common mental health problems (GHQ-12)</li> <li>- Depression</li> <li>- Anxiety</li> <li>- Alcohol dependency</li> <li>- Mental health related drug deaths</li> <li>- Mental health related alcohol deaths</li> <li>- Suicides</li> <li>- Psychosis</li> <li>- Psychiatric inpatient discharges</li> </ul>	<p><b>Learning and development</b></p> <ul style="list-style-type: none"> <li>- Adult learning</li> </ul> <p><b>Healthy living</b></p> <ul style="list-style-type: none"> <li>- Physical activity</li> <li>- Healthy eating</li> <li>- Alcohol consumption</li> <li>- Drug use</li> </ul> <p><b>General health</b></p> <ul style="list-style-type: none"> <li>- Self-reported health</li> <li>- Long-standing physical condition or disability</li> <li>- Limiting long-standing physical condition or disability</li> </ul>	<p><b>Community participation</b></p> <ul style="list-style-type: none"> <li>- Volunteering</li> <li>- Involvement in local community</li> <li>- Influencing local decisions</li> </ul> <p><b>Social networks and support</b></p> <ul style="list-style-type: none"> <li>- Social contact</li> <li>- Social support</li> <li>- Caring</li> </ul> <p><b>Community safety and trust</b></p> <ul style="list-style-type: none"> <li>- General trust</li> <li>- Neighbourhood trust</li> <li>- Neighbourhood safety</li> <li>- Home safety</li> <li>- Perception of local crime</li> <li>- Non-violent neighbourhood crime</li> </ul>	<p><b>Social inclusion</b></p> <ul style="list-style-type: none"> <li>- Worklessness</li> <li>- Education</li> </ul> <p><b>Discrimination</b></p> <ul style="list-style-type: none"> <li>- Victim of discrimination</li> <li>- Perception of racial discrimination</li> <li>- Victim of harassment</li> </ul> <p><b>Financial security</b></p> <ul style="list-style-type: none"> <li>- Financial management</li> <li>- Financial inclusion</li> </ul> <p><b>Physical environment</b></p> <ul style="list-style-type: none"> <li>- Neighbourhood satisfaction</li> <li>- Noise</li> <li>- Greenspace</li> <li>- House condition</li> <li>- Overcrowding</li> </ul> <p><b>Working life</b></p> <ul style="list-style-type: none"> <li>- Stress</li> <li>- Work-life balance</li> <li>- Working life demands</li> <li>- Working life control</li> <li>- Manager support</li> <li>- Colleague support</li> </ul> <p><b>Violence</b></p> <ul style="list-style-type: none"> <li>- Partner abuse</li> <li>- Neighbourhood violence</li> </ul>

<sup>i</sup> WEMWBS: is the Warwick-Edinburgh Mental Wellbeing Scale, a 14-item, positively worded, self-completed questionnaire covering most aspects of positive mental health known at the time of development.

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 1. Executive Summary

### Findings

Stark inequalities in mental health and wellbeing persist in GG&C, although patterns are beginning to emerge in these inequalities which will guide future action to reduce them.

### Emerging trends by population

#### In Greater Glasgow & Clyde:

Across practically all the indicators examined, GG&C performed less well than Scotland as a whole, this was particularly notable for depression, anxiety, the drug-related indicators and violence.

Section 3

Men in GG&C showed a different association with drugs and alcohol compared with their counterparts in the rest of Scotland.

Section 3 & 6

#### Inequalities by sex:

Men had particularly poor outcomes on the violence indicators.

Section 4

The high levels of anxiety seen in GG&C were largely driven by disproportionately high levels of anxiety in men.

Section 8:  
Indicator 5

Conversely, the high levels of depression seen in GG&C were largely driven by disproportionately high levels of depression in women.

Section 8:  
Indicator 4

#### Inequalities by area deprivation:

The largest inequalities by area deprivation were seen for mental health related drug and alcohol deaths and suicides (18-fold, 7.5-fold and 3.7-fold differences between the most and least deprived quintiles, respectively).

Section 5

Inequalities in the contextual indicators were generally smaller than for the high level mental health outcomes, although large inequalities were seen for worklessness and violence (4- to 6-fold differences seen between the most and least deprived quintiles).

Section 5

Inequalities across area deprivation increased substantially with the severity of the outcome for both alcohol and drug-related indicators.

Section 5

## Section 1. Executive Summary

### **Inequalities by age:**

Older adults had worse outcomes than younger adults for anxiety and depression, and in the general health domain.

Section 6

Across a number of indicators the mental and physical health of older adults in GG&C deteriorated faster than their counterparts in the rest of Scotland.

Section 6

Young adults had much worse outcomes for the drug, alcohol and violence indicators; this was particularly true of young men.

Section 6

### **Inequalities by geography:**

Large differences in mental health and wellbeing were seen across local authorities in GG&C, largely reflecting the variation in deprivation.

Section 7

Large variations in both the high level mental health outcomes and contextual indicators were seen across the small areas within GG&C; with persistently poor mental health in some small geographical areas.

Available on-line

## **Emerging trends by domain**

### **Positive mental health:**

Positive mental health varied little across populations, in stark contrast to the substantial variation in mental health problems.

Indicators 1 & 2

### **Healthy living & general health:**

Only the minority of those living in GG&C or Scotland achieved a healthy lifestyle.

Indicators 21 to 24

There was a substantial burden of physical ill-health in both GG&C and Scotland.

Indicators 27 & 28

### **Community participation:**

There was a low level of community participation across the population.

Indicators 30 & 32

### **Community safety and trust**

At a population level, feelings of safety were not related to risk: women and the elderly were less likely to feel safe than young males, although young males were most likely to be the victims of crime.

Indicators 38 to 41, 61

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 1. Executive Summary

### Conclusions

These findings highlight stark inequalities in mental health and wellbeing and demonstrate that across almost all of the indicators examined, GG&C performs less well than Scotland as a whole. The specific challenges relating to drug and alcohol misuse stand out – particularly in relation to young men. The pervasive effects of poverty and deprivation are once again crystal clear.

The report represents an important new resource which will enable a focus to be placed on mental health and wellbeing planning and prioritisation. The challenge for a range of local and national organisations, including government, will be how to take actions to address the behavioural, cultural and poverty related problems and inequalities that are highlighted.





## Section 2. Introduction

**Mental Health in Focus:**  
A profile of mental health and wellbeing in Greater Glasgow & Clyde



In this introduction a brief description is given of what mental health and wellbeing means before summarising the policy context around mental health. Some background to the Greater Glasgow & Clyde (GG&C) region is given to provide the context in which to interpret the findings. Finally, the aims of the report, details of the indicator framework and notes for interpreting the findings are described.

## Mental health and wellbeing

A two dimension model of mental health identifies that mental health consists of both mental wellbeing and mental ill-health, with mental wellbeing encompassing emotional, social and psychological wellbeing. Good mental health is a constituent of good health. It is a resource, enabling individuals to realise their potential, fulfil their roles and cope with adversity<sup>1</sup>. Good mental health goes further than the absence of mental ill-health and is an attribute of both the individual and the population.

The mental health and wellbeing of an individual is influenced by many factors at many levels from the structural (e.g. discrimination, financial insecurity), to the community level (e.g. social support, physical safety) and the individual (e.g. personal experiences), with biological factors also playing a part. It is becoming recognised that the drivers of mental ill-health are not always the same drivers as those for mental wellbeing; in that a trait or factor can be a driver for mental wellbeing but the absence of that factor may not be a driver for mental ill-health. For example, women are more at risk of common mental health disorders such as anxiety and depression, but conversely, there appears to be little gender effect on mental wellbeing<sup>2</sup>.

Inequalities exist in mental health: different populations have an unequal potential for obtaining and maintaining positive mental health due to the unequal distribution of economic and social resources<sup>3</sup>. Deprivation, gender, ethnicity, sexual orientation, disability and age are all known to be associated with inequalities in mental health. The interconnectedness of mental health and wellbeing with practically all aspects of an individual's life has the potential to result in the compounding of inequalities. For example, inequity in the individual domain, such as making healthy life choices, can be further compounded by inequity in the community-related factors, such as neighbourhood safety and community empowerment, which can additionally be compounded by structural inequity, such as social exclusion.

## Policy context

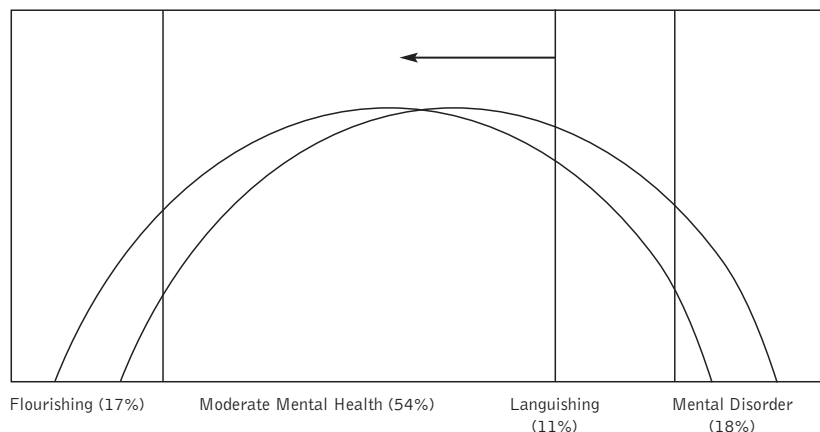
Mental health policy has traditionally been dominated by a focus on mental health problems and mental health services. There has been a long-overdue shift in attention in recent years away from focusing solely on health care services for those with mental health problems, towards addressing population mental health and wellbeing. Small shifts in the population mental health distribution (see Figure S2.1) can produce disproportionately large reductions in the proportion of the population living with mental health conditions<sup>4</sup>, and, additionally, is more sustainable. This move also recognises the importance of mental wellbeing, and not just the absence of mental ill-health, to the individual and to the overall population.

Achieving the necessary shift in population mental health will depend not on a series of discrete interventions but rather a policy sea change that recognises the impact of many aspects of our society on the mental health and wellbeing of individuals and communities<sup>4</sup>.

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 2. Introduction

Figure S2.1: Population distribution of mental health



**Source:** Taken from *Mental health, resilience and inequalities*, Dr Lynne Friedli, WHO 2009. Adapted from Huppert 2005; prevalence data on which this figure is based are from Keyes 2005 (USA data).

The European Union's 2005 strategy for improving mental health of the population<sup>1</sup> recognised the need to address population mental health. It was acknowledged that targeting health care services, although important, can only play a minor part in addressing and influencing population mental health. The Scottish Government, in turn, identified that improvement in Scotland's mental health was vital for the improvement of the population's health and for reducing inequalities<sup>5</sup>. As part of the Scottish Government's drive for health improvement the *National Programme for Improving Mental Health and Wellbeing* (National Programme) was established in 2001. The proposed direction of the National Programme included the promotion and improvement of mental health together with the prevention of mental health problems. Importantly, also included was the need to support improvements in broader quality of life aspects for individuals with mental health problems<sup>6</sup>. To enable the national monitoring of mental health and wellbeing, the National Programme commissioned NHS Health Scotland to develop a set of sustainable mental health indicators<sup>7</sup>. Consistent with the focus of the National Programme, the mental health indicator set comprises a broad set of indicators covering a broad range of domains; mental wellbeing as well as mental ill-health is included, together with a comprehensive set of contextual factors known to be associated with mental health and wellbeing.

## Regional focus

It has become increasingly apparent that substantial inequalities in health exist within the West of Scotland and particularly in and around Greater Glasgow. Work from the Glasgow Centre for Population Health's (GCPH) observatory function has identified large inequalities across area deprivation in suicides, psychiatric admissions to hospitals and alcohol and drug-related factors<sup>8-9</sup> as well as other health outcomes.

However the focus of these reports was broad and not specific to mental health and so the mental health picture for the region has remained incomplete. Many factors have not been fully described and those that have are available in a disparate range of sources. This report aims to present a more complete picture of mental health in GG&C.

### Background to Greater Glasgow & Clyde

Glasgow and the surrounding areas have high levels of deprivation. Within GG&C 21% of the population live in income deprivation and within the Glasgow City the figure rises to 26%, compared with 16% in Scotland as a whole. In addition, deprivation in the region is enduring with the most deprived areas remaining deprived for generations despite recent relative improvements in the position of many areas across Glasgow (SIMD 2009).

That said, to fully understand the mental health environment in GG&C it is important to go beyond deprivation. A body of data is building up showing that the poor health outcomes, both physical and mental, in Glasgow and the West of Scotland, are not fully explained by the socio-economic status<sup>10</sup> or area deprivation<sup>11</sup> – the so called 'Glasgow Effect'. When comparisons have been made between Glasgow and equally deprived cities in England, Glasgow continues to have higher mortality rates. Similar findings have been seen when comparing the West of Scotland with similarly deprived, post-industrial regions in mainland Europe<sup>12</sup>.

Recent history has also had a part in shaping the region, its culture and the current residents. The effects of industrialisation and deindustrialisation continue to be felt; areas affected by closing industries continue to have worklessness enduring across generations and the cycles of housing regeneration that stemmed from the overcrowding continue, with mixed results.

The region undoubtedly has its own cultural identity – providing a positive but also a negative influence. Problems related to alcohol, violence and sectarianism are enduring and pervasive. More recently drug-related problems have become prominent in the region.

### NHS reorganisation in Greater Glasgow & Clyde

In 2006, parts of NHS Argyll and Clyde were merged with NHS Greater Glasgow, which became NHS Greater Glasgow & Clyde. Management of community services, including community mental health services, was devolved to ten Community Health (& Care) Partnerships (CHPs/CH(C)Ps)<sup>1</sup>. In 2010 the five Glasgow City CH(C)Ps merged to become a single Glasgow City CHP.

From 2006 to 2011, in GG&C, strategic planning for adult mental health services and health improvement and management of inpatient and specialist services was located within the GG&C Mental Health Partnership. These functions continue to be undertaken on a GG&C wide basis, but the Mental Health Partnership has been dissolved as a separate organisational body and the GG&C wide functions are now managed by the Director of the Glasgow City CHP.

Prior to 2006, adult mental health services in Greater Glasgow & Clyde were at very different stages of development with a radically different balance of care; the Clyde services were more inpatient dominated with relatively underdeveloped community services. Following the implementation of the Clyde adult mental health strategy the gap between the Greater Glasgow and the Clyde services substantially narrowed leading to a broadly similar balance of care, dominated by care in community settings underpinned by access to inpatient support when required.

<sup>1</sup>Inverclyde, Renfrewshire, Glasgow South West, Glasgow South East, Glasgow North, Glasgow West, Glasgow East, West Dunbartonshire, East Dunbartonshire, East Renfrewshire.



# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 2. Introduction

### Aim of the report

The aim of this report is to describe the mental health and wellbeing of the NHS Greater Glasgow & Clyde region and its sub-regions and to support those working in GG&C to find locally-relevant solutions. As part of this, we hope the information will stimulate debate around our aspirations for mental wellbeing in the area and how best to achieve them.

The report has been structured to be useful to a variety of audiences. The findings have been distilled into separate stand-alone summaries describing:

- Inequalities in GG&C (Section 3)
- Inequalities by sex (Section 4)
- Inequalities by area deprivation (Section 5)
- Inequalities by age (Section 6)
- Inequalities across geographical areas (profiles, Section 7)

The analysis of all 51 indicators is also available across the sub-populations (Section 8).

### Indicator framework

This report uses data from 51 separate adult indicators within 14 domains to describe mental health and wellbeing in GG&C (Figure S2.2). The indicators used are based on the national set of mental health indicators developed by NHS Health Scotland<sup>7,13</sup>.

The indicators presented here differ from the national set of mental health indicators in several ways:

(1) Some indicators could not be presented, either because data were not available or were only available at national level (see Table S2.2 legend).

(2) New indicators were included, or existing indicators augmented, where additional local data were available or where the additional data allowed analysis of smaller geographies within GG&C.

## Section 2. Introduction

Table S2.2: Domains (**in bold**) and indicators used as basis for describing the mental health and wellbeing of GG&C

High level mental health outcomes	Contextual factors		
	Individual	Community	Structural
<p><b>Positive mental health</b></p> <ul style="list-style-type: none"> <li>- Positive mental health (Warwick-Edinburgh Mental Wellbeing Scale)<sup>i</sup></li> <li>- Life satisfaction</li> </ul> <p><b>Mental health problems</b></p> <ul style="list-style-type: none"> <li>- Common mental health problems (GHQ-12)</li> <li>- Depression<sup>§</sup></li> <li>- Anxiety</li> <li>- Alcohol dependency</li> <li>- Mental health related drug deaths</li> <li>- Mental health related alcohol deaths<sup>New</sup></li> <li>- Suicides</li> <li>- Psychosis<sup>New</sup></li> <li>- Psychiatric inpatient discharges<sup>New</sup></li> </ul>	<p><b>Learning and development</b></p> <ul style="list-style-type: none"> <li>- Adult learning</li> </ul> <p><b>Healthy living</b></p> <ul style="list-style-type: none"> <li>- Physical activity</li> <li>- Healthy eating</li> <li>- Alcohol consumption<sup>§</sup></li> <li>- Drug use</li> </ul> <p><b>General health</b></p> <ul style="list-style-type: none"> <li>- Self-reported health</li> <li>- Long-standing physical condition or disability</li> <li>- Limiting long-standing physical condition or disability</li> </ul>	<p><b>Community participation</b></p> <ul style="list-style-type: none"> <li>- Volunteering</li> <li>- Involvement in local community</li> <li>- Influencing local decisions</li> </ul> <p><b>Social networks and support</b></p> <ul style="list-style-type: none"> <li>- Social contact</li> <li>- Social support</li> <li>- Caring</li> </ul> <p><b>Community safety and trust</b></p> <ul style="list-style-type: none"> <li>- General trust</li> <li>- Neighbourhood trust</li> <li>- Neighbourhood safety</li> <li>- Home safety</li> <li>- Perception of local crime</li> <li>- Non-violent neighbourhood crime<sup>§</sup></li> </ul>	<p><b>Social inclusion</b></p> <ul style="list-style-type: none"> <li>- Worklessness<sup>§</sup></li> <li>- Education</li> </ul> <p><b>Discrimination</b></p> <ul style="list-style-type: none"> <li>- Victim of discrimination</li> <li>- Perception of racial discrimination</li> <li>- Victim of harassment</li> </ul> <p><b>Financial security</b></p> <ul style="list-style-type: none"> <li>- Financial management</li> <li>- Financial inclusion</li> </ul> <p><b>Physical environment</b></p> <ul style="list-style-type: none"> <li>- Neighbourhood satisfaction</li> <li>- Noise</li> <li>- Greenspace</li> <li>- House condition</li> <li>- Overcrowding<sup>§</sup></li> </ul> <p><b>Working life</b></p> <ul style="list-style-type: none"> <li>- Stress</li> <li>- Work-life balance</li> <li>- Working life demands</li> <li>- Working life control</li> <li>- Manager support</li> <li>- Colleague support</li> </ul> <p><b>Violence</b></p> <ul style="list-style-type: none"> <li>- Partner abuse<sup>§</sup></li> <li>- Neighbourhood violence<sup>§</sup></li> </ul>

<sup>i</sup> WEMWBS: is the Warwick-Edinburgh Mental Wellbeing Scale, a 14-item, positively worded, self-completed questionnaire covering most aspects of positive mental health known at the time of development.

<sup>§</sup> Indicator augmented with additional data

<sup>New</sup> Additional to national mental health indicators. Mental health related alcohol deaths were included as an additional indicator because of the significant alcohol-related harm in GG&C.

The following indicators from the national mental health indicators were not included in this report because data was not available for GG&C: Deliberate self harm, Income inequality, Escape facility, Attitude to violence; Spirituality, Emotional intelligence.

## Section 2. Introduction

### Interpreting the findings

#### Methodology

Data were accessed from a range of administrative and survey sources. The indicators are described for the GG&C region, the rest of Scotland, sub-regions within GG&C, and across different population groups. Inequalities across sex, age groups, area deprivation and geographical area are identified and described. Other populations for which inequalities in mental health are known to exist include ethnic minorities, the lesbian, gay, bisexual and transgender community and those with disabilities. Data were not available to examine these groups.

For more details see the Methods (section 9).

#### Geographical area

Unless otherwise stated the NHS GG&C geographical boundaries have been used. For a minority of indicators GG&C estimates were aggregated from data from the six main local authorities in GG&C (i.e. excluding the areas in North and South Lanarkshire that are included in NHS GG&C).

#### Deprivation definition

Area deprivation was measured using the Scottish Index of Multiple Deprivation (SIMD), a deprivation score using information from seven domains: income, employment, health, education skills and training, geographic access to services, housing and crime. Geographical areas were categorised into quintiles (where a quintile is 20% of the population) based on the distribution in Scotland. Thus, those in the most deprived quintile live in an area that has a deprivation score that is in the most deprived 20% in Scotland.

#### Incomplete picture

Although this report does extend our knowledge of mental health within the region, the mental health picture remains incomplete – this set of indicators will not exhaustively describe mental health. For some areas, data are not available (e.g. emotional intelligence) and for other areas the indicators used are necessarily an imprecise proxy for the relevant factor.



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## Section 3. Inequalities in Greater Glasgow & Clyde

**Mental Health in Focus:**  
A profile of mental health and wellbeing in Greater Glasgow & Clyde





# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 3. Inequalities in Greater Glasgow & Clyde

### Key findings:

- Greater Glasgow and Clyde (GG&C) performed less well than Scotland across practically all mental health indicators, particularly depression, anxiety, mental health related drug deaths, drug use and violence.
- The population in GG&C was comparable with Scotland in terms of community participation and some aspects of social networks and support.
- Men in GG&C had a different association with drugs and alcohol compared with their counterparts in the rest of Scotland; alcohol- and drug-related harm was disproportionately high in men aged 35-55 from GG&C.
- Across several indicators women and older adults in GG&C tended to have worse outcomes than their counterparts in the rest of Scotland.
- Large inequalities were seen in many domains across the small geographic areas (neighbourhoods and intermediate zones).

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 3. Inequalities in Greater Glasgow & Clyde

### Spine chart explained

Spine chart 3.1 shows the indicator estimates for GG&C. The bars show how the GG&C estimates compare with the Scottish average. Bars extending to the left represent indicators where the GG&C population fares worse than the Scottish population and bars extending to the right, conversely, represent indicators where GG&C fares better than the Scottish population. For example, under the column entitled 'Measure' it can be seen that the mean WEMWBS score for GG&C was 50. This was 1% lower (worse) than the Scottish average. The bar chart only shows a maximum of +/-70% difference to maintain a reasonable scale on the chart. The actual difference is shown to the right of the bar chart.

In this spine chart, GG&C is compared with Scotland as a whole – for comparisons between GG&C and the rest of Scotland (i.e. Scotland excluding GG&C) see Section 8.

#### Legend

Column entitled **U** details the units of measurement:

- r** – standardised rate per 100,000;
- r1** – standardised rate per 10,000;
- r2** – crude rate per 1000 population;
- m** – mean score;
- u** – mean units of alcohol.

Column entitled **C** details where the comparison group is not the Scottish average:

- P** – PsyCIS area, which is GG&C excluding Inverclyde and Renfrewshire;
- RS** – rest of Scotland (i.e. Scotland excluding GG&C);
- G**: GG&C. Bars are not presented where comparison data for Scotland is not available.

Column entitled **Data** details where the indicator data are not from NHS GG&C.

- \*2** – NHS GG&C excluding North and South Lanarkshire;
- \*7** – PsyCIS area, which is GG&C excluding Inverclyde and Renfrewshire.

# Section 3. Inequalities in Greater Glasgow & Clyde

Spine 3.1: Mental health indicators for GG&C

GG&C																			
	Indicator	Measure	U	C	- (Worse)	Scottish Average (%)	(Better) +	Time Period	Data										
<b>High level mental health outcomes</b>					-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70
Posit MH	1	Positive mental health (WEMWBS)	50	m					-1	2008									
	2	Life satisfaction	7	m	RS				-5	2008									
Mental health problems	3	Common mental health problems (GHQ-12)	19	%					-28	2008									
	4.1	Depression (survey data)	14	%					-69	2008									
	4.2	Depression (QOF)	8	%					-1	2008/9									
	5	Anxiety	14	%					-63	2008									
	6	Alcohol dependency	14	%					-27	2008									
	7	Mental health related drug deaths	15	r					-40	2009									
	8	Mental health related alcohol deaths	8	r					-7	2007/9									
	9	Suicide	21	r					-19	2009									
	10.1	Psychosis	0.7	%	P				n/a	2005/10	*7								
	11.1	ALL Psychiatric discharges	14						-11										
	11.3	Drug induced	0.60						-20										
11.4	Alcohol induced	2.4						-20											
11.5	Mood related	4.2	r2					-14											
11.6	Schizophrenia & related	3.4						-21											
11.7	Neurotic & related	0.7						+22											
<b>Contextual Factors: Individual</b>					-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70
LD	20	Adult learning	48	%					-4	2009	*2								
Healthy living	21	Physical activity	41	%					+1	2008									
	22	Healthy eating	20	%					-9	2008									
	23	Alcohol consumption - within recommended levels	75	%					0	2008									
	24	Alcohol consumption - units on heaviest day	8	u					-11	2008									
	25	Drug use	14	%					-40	2008									
General health	26	Self-reported health	72	%					-5	2008									
	27	Long-standing physical condition or disability	34	%					+3	2008									
	28	Limiting long-standing physical condition or disability	22	%					-2	2008									
<b>Contextual factors: Community and Structural</b>					-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70
Comm. particip.	30	Volunteering	18	%					-10	2007/8									
	31	Involvement in local community	24	%					-8	2009									
	32	Influencing local decisions	20	%					-1	2009									
Social n'work & support	33	Social contact	93	%					-1	2009									
	34	Social support	86	%					-3	2009									
	35	Caring	5	%					-26	2008									
Community safety & trust	36	General trust	43	%					-8	2009									
	37	Neighbourhood trust	45	%					-21	2009									
	38	Neighbourhood safety	69	%					-10	2007/8									
	39	Home safety	96	%					0	2007/8									
	40	Perception of local crime	65	%					-14	2008									
41.1	Non-violent neighbourhood crime (survey data)	13	%					-8	2008										
Social inclusion	42.1	Worklessness (1) workless adults who want to work	11	%					-10	2009									
	42.2	Worklessness (2) Job Seeker Allowance claimants	5	%					-33	July-Sept 2010	*2								
	42.3	Worklessness (3) all mental health IB claimants	55	r2					-23	2008	*2								
	43	Education	84	%					-5	2008	*2								
Discrim.	44	Victim of discrimination	12	%					-5	2009									
	45	Perception of racial discrimination in Scotland	19	%					-18	2008									
	46	Victim of harassment	7	%					+13	2009									
FS	47	Financial management	48	%					-9	2007/8									
	48	Financial inclusion	98	%					0										
Physical environment	49	Neighbourhood satisfaction	90	%					-3	2007/8									
	50	Noise	16	%					-14	2005/8									
	51	Greenspace	70	%					-7	2007/8									
	52	House condition	82	%					-2	2005/8									
	53.1	Overcrowding (subjective)	15	%					+1										
	53.2	Overcrowding (objective)	4	%					-33	2005/8									
Working life	54	Work-related stress	17	%					-15										
	55	Work-life balance	6	m					-5										
	56	Working life demands	30	%					-20	2009									
	57	Working life control	59	%					-7										
	58	Manager support	64	%					-1										
	59	Colleague support	76	%					-4										
Violence	60.1	Partner abuse (survey data)	5	%					0	2008/9									
	60.2	Partner abuse (police recorded - single year)	64	r1	G				n/a	2009									
	61.1	Neighbourhood violence (survey data)	3	%					-50	2008/9									
	61.2	Violent crime - offenders (police recorded)	84	r1	G				n/a	2009/10									
	Violent crime - victims (police recorded)	154						n/a											

FS: Financial security; IB: incapacity benefit; LD: Learning & development

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 3. Inequalities in Greater Glasgow & Clyde

### Findings

The findings in this section are drawn from Spine 3.1 and analyses reported elsewhere in the report – see Section 8.

#### Mental health in GG&C

Across practically all indicators, the population of GG&C preformed less well than the Scottish average, particularly in relation to the **mental health problems**.

An estimated 14% of the population in GG&C scored high (2+) on a depression scale – this was 69% higher than in Scotland as a whole. Similarly, levels of anxiety were 63% higher in GG&C. Mental health related drug deaths were 40% higher than the Scottish average. The prevalence of common mental health problems (as screened for by the General Health Questionnaire-12) was 28% higher in GG&C than the Scottish average, with an estimated 19% of the population defined as having a common mental health problem.

Conversely, the **positive mental health** indicators showed little or no difference between GG&C and Scotland – life satisfaction was 5% lower in GG&C and there was no difference in WEMWBS<sup>1</sup>, a measure of positive mental health.

Is it notable that the rate of hospital admissions for a neurotic and related disorder – largely anxiety – was lower in GG&C than in Scotland as a whole. This is in contrast to the higher prevalence of anxiety in GG&C compared to Scotland. The difference between the prevalence of anxiety in the population and the treatment of anxiety in the hospital setting does not necessarily indicate under-treatment of anxiety but does suggest a different culture in GG&C regarding medical treatment and/or presentation of anxiety. This needs further exploration.

Among the indicators that describe the **contextual** situation, the estimates for GG&C were consistently worse than the Scottish average but the differences were generally smaller than for mental health problems. In GG&C, **drug use** was 40% higher and **violence** 50% higher than the Scottish average. The higher level of violence concords with the lower levels of perceived neighbourhood safety seen in GG&C compared to Scotland.

Two work-related indicators – **stress** and **working life demands** – were two of the few indicators where those from routine and manual occupations had better outcomes than those in professional and managerial occupations (see Section 8). Although a lower proportion of the GG&C population work in managerial and professional occupations compared to the rest of Scotland<sup>2</sup>, GG&C still had worse outcomes for these indicators compared to the Scottish average.

In a few domains, the estimates for GG&C were similar to the Scottish average. With the exception of drug use, the **healthy living** indicators showed little difference between GG&C and Scotland. Indeed, the levels of physical activity appeared to be increasing in GG&C faster than in the rest of Scotland. Within **community participation** and some aspects of the **social networks and support** domain GG&C was largely comparable with Scotland as a whole.

<sup>1</sup> WEMWBS: is the Warwick-Edinburgh Mental Wellbeing Scale, a 14-item, positively worded, self-completed questionnaire covering most aspects of positive mental health known at the time of development.

<sup>2</sup> 36% in GG&C v 43% in the rest of Scotland, p=0.02)





# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 3. Inequalities in Greater Glasgow & Clyde

### Emerging trends

#### Drug and alcohol problems in men in GG&C

Men in GG&C deviated in their drug and alcohol behaviour from their counterparts in the rest of Scotland, a particularly pertinent finding given the high and increasing burden of both alcohol- and drug-related harm in GG&C. For men living in regions outside GG&C association with drugs and alcohol tended to decrease with age, this was true for alcohol consumption and drug use, alcohol dependency, alcohol and drug-related hospital episodes as well as mental health related drug deaths. For men in GG&C aged 35-55 their association with both drugs and alcohol was prolonged, with any decrease in alcohol or drug-related harm occurring at a later age. Although this was not seen in all drug and alcohol indicators, it was seen for alcohol consumption, alcohol dependency, alcohol-related mental health hospital episodes and mental health related drug deaths. See Inequalities by age (section 6) for graphical representation of this trend and for separate indicator data see Section 8 (Figure 6.2, Figure 7.3, Figure 11.4.2, and Figure 23.2).

#### Worse outcomes for women and older adults in GG&C

For several indicators, women and older individuals in GG&C had worse outcomes than their counterparts in the rest of Scotland.

Older women in GG&C did not enjoy the increase in life satisfaction that generally came with advancing age (see Section 8, indicator 2). In other domains the outcomes for older individuals worsened more with age in GG&C than the rest of Scotland. This was true of self reported health, social support and incapacity benefit claiming. See Inequalities by age (section 6) for graphical representation of this trend and for separate indicator data see Section 8 (Figure 26.2, Figure 34.2a, Figure 42.3.5).

19% of women in GG&C had symptoms of depression, 124% higher than in men. This contrasted with the rest of Scotland where 8% of women had symptoms of depression which was only 50% higher than for men (see Section 8, Figure 4.1.2a).

#### Variations in mental health across small areas

Very large variations in both the 'high level mental health outcomes' and 'contextual indicators' were seen across the small areas within GG&C. Of the indicators for which data were available for small areas (see Appendix 4) the largest variation was seen for **drug-related indicators**. These large variations across small areas within GG&C demonstrate the mixed nature of GG&C, which contains some of the most, as well as some of the least, deprived areas in Scotland. For further details see Inequalities by geography (section 7).





## Section 4. Inequalities by sex

### **Mental Health in Focus:**

A profile of mental health and wellbeing in Greater Glasgow & Clyde





# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 4. Inequalities by sex

### Key findings:

- Men in GG&C had strikingly poor **alcohol- and drug-related outcomes** and their association with both drugs and alcohol was prolonged; decreases in alcohol or drug-related harm occurred at a later age in GG&C men compared to their counterparts in the rest of Scotland.
- **Violence** outcomes were worse for men: men were over 30% more likely to be a victim of a violent crime and 73% more likely to be an offender of a violent crime.
- The high levels of **anxiety** seen in GG&C were largely driven by disproportionately high levels of anxiety in men from GG&C.
- Conversely, the high levels of **depression** seen in GG&C were largely driven by disproportionately high levels of depression in women from GG&C.

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 4. Inequalities by sex

### Spine chart explained

Spine charts showing the estimates for men are presented in Spine 4.1, with estimates for women presented in Spine 4.2. The difference between the sexes, relative to the male estimate, is shown by the bars. For example, in the male spine chart all bars extending to the left represent indicators where men fare worse than women and bars extending to the right represent indicators where men fare better than women. In the column entitled 'Measure' it can be seen that there were 21 mental health related drug deaths per 100,000 population. For mental health related drug deaths the rate for men was 65% higher, or worse, than for women. The bar charts show a maximum of +/-70% difference to maintain a reasonable scale on the chart with actual difference shown to the right of the bar chart.

#### Legend

Column entitled **U** details the units of the measure:

- r** – crude rate per 100,000 population;
- r1** – standardised rate per 10,000 population;
- r2** – crude rate per 1000 population;
- m** – mean score;
- u** – mean units of alcohol.

Column entitled **C** details where the comparison group differs from that given at the top of the bar chart:

**Pm/Pf** – PsyCIS area which is GG&C excluding Inverclyde and Renfrewshire;

**Pm** – males;

**Pf** – females;

**Sm** – Scottish males;

**Sf** – Scottish females.

Column entitled **Data** details where the indicator data are not from NHS GG&C:

**\*1** – Scotland data – see column entitled 'C' for the comparison group;

**\*2** – NHS GG&C excluding North and South Lanarkshire;

**\*7** – PsyCIS area; which is GG&C excluding Inverclyde and Renfrewshire.

# Section 4. Inequalities by sex

Spine 4.1: Mental health indicators for men

GG&C Males									
	Indicator	Measure	U	C	- (Worse)	GG&C Female Average (%)	(Better)+	Time Period	Data
<b>High level mental health outcomes</b>									
Posit MH	1	Positive mental health (WEMWBS)	50	m			+2	2008	
	2	Life satisfaction	7	m			+3	2008	
Mental health problems	3	Common mental health problems (GHQ-12)	16	%			+36	2008	
	4.1	Depression (survey data)	9	%			+124	2008	
	4.2	Depression (QOF)	n/a	%			n/a	2008/9	
	5	Anxiety	14	%			-2	2008	
	6	Alcohol dependency	16	%			-25	2008	
	7	Mental health related drug deaths	21	r			-65	2009	
	8	Mental health related alcohol deaths	13	r			-71	2007/9	
	9	Suicide	30	r			-62	2009	
	10.1	Psychosis	0.9	PR			-33	2005/10	*7
	11.1	ALL Psychiatric discharges	16				-16		
	11.3	Drug induced	0.80				-63		
	11.4	Alcohol induced	3.6	r2			-61	2007/9	
	11.5	Mood related	3.3				+48		
11.6	Schizophrenia & related	4.5				-47			
11.7	Neurotic & related	0.6				+17			
<b>Contextual Factors: Individual</b>									
LD	20	Adult learning	49	%			+4	2009	*2
Healthy living	21	Physical activity	47	%			+24	2008	
	22	Healthy eating	18	%			-17	2008	
	23	Alcohol consumption - within recommended levels	70	%			-14	2008	
	24	Alcohol consumption - units on heaviest day	9	u			-26	2008	
	25	Drug use	19	%			-49	2008	
General health	26	Self-reported health	74	%			+5	2008	
	27	Long-standing physical condition or disability	32	%			+12	2008	
	28	Limiting long-standing physical condition or disability	20	%			+21	2008	
<b>Contextual factors: Community and Structural</b>									
Comm. particip.	30	Volunteering	17	%			-14	2007/8	
	31	Involvement in local community	25	%	Sr		-14	2009	*1
	32	Influencing local decisions	20	%	Sr		-3	2009	*1
Social n'work & support	33	Social contact	91	%	Sr		-7	2009	*1
	34	Social support	86	%	Sr		-4	2009	*1
	35	Caring	3	%			+103	2008	
Community safety & trust	36	General trust	47	%	Sr		+1	2009	*1
	37	Neighbourhood trust	57	%	Sr		-2	2009	*1
	38	Neighbourhood safety	80	%			+28	2007/8	
	39	Home safety	98	%			+4	2007/8	
	40	Perception of local crime	65	%			0	2008	
41.1	Non-violent neighbourhood crime (survey data)	12	%	Sr		0	2008	*1	
Social inclusion	42.1	Worklessness (1) workless adults who want to work	13	%			-18	2009	
	42.2	Worklessness (2) Job Seeker Allowance claimants	8	%			-63	July-Sept 2010	*2
	42.3	Worklessness (3) all mental health IB claimants	61	r2			-20	2008	*2
	43	Education	86	%			+4	2008	*2
Discrim.	44	Victim of discrimination	11	%	Sr		+8	2009	*1
	45	Perception of racial discrimination in Scotland	16	%			+30	2008	
	46	Victim of harassment	8	%	Sr		-11	2009	*1
FS	47	Financial management	n/a	%			n/a	2007/8	
	48	Financial inclusion	n/a	%			n/a		
Physical environment	49	Neighbourhood satisfaction	89	%			-1	2007/8	
	50	Noise	15	%			+14	2005/8	
	51	Greenspace	73	%			+7	2007/8	
	52	House condition	83	%			+3	2005/8	
	53.1	Overcrowding (subjective)	14	%			+9	2005/8	
	53.2	Overcrowding (objective)	4	%			0		
Working life	54	Work-related stress	13	%			+24		
	55	Work-life balance	6	m			-3		
	56	Working life demands	25	%			0	2009	*1
	57	Working life control	63	%			0		
	58	Manager support	60	%			-17		
	59	Colleague support	77	%	Sr		-5		
Violence	60.1	Partner abuse (survey data)	5	%	Sr		0	2008/9	*1
	60.2	Partner abuse (police recorded - single year)	30	r1			+227	2009	
	61.1	Neighbourhood violence (survey data)	3	%	Sr		-33	2008/9	*1
	61.2	Violent crime - offenders (police recorded)	132	r1			-73		
	61.2	Violent crime - victims (police recorded)	181				-29	2009/10	

FS: Financial security; IB: incapacity benefit; LD: Learning & development; See also the 'Spine chart explained' box

# Section 4. Inequalities by sex

Spine 4.2: Mental health indicators for women

GG&C Females									
	Indicator	Measure	U	C	- (Worse)	GG&C Male Average (%)	(Better) +	Time Period	Data
<b>High level mental health outcomes</b>									
Posit MH	1	Positive mental health (WEMWBS)	49	m				-2	2008
	2	Life satisfaction	7	m				-3	2008
Mental health problems	3	Common mental health problems (GHQ-12)	22	%				-36	2008
	4.1	Depression (survey data)	19	%				-124	2008
	4.2	Depression (QOF)	n/a	%				n/a	2008/9
	5	Anxiety	14	%				+2	2008
	6	Alcohol dependency	12	%				+25	2008
	7	Mental health related drug deaths	8	r				+65	2009
	8	Mental health related alcohol deaths	4	r				+71	2007/9
	9	Suicide	11	r				+62	2009
	10.1	Psychosis	0.6	%	Pm			+33	2005/10
	11.1	ALL Psychiatric discharges	13					+16	
	11.3	Drug induced	0.30		r2			+63	
11.4	Alcohol induced	1.4					+61	2007/9	
11.5	Mood related	4.9					-48		
11.6	Schizophrenia & related	2.4					+47		
11.7	Neurotic & related	0.7					-17		
<b>Contextual Factors: Individual</b>									
LD	20	Adult learning	47	%				-4	2009
Healthy living	21	Physical activity	35	%				-24	2008
	22	Healthy eating	21	%				+17	2008
	23	Alcohol consumption - within recommended levels	80	%				+14	2008
	24	Alcohol consumption - units on heaviest day	7	u				+26	2008
	25	Drug use	10	%				+49	2008
General health	26	Self-reported health	70	%				-5	2008
	27	Long-standing physical condition or disability	36	%				-12	2008
	28	Limiting long-standing physical condition or disability	24	%				-21	2008
<b>Contextual factors: Community and Structural</b>									
Comm. particip.	30	Volunteering	19	%				+14	2007/8
	31	Involvement in local community	28	%	Sm			+14	2009
	32	Influencing local decisions	21	%	Sm			+3	2009
Social n'work & support	33	Social contact	97	%	Sm			+7	2009
	34	Social support	90	%	Sm			+4	2009
	35	Caring	6	%				-103	2008
Community safety & trust	36	General trust	46	%	Sm			-1	2009
	37	Neighbourhood trust	58	%	Sm			+2	2009
	38	Neighbourhood safety	58	%				-28	2007/8
	39	Home safety	95	%				-4	2007/8
	40	Perception of local crime	65	%				0	2008
41.1	Non-violent neighbourhood crime (survey data)	12	%	Sm			0	2008	
Social inclusion	42.1	Worklessness (1) workless adults who want to work	10	%				+18	2009
	42.2	Worklessness (2) Job Seeker Allowance claimants	3	%				+63	July-Sept 2010
	42.3	Worklessness (3) all mental health IB claimants	49	r2				+20	2008
	43	Education	82	%				-4	2008
Discrim.	44	Victim of discrimination	12	%	Sm			-8	2009
	45	Perception of racial discrimination in Scotland	21	%				-30	2008
	46	Victim of harassment	7	%	Sm			+11	2009
FS	47	Financial management	n/a	%				n/a	2007/8
	48	Financial inclusion	n/a	%				n/a	
Physical environment	49	Neighbourhood satisfaction	90	%				+1	2007/8
	50	Noise	17	%				-14	2005/8
	51	Greenspace	67	%				-7	2007/8
	52	House condition	81	%				-3	2005/8
	53.1	Overcrowding (subjective)	16	%				-9	2005/8
53.2	Overcrowding (objective)	4	%				0		
Working life	54	Work-related stress	16	%				-24	
	55	Work-life balance	7	m				+3	
	56	Working life demands	25	%				0	2009
	57	Working life control	63	%	Sm			0	
	58	Manager support	70	%				+17	
59	Colleague support	82	%				+5		
Violence	60.1	Partner abuse (survey data)	5	%	Sm			+5	2008/9
	60.2	Partner abuse (police recorded - single year)	98	r1				-227	2009
	61.1	Neighbourhood violence (survey data)	2	%	Sm			+33	2008/9
	61.2	Violent crime - offenders (police recorded)	36	r1				+73	2009/10
	Violent crime - victims (police recorded)	128					+29		

FS: Financial security; IB: incapacity benefit; LD: Learning & development; See also the 'Spine chart explained' box



### Interpreting inequalities by sex

In general, differences between the sexes do not necessarily represent inequality – they may represent differences between male and female cultures or physiologies. However, differences between the sexes identified by the indicators here do represent inequalities. This is clear for the high level mental health outcomes such as suicide and for many of the contextual factors that evidently confer a disadvantage, such as the violence indicators. For other domains, such as community participation and social network domains, deficits have the potential to impact on both the individual's and the population's mental health and as such are important to identify.

### Findings

The findings in this section are drawn from spine charts (Spine 4.1 and 4.2) and analyses reported elsewhere in the report – see Section 8.

#### Poor outcomes for men (Spine 4.1)

Across the drug and alcohol indicators men had consistently worse outcomes than women; this male excess was particularly striking for the mental health related drug and alcohol deaths. Mental health related drug deaths were 65% higher in men than in women and mental health related alcohol deaths were 71% higher.

Other domains where men fared notably less well than women included suicides (62% worse), violence (up to 73% worse) and worklessness (up to 63% worse – using the Job Seekers Allowance indicator, indicator 42.2).

#### Poor outcomes for women (Spine 4.2)

Women in GG&C had disproportionately high levels of depression compared to both men in GG&C and women in the rest of Scotland. In GG&C, 19% of women had depression – 124% higher than men in GG&C. In contrast, 8% of women in the rest of Scotland had depression, only 50% higher than men from the rest of Scotland (see Section 8, Figure 4.1.2a). Consistent with this, high levels of hospital episodes for mood-related conditions (largely depression) were also seen for women in GG&C.

Other domains where women had much worse outcomes compared to men included suffering domestic violence (227% higher) and having caring responsibilities (103% higher).



# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 4. Inequalities by sex

### Emerging trends

#### Drug and alcohol problems in GG&C men

Men in GG&C deviated in their drug and alcohol behaviour from their counterparts in the rest of Scotland, a particularly pertinent finding given the high and increasing burden of both alcohol- and drug-related harm in GG&C. For men living in regions outside GG&C, association with drugs and alcohol tended to decrease with age; this was true for alcohol consumption, drug use, alcohol dependency, alcohol- and drug-related hospital episodes as well as mental health related drug deaths. However, for men in GG&C aged 35-55 their association with both drugs and alcohol was prolonged, with any decrease in alcohol or drug-related harm occurring at a later age. Although this was not seen in all drug and alcohol indicators, it was seen for alcohol consumption, alcohol dependency, alcohol-related mental health hospital episodes and mental health related drug deaths. See Inequalities by age (section 6) for graphical representation of this trend and for separate indicator data see Section 8 (Figure 6.2, Figure 7.3, Figure 11.4.2, and Figure 23.2).

#### Anxiety

One further area where trends for men in GG&C departed notably from those in the rest of Scotland was anxiety. In GG&C the levels of anxiety were similar in men and women; 14% of both men and women had symptoms of anxiety. Whereas in the rest of Scotland there was an excess of anxiety in women; 10% of women had symptoms of anxiety compared to only 4% of men (see Section 8, Figure 5.2a).

#### Connection with their environment

Within the physical environment domain – which describes the individual's attitudes to their immediate environment (housing, neighbourhood, etc) – women in GG&C were less likely to rate their physical environment positively compared to men. For example, women were 14% more likely to report problematic neighbourhood noise, 9% more likely to report overcrowding, and marginally less likely to report adequate greenspace and housing condition. Given that men and women share the same physical environment the differences are likely to represent different expectations from the environment. The impact of these differences across the sexes in these domains will be relevant to attempts to improve and foster community mental health and wellbeing.

#### Working life

While women were more likely to report good support from colleagues and managers they were conversely more likely to suffer work-related stress than men. The lack of consistency in the working life indicators across the sexes suggests that men and women have different working-life experiences and are likely to need different types of workplace support.



## Section 5. Inequalities by area deprivation

### **Mental Health in Focus:**

A profile of mental health and wellbeing in Greater Glasgow & Clyde





# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 5. Inequalities by area deprivation

### Key findings:

- The largest inequalities by area deprivation were seen for **mental health related drug** and **alcohol deaths** and **suicides** (18-fold, 7.5-fold and 3.7-fold differences between the most and least deprived quintiles, respectively).
- Although inequalities in the contextual indicators were generally smaller, large inequalities were seen for worklessness and violence (4- to 6-fold differences seen between the most and least deprived quintiles).
- Inequalities across area deprivation increased substantially with the severity of the outcome for both alcohol and drug-related indicators.

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 5. Inequalities by area deprivation

### Spine chart explained

The indicator estimates for the most deprived quintile are shown in Spine 5.1, and estimates for the least deprived quintile are shown in Spine 5.2. The bars show the comparison between the respective deprivation quintile and the GG&C average; bars extending to the left represent indicators which are worse than the GG&C average and bars extending to the right represent indicators which are better. For example, under the column entitled 'Measure' it can be seen that the 27% of those living in the most deprived quintile had a common mental health problem (as screened for by the General Health Questionnaire-12), which was 41% worse than the average for GG&C. The bar charts show a maximum of +/-70% difference with the GG&C average, to maintain a reasonable scale on the chart, with the actual difference shown to the right of the bar chart.

#### Legend

Column entitled **U** details the units of measurement:

**r** – standardised rate per 100,000 (except for mental health related alcohol deaths which are crude rates);

**r1** – standardised rate per 10,000;

**r2** – crude rate per 1000;

**m** – mean score;

**u** – mean units of alcohol.

Column entitled **C** details where the comparison group is not GG&C:

**Sc** – Scottish data.

**P** – PsyCIS area which is GG&C excluding Inverclyde and Renfrewshire;

Column entitled **Data** details where the indicator data are not from NHS GG&C:

\***1** – Scotland data – see column entitled 'C' for the comparison group;

\***2** – NHS GG&C excluding North and South Lanarkshire;

\***3** – GG&C data from the least deprived 2 quintiles (i.e. quintiles 4&5);

\***4** – GG&C data from the most deprived three quintiles (i.e. quintiles 1-3);

\***5** – data from the 85% least deprived areas in Scotland;

\***6** – data from the 15% most deprived areas in Scotland;

\***7** – PsyCIS area; which is GG&C excluding Inverclyde and Renfrewshire.

**Measuring area deprivation:** area deprivation was measured using the Scottish Index of Multiple Deprivation (SIMD), a deprivation score using information from seven domains: income, employment, health, education skills and training, geographic access to services, housing and crime. Geographical areas were categorised into quintiles based on the distribution in Scotland i.e. an area in the most deprived quintile has a deprivation score that is in the lowest fifth in Scotland.

# Section 5. Inequalities by area deprivation

**Spine 5.1:** Mental health indicators for the **most deprived** quintiles in GG&C

Most deprived SIMD quintile (GG&C)									
	Indicator	Measure	U	C	- (Worse)	GG&C Average (%)	(Better) +	Time Period	Data
<b>High level mental health outcomes</b>									
Posit MH	1	Positive mental health (WEMWBS)	47	m			-5	2008	
	2	Life satisfaction	7	m			-8	2008	
Mental health problems	3	Common mental health problems (GHQ-12)	27	%			-41	2008	
	4.1	Depression (survey data)	14	%			+1	2008	*4
	4.2	Depression (QOF)	n/a	%			n/a	2008/9	
	5	Anxiety	13	%			+9	2008	*4
	6	Alcohol dependency	17	%			-22	2008	
	7	Mental health related drug deaths	128	r			-779	2005/9	
	8	Mental health related alcohol deaths	15	r			-82	2007/9	
	9	Suicide	37	r			-75	2005-9	
	10.1	Psychosis	1.1	%	P		-53	2005/10	*7
	11.1	ALL Psychiatric discharges	45				-214		
	11.3	Drug induced	2.40				-300		
	11.4	Alcohol induced	9.1				-279	2007/9	
	11.5	Mood related	11.5				-174		
11.6	Schizophrenia & related	11.3				-232			
11.7	Neurotic & related	2.1				-200			
<b>Contextual Factors: Individual</b>									
LD	20	Adult learning	n/a	%			n/a	2009	*2
Healthy living	21	Physical activity	34	%			-16	2008	
	22	Healthy eating	12	%			-40	2008	
	23	Alcohol consumption - within recommended levels	78	%			+4	2008	
	24	Alcohol consumption - units on heaviest day	9	u			-11	2008	
	25	Drug use	15	%			-11	2008	
General health	26	Self-reported health	57	%			-21	2008	
	27	Long-standing physical condition or disability	39	%			-16	2008	
	28	Limiting long-standing physical condition or disability	29	%			-32	2008	
<b>Contextual factors: Community and Structural</b>									
Comm. n'work & support	30	Volunteering	13	%			-30	2007/8	
	31	Involvement in local community	22	%	Sc		-17	2009	*1
	32	Influencing local decisions	18	%	Sc		-12	2009	*1
Social safety & trust	33	Social contact	95	%	Sc		+1	2009	*1
	34	Social support	85	%	Sc		-4	2009	*1
	35	Caring	7	%			-40	2008	
Social inclusion	36	General trust	33	%	Sc		-29	2009	*1
	37	Neighbourhood trust	35	%	Sc		-40	2009	*1
	38	Neighbourhood safety	60	%			-13	2007/8	
	39	Home safety	95	%			-2	2007/8	
	40	Perception of local crime	74	%			-14	2008	
Discrim.	41.1	Non-violent neighbourhood crime (survey data)	16	%	Sc		-33	2008	*6
	42.1	Worklessness (1) workless adults who want to work	18	%			-58	2009	
	42.2	Worklessness (2) Job Seeker Allowance claimants	9	%			-62	July-Sept 2010	*2
	42.3	Worklessness (3) all mental health IB claimants	n/a	r2			n/a	2008	*2
FS	43	Education	n/a	%			n/a	2008	*2
	44	Victim of discrimination	12	%	Sc		-10	2009	*1
	45	Perception of racial discrimination in Scotland	19	%			-3	2008	
Physical environment	46	Victim of harassment	10	%	Sc		-27	2009	*1
	47	Financial management	37	%			-22	2007/8	
	48	Financial inclusion	97	%			-1		
	49	Neighbourhood satisfaction	80	%			-11	2007/8	
	50	Noise	19	%			-23	2005/8	
	51	Greenspace	58	%			-17	2007/8	
	52	House condition	74	%			-10	2005/8	
Working life	53.1	Overcrowding (subjective)	15	%			-2	2005/8	
	53.2	Overcrowding (objective)	5	%			-25		
	54	Work-related stress	14	%			+2		
Violence	55	Work-life balance	6	m			-2		
	56	Working life demands	22	%	Sc		+13	2009	*1
	57	Working life control	55	%			-13		
	58	Manager support	66	%			+2		
	59	Colleague support	78	%			-2		
Violence	60.1	Partner abuse (survey data)	10	%	Sc		-100	2008/9	*6
	60.2	Partner abuse (police recorded - single year)	108	r1			-69	2009	
	61.1	Neighbourhood violence (survey data)	4	%	Sc		-100	2008/9	*6
	61.2	Violent crime - offenders (police recorded)	144	r1			-72	2009/10	
	Violent crime - victims (police recorded)	243				-58			

**FS:** Financial security; **IB:** incapacity benefit; **LD:** Learning & development; See also the 'Spine chart explained' box

# Section 5. Inequalities by area deprivation

**Spine 5.2:** Mental health indicators for the **least deprived** quintiles in GG&C

Least deprived SIMD quintile (GG&C)									
	Indicator	Measure	U	C	- (Worse)	GG&C Average (%)	(Better) +	Time Period	Data
<b>High level mental health outcomes</b>									
Posit MH	1	Positive mental health (WEMWBS)	52	m			+5	2008	
	2	Life satisfaction	8	m			+8	2008	
Mental health problems	3	Common mental health problems (GHQ-12)	12	%			+34	2008	
	4.1	Depression (survey data)	14	%			-1	2008	*3
	4.2	Depression (QOF)	n/a	%			n/a	2008/9	
	5	Anxiety	17	%			-18	2008	*3
	6	Alcohol dependency	6	%			+58	2008	
	7	Mental health related drug deaths	7	r			+55	2005/9	
	8	Mental health related alcohol deaths	2	r			+76	2007/9	
	9	Suicide	10	r			+54	2005-9	
	10.1	Psychosis	0.3	%	P		+58	2005/10	*7
	11.1	ALL Psychiatric discharges	3				+81		
	11.3	Drug induced	0.03				+95		
	11.4	Alcohol induced	0.2		r2		+92	2007/9	
	11.5	Mood related	1.2				+71		
	11.6	Schizophrenia & related	0.4				+88		
	11.7	Neurotic & related	0.1				+86		
<b>Contextual Factors: Individual</b>									
LD	20	Adult learning	n/a	%			n/a	2009	*2
Healthy living	21	Physical activity	43	%			+6	2008	
	22	Healthy eating	22	%			+10	2008	
	23	Alcohol consumption - within recommended levels	75	%			0	2008	
	24	Alcohol consumption - units on heaviest day	6	u			+24	2008	
	25	Drug use	7	%			+47	2008	
General health	26	Self-reported health	87	%			+21	2008	
	27	Long-standing physical condition or disability	30	%			+12	2008	
	28	Limiting long-standing physical condition or disability	16	%			+26	2008	
<b>Contextual factors: Community and Structural</b>									
Comm. n'work & support	30	Volunteering	25	%			+39	2007/8	
	31	Involvement in local community	33	%	Sc		+25	2009	*1
	32	Influencing local decisions	23	%	Sc		+14	2009	*1
Social n'work & support	33	Social contact	96	%	Sc		+2	2009	*1
	34	Social support	91	%	Sc		+3	2009	*1
	35	Caring	3	%			+38	2008	
Community safety & trust	36	General trust	54	%	Sc		+15	2009	*1
	37	Neighbourhood trust	75	%	Sc		+30	2009	*1
	38	Neighbourhood safety	80	%			+17	2007/8	
	39	Home safety	98	%			+1	2007/8	
	40	Perception of local crime	56	%			+13	2008	
Social inclusion	41.1	Non-violent neighbourhood crime (survey data)	12	%	Sc		0	2008	*5
	42.1	Worklessness (1) workless adults who want to work	5	%			+57	2009	
	42.2	Worklessness (2) Job Seeker Allowance claimants	2	%			+68	July-Sept 2010	*2
	42.3	Worklessness (3) all mental health IB claimants	n/a	r2			n/a	2008	*2
	43	Education	n/a	%			n/a	2008	*2
Discrim.	44	Victim of discrimination	11	%	Sc		+4	2009	*1
	45	Perception of racial discrimination in Scotland	18	%			+2	2008	
	46	Victim of harassment	7	%	Sc		+16	2009	*1
FS	47	Financial management	65	%			+36	2007/8	
	48	Financial inclusion	100	%			+1		
Physical environment	49	Neighbourhood satisfaction	99	%			+10	2007/8	
	50	Noise	7	%			+54	2005/8	
	51	Greenspace	84	%			+20	2007/8	
	52	House condition	91	%			+12	2005/8	
	53.1	Overcrowding (subjective)	13	%			+15	2005/8	
	53.2	Overcrowding (objective)	2	%			+50		
Working life	54	Work-related stress	16	%			-12		
	55	Work-life balance	7	m			+2		
	56	Working life demands	27	%	Sc		-10	2009	*1
	57	Working life control	71	%			+12		
	58	Manager support	66	%			+2		
Violence	59	Colleague support	80	%			+1		
	60.1	Partner abuse (survey data)	5	%	Sc		0	2008/9	*5
	60.2	Partner abuse (police recorded - single year)	17	r1			+73	2009	
	61.1	Neighbourhood violence (survey data)	2	%	Sc		0	2008/9	*5
	61.2	Violent crime - offenders (police recorded)	22	r1			+74	2009/10	
	Violent crime - victims (police recorded)	56				+64			

**FS:** Financial security; **IB:** incapacity benefit; **LD:** Learning & development; See also the 'Spine chart explained' box





# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 5. Inequalities by area deprivation

### Findings

The findings in this section are drawn from the spine charts (Spine 5.1 and 5.2) and analyses reported elsewhere – see Section 8.

#### Overview

For most of the mental health indicators presented, inequalities by area deprivation were observed; those living in the most deprived quintile generally had worse outcomes than the GG&C average, and those in the least deprived quintile had better outcomes than the GG&C average. The largest differences were seen for the **mental health related drug deaths**: in the most deprived quintile 128 deaths per 100,000 population (2005-2009) were observed, 779% higher than the GG&C average. The other mortality indicators also showed dramatic differences; mental health related alcohol deaths were 82% higher and suicides 75% higher in the most deprived quintile compared the GG&C average.

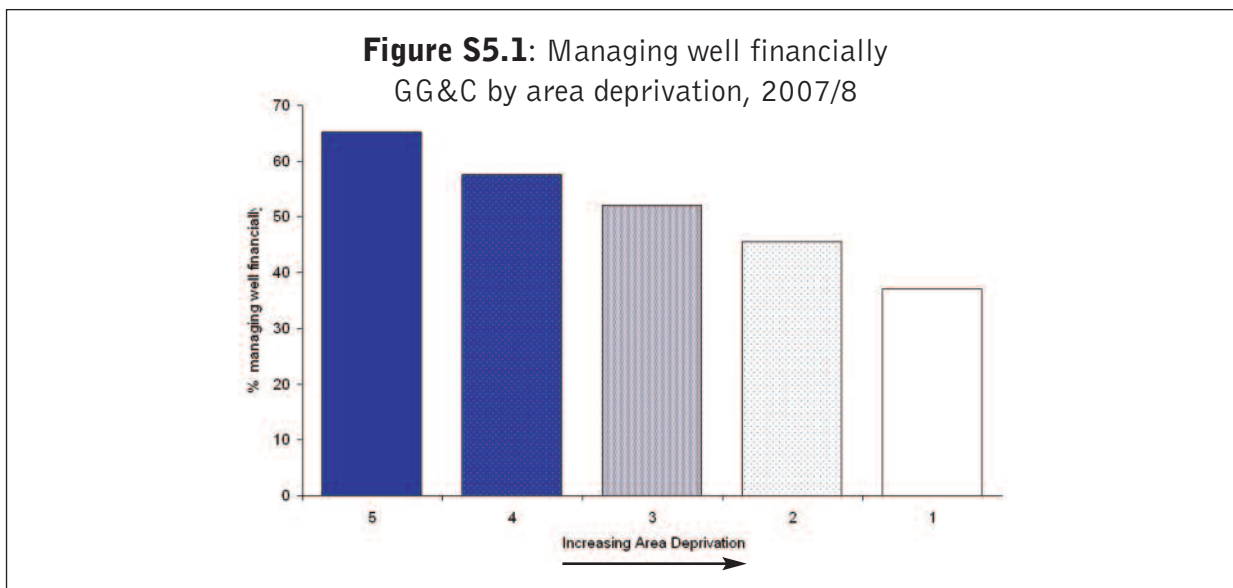
Within the contextual factors, the differences were generally of a smaller magnitude, but remained substantial. The most notable differences were for worklessness and violence. In the most deprived quintile, worklessness (indicators 42.1 and 42.2) was approximately 60% higher than the GG&C average, partner abuse 70-100% higher (indicators 60.1 and 60.2), and the numbers of victims and offenders of violent crime were 60% or higher (indicator 61.2).

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 5. Inequalities by area deprivation

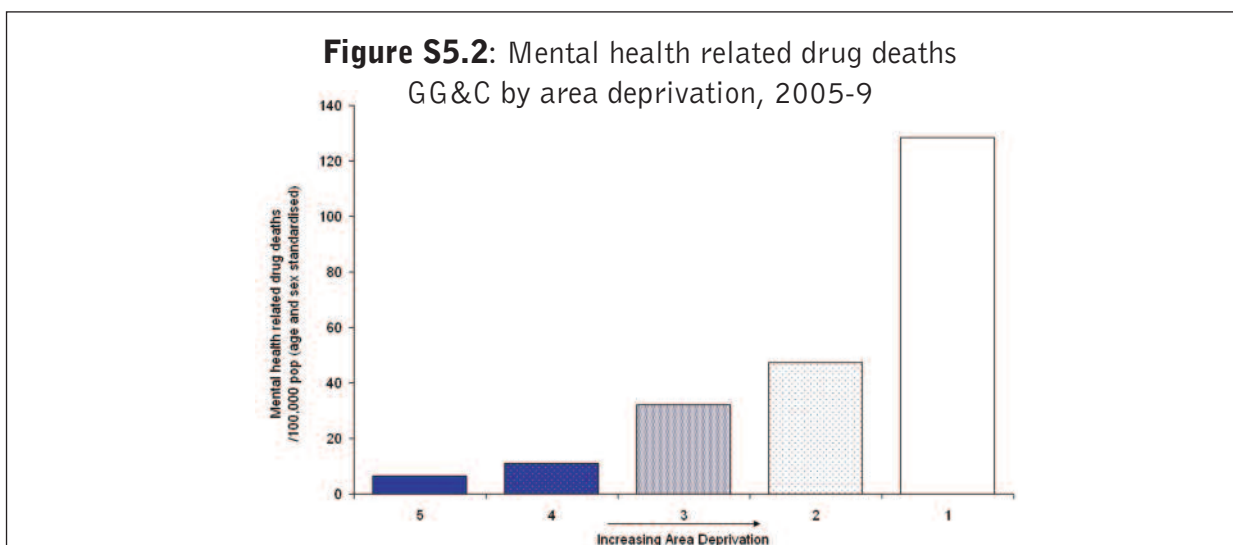
### Greatest burden carried by the most deprived quintiles

For most indicators there was an incremental deterioration in outcomes with increasing deprivation. A good example of this can be seen for the financial management indicator, which measures the proportion who reported that their household is managing financially well or very well (Figure S5.1). A linear decrease in the proportion managing well across the deprivation quintiles can be seen.



Source: Scottish Household Survey

However, this incremental change across area deprivation quintiles was not seen for all indicators. For some indicators the estimates varied only moderately across the first four area deprivation quintiles before deteriorating sharply in the most deprived quintile. Figure S5.2 shows this for mental health related drug deaths.



Source: General Register Office for Scotland

Other notable examples of where the greatest burden was borne by the most deprived quintile were common mental health problems, mental health related alcohol deaths, mental health related in-patient hospital episodes, having significant caring responsibilities and partner violence (police recorded, indicator 60.2).

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 5. Inequalities by area deprivation

### Domains with greater equity

While most indicators were patterned by area deprivation, receiving support from work colleagues and managers were two indicators that convincingly showed little or no variation across area deprivation. In addition, receiving support from work colleagues did not vary by occupational group and receiving manager support varied only marginally.

In both the most and least deprived areas in GG&C, 14% of the population reported depression. Although this does suggest some degree of equity, the level of depression in GG&C was considerably higher across all the deprivation categories compared to the rest of Scotland (only 4% of the least deprived and 8% of the most deprived populations in the rest of Scotland reported depression, see Section 8, Figure 4.1.2b).

Other indicators (WEMWBS<sup>1</sup>, alcohol consumption, and financial inclusion) showed little difference across not only deprivation quintiles but also the other population groups (age, sex, etc). This could be explained by equity across populations but may alternatively be related to the lack of discriminatory power of the indicator.

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<sup>1</sup> WEMWBS: is the Warwick-Edinburgh Mental Wellbeing Scale, a 14-item, positively worded, self-completed questionnaire covering most aspects of positive mental health known at the time of development.

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 5. Inequalities by area deprivation

### Emerging trends

#### Increasing inequalities by severity of outcome

Inequalities by area deprivation increased substantially with the severity of the outcome for both the alcohol and drug indicators. Taking the alcohol indicators as an example, those in the most deprived quintile were only marginally more likely to drink above the recommended weekly limits than those in the least deprived areas, but were over two times more likely to be alcohol dependent, over 20 times more likely to have an alcohol-related psychiatric hospitalisation and over seven times more likely suffer a mental health related alcohol death, than those in the least deprived quintile.

The data from which the above analyses were drawn are shown in Figure S5.3. The figure shows the outcomes for each of the five area deprivation quintiles for the five alcohol-related indicators listed below.

Alcohol consumption (1):	percentage of the population whose weekly alcohol consumption exceeded the recommended limits (indicator 23).
Alcohol consumption (2):	mean units of alcohol consumed on the heaviest drinking day in the previous week (indicator 24).
Alcohol dependency:	percentage of the population with an alcohol dependency <sup>2</sup> (indicator 6).
Inpatient episodes:	psychiatric hospital admissions for an alcohol-related disorder per 1000 population (indicator 11.4).
Deaths:	mental health related alcohol deaths per 100,000 population (indicator 8).

The outcome for the first alcohol consumption indicator is represented by the square symbols to the far left of the figure, and is given for each of the five area deprivation quintiles (5 representing the least deprived quintile and 1 representing the most deprived quintile). The estimates are presented relative to the most deprived quintile. From the figure it can be seen that the estimate for the least deprived quintile is approximately 12% better (lower) than that for the most deprived quintile.

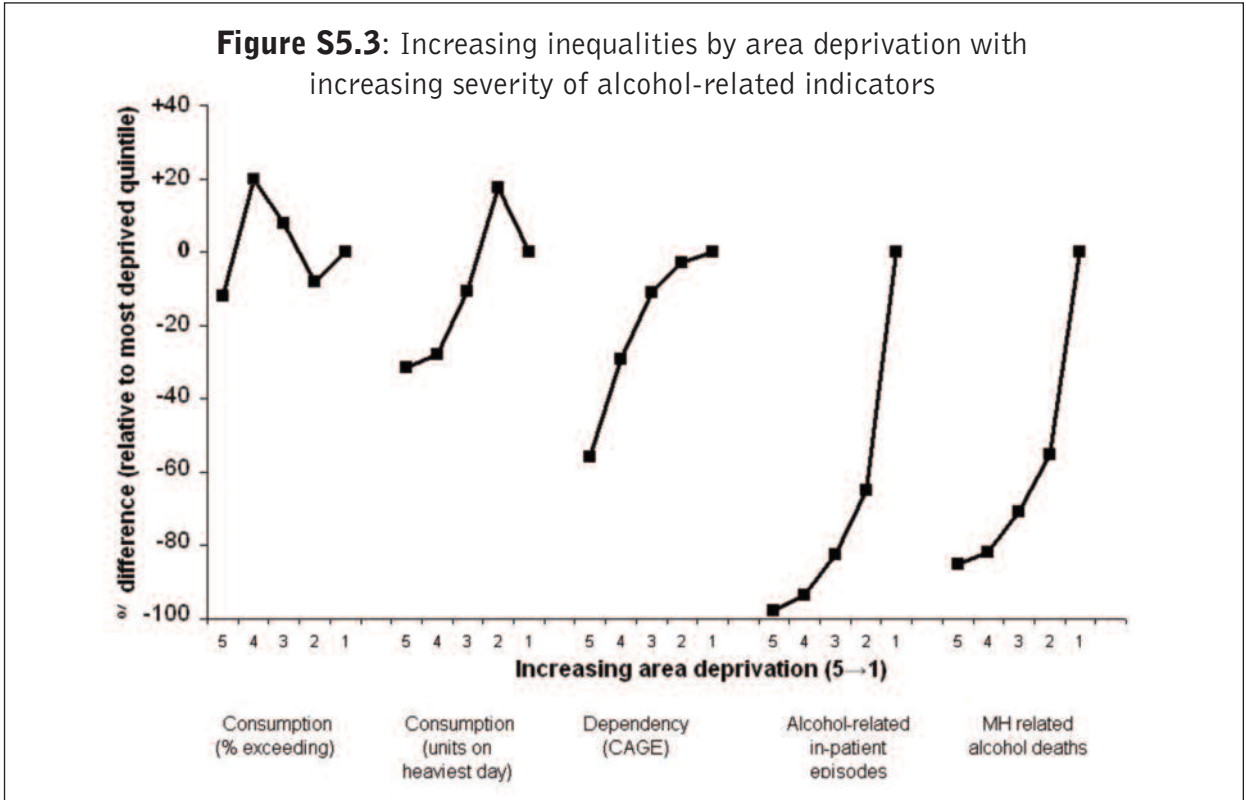
The ratio between the estimate for the most and least deprived quintiles for each of the five alcohol indicators is shown below the figure – the higher the ratio the greater the inequality across area deprivation.

The ratio of 1.1 in the percentage exceeding the recommended weekly limits shows there is little consistent variation in this indicator across the deprivation quintiles. The ratio increased to 1.5 for the second alcohol consumption indicator, which identifies slightly more problematic drinking. The difference between deprivation quintiles increased further to a ratio of 2.8 for alcohol dependency. The gradients for both alcohol-related mental health in-patient episodes and mental health related alcohol deaths were much greater, producing ratios >20 and 7.5, respectively.

<sup>2</sup> Alcohol dependency was screened for using the CAGE questionnaire, which consists of four questions about the effects of drinking. Alcohol dependency is defined as a positive response (i.e. yes) to two or more of these questions.

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 5. Inequalities by area deprivation



<b>Ratio:</b>	1.1	1.5	2.8	>20	7.5
(most:least deprived)					

A similar picture is painted by the three drug-related indicators:

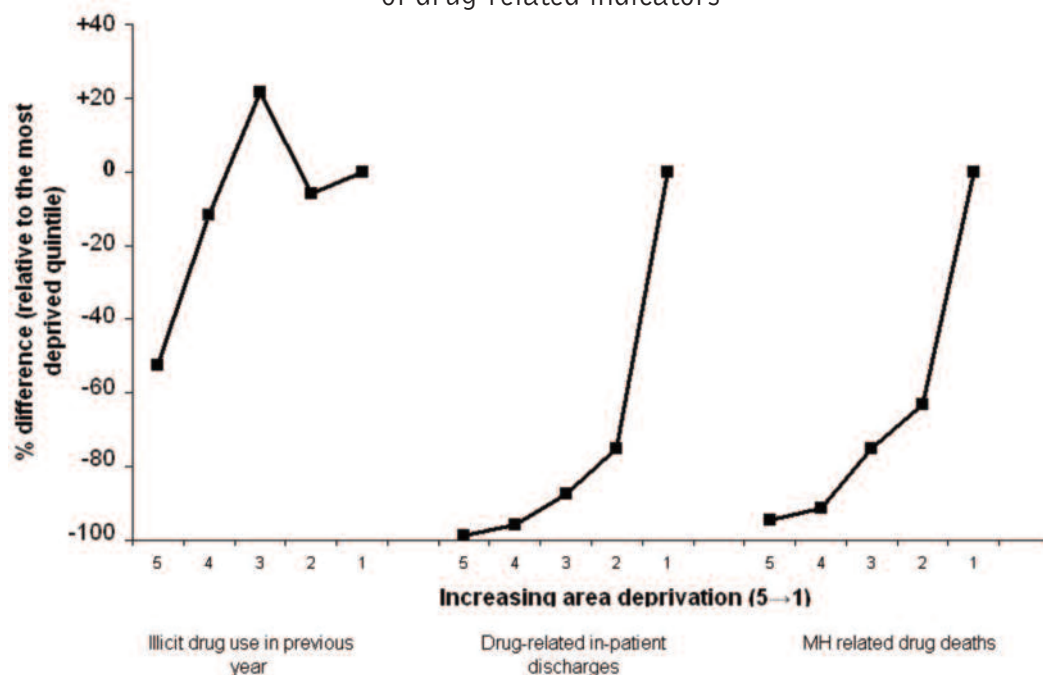
- illicit drug use in the previous year (indicator 25)
- drug-related in-patient hospital episodes (indicator 11.3)
- mental health related drug deaths (indicator 7).

Those in the most deprived areas were twice as likely to have taken illicit drugs in the previous year but over 20 times more likely to have a drug-related psychiatric hospitalisation and approaching 20 times more likely to suffer a mental health related drug death.

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 5. Inequalities by area deprivation

**Figure S5.4:** Increasing inequalities by area deprivation with increasing severity of drug-related indicators



<b>Ratio:</b>	2.1	> 20	18
(most:least deprived)			

### Interpreting area deprivation

Variation in an indicator by area deprivation demonstrates that an inequality exists but, because of correlations between area deprivation and other factors such as income, education and occupation, a variation by area deprivation does not necessarily indicate that the area-level deprivation is driving the inequality. Variations in estimates by area deprivation could be reflecting influences of area-level factors (such as poor housing or lack of amenities) or could be reflecting influences of individual-level factors (such as income deprivation or occupational satisfaction).

Finally, it should be recognised that not all individuals living in deprived areas are deprived – the majority (75%) of those living in poverty live outside the 15% most deprived areas<sup>3</sup>.

<sup>3</sup> Gordon DS, Graham L, Robinson M, Taulbut M. *Dimensions of Diversity: Population Differences and Health Improvement Opportunities*. Glasgow: NHS Health Scotland, 2010.



## Section 6. Inequalities by age

### **Mental Health in Focus:**

A profile of mental health and wellbeing in Greater Glasgow & Clyde





# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 6. Inequalities by age

### Key findings:

- Older adults had worse outcomes than their younger counterparts for **anxiety** and **depression**, and in the **general health** domain, although they generally performed better in the **healthy living** domain.
- The mental and physical health of older adults in GG&C deteriorated faster than those in the rest of Scotland.
- Young adults had much worse outcomes than their older counterparts for **drug-, alcohol-** and **violence-**related indicators; this was particularly true of young men.
- Engagement with drugs and alcohol was greater in men aged 35-55 from GG&C compared to their counterparts in the rest of Scotland.

### Interpreting patterns across age groups

By necessity, age groupings varied by indicator. For some indicators the sample size and/or the distribution of the outcome dictated the age grouping; for other indicators, groupings were dictated by the data source. For example, for depression symptoms the total sample size was small and the estimates could only be accurately presented for two broad age groups. It was not feasible to compare associations across the different age groupings in a statistically robust way. For this reason spine charts for age have not been generated, neither were ratios calculated across age groups.

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 6. Inequalities by age

### Summary

The findings in this section are drawn from Section 8.

#### The elderly

Outcomes for older individuals were consistently better than for younger individuals in the 'Healthy living' domain, except in relation to levels of physical activity. Of those in the oldest age group (65 years and above) 19% reported eating healthily<sup>1</sup> compared to only 10% in those aged 16-24 years; 90% consumed alcohol within the recommended limits compared to 62% in those aged 16-24 years; the mean amount of alcohol consumed on the heaviest drinking day was four units compared to 14 units for those aged 16-24 years, and 4% of those in the oldest age group (45-59 yrs) reported taking illicit drugs in the previous year compared to 25% in the youngest age group (16-29 years).

Areas in which the elderly had worse outcomes included general health, depression and anxiety.

#### Worse outcomes for the elderly in GG&C

For several indicators older individuals in GG&C had worse outcomes than their counterparts in the rest of Scotland. Older women in GG&C did not enjoy the increased life satisfaction that generally came with advancing age (Figure S6.1). In other domains, the outcomes for older individuals deteriorated more with age in GG&C than the rest of Scotland. This was true of self-reported health (Figure S6.2), social support (Figure S6.3) and claiming incapacity benefit for mental health reasons (Figure S6.4).

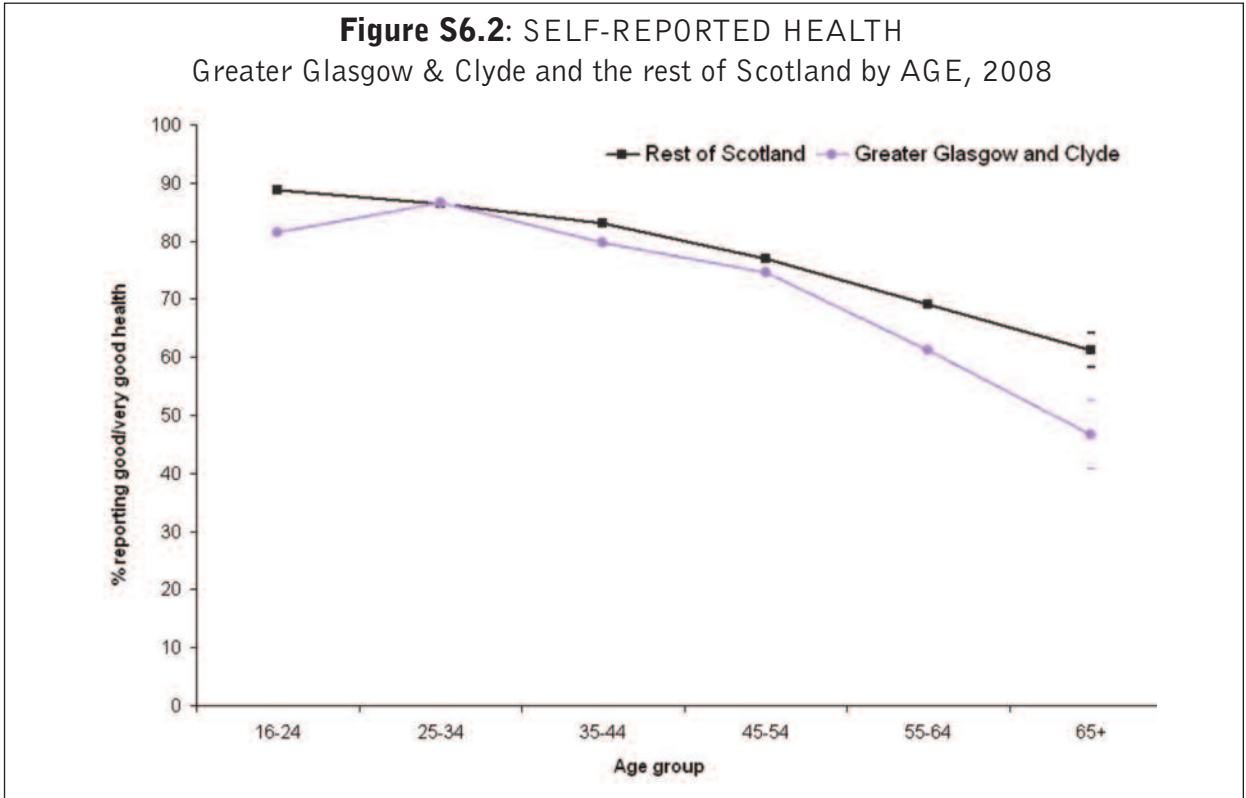


Source: Scottish Health Survey, 2008

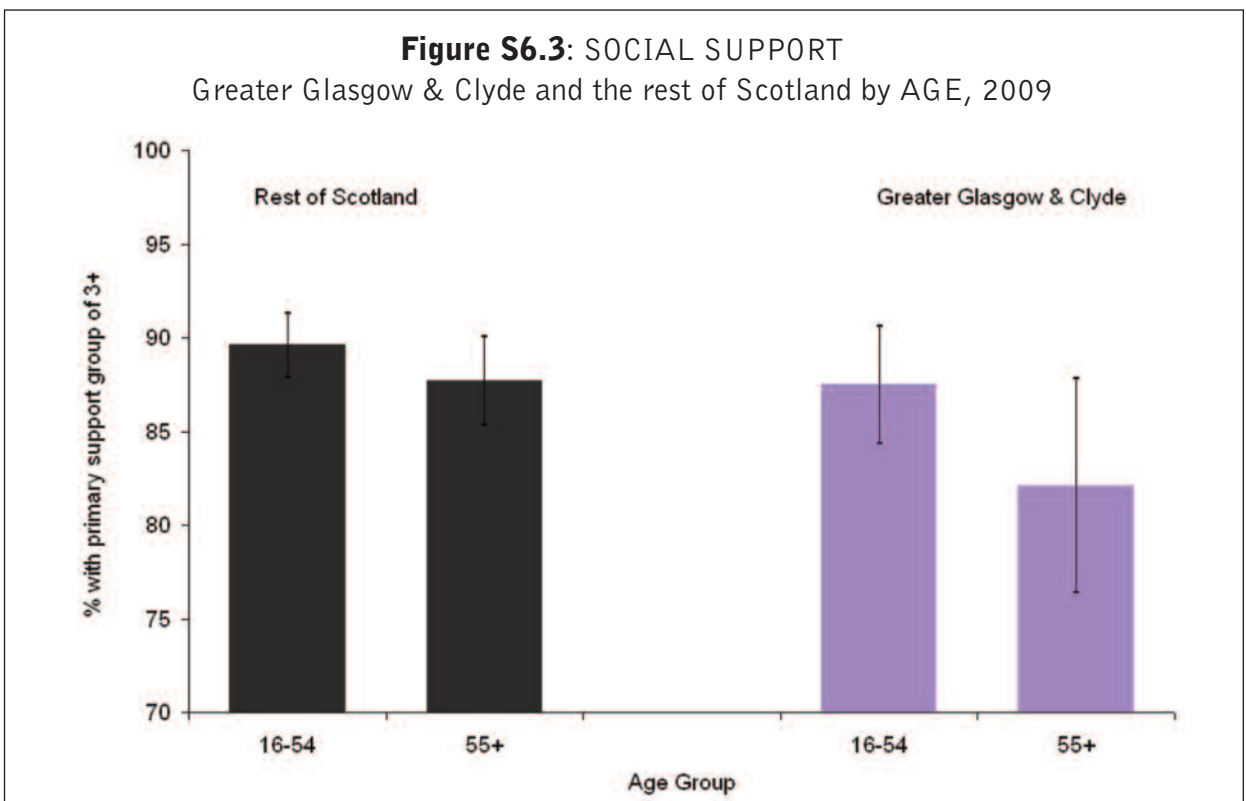
<sup>1</sup> Five or more portions of fruit/vegetables a day

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 6. Inequalities by age



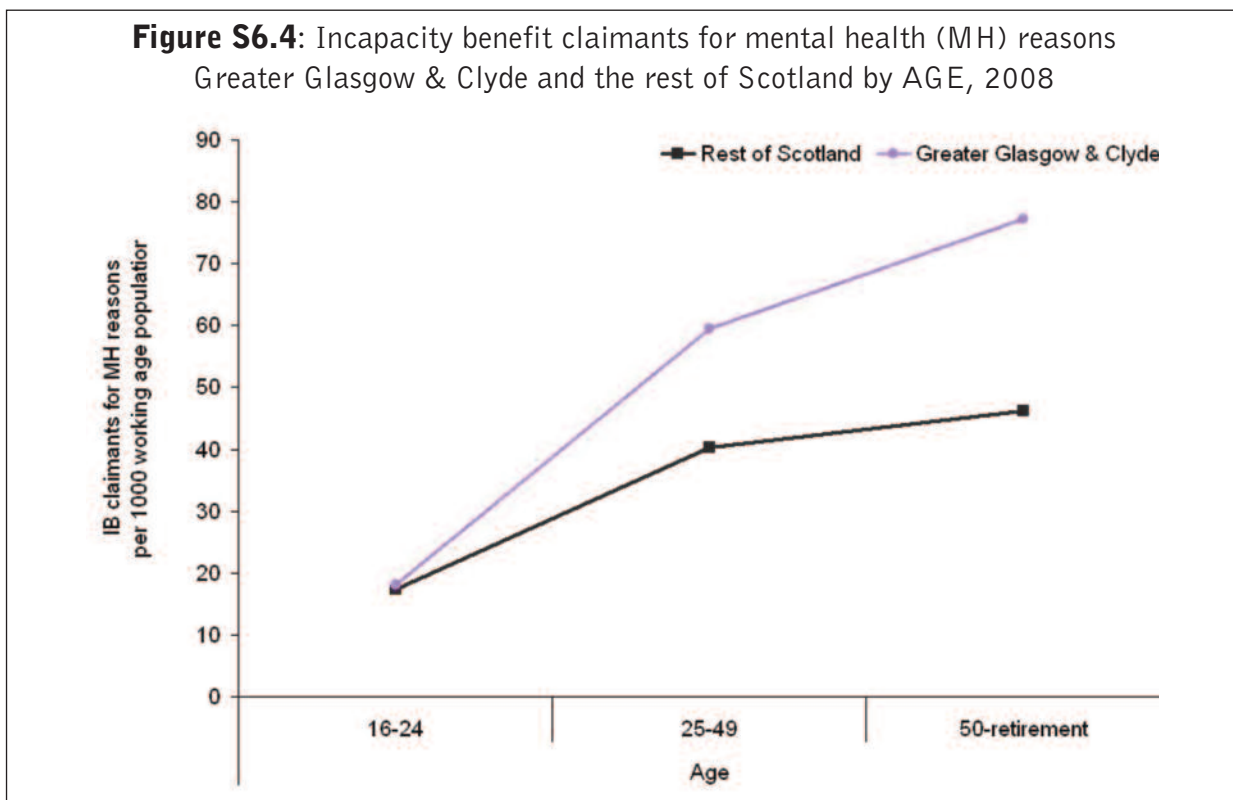
Source: Scottish Health Survey, 2008



Source: Scottish Health Survey, 2009

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 6. Inequalities by age



Source: Department of Work and Pensions, obtained by the Scottish Observatory for Work and Health

### The 'oldest old'

Data were generally not available for the 'oldest old' (75 years and above). Where they were available, the outcomes for this age group often deviated from age trends showing improved outcome with age. This can be seen with volunteering<sup>2</sup> (Figure S6.5), where the proportion volunteering increased with age before falling in those 75 years and older. With the changing demographics of Scotland, this age group will grow in size and will begin to have a greater effect on the health outcomes of the total population. With a growing interest in the 'oldest old' a more detailed analysis with a specific focus on this age group would be useful and is largely possible by combining years of data from the sources used here.

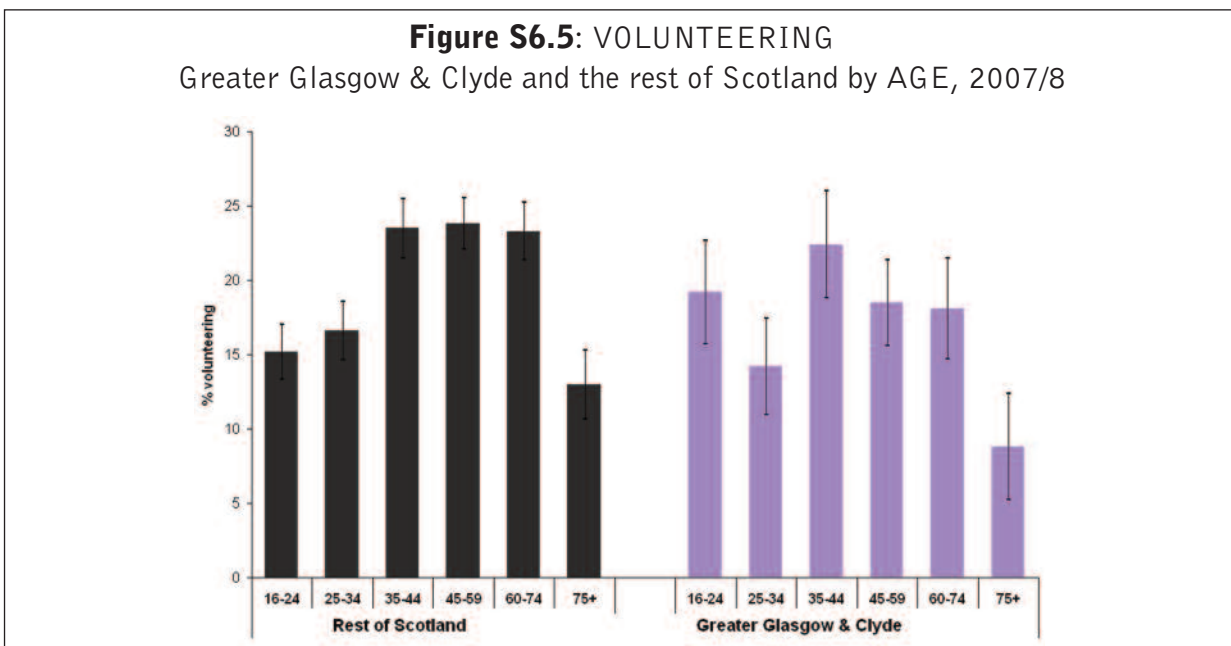
### Data deficits for the elderly age group

The social inclusion domain – which aims to reflect the extent to which individuals can participate in economic, culture and social life – was limited by data availability. The two indicators currently in this domain are worklessness and educational attainment, both of which are less useful for describing the social inclusion of the elderly. Worklessness, by definition, does not include those post-retirement. Educational attainment is likely to reflect cohort differences as much as social inclusion, because of the large changes in access to education that have occurred over previous generations.

<sup>2</sup> At least five to six times a year.

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

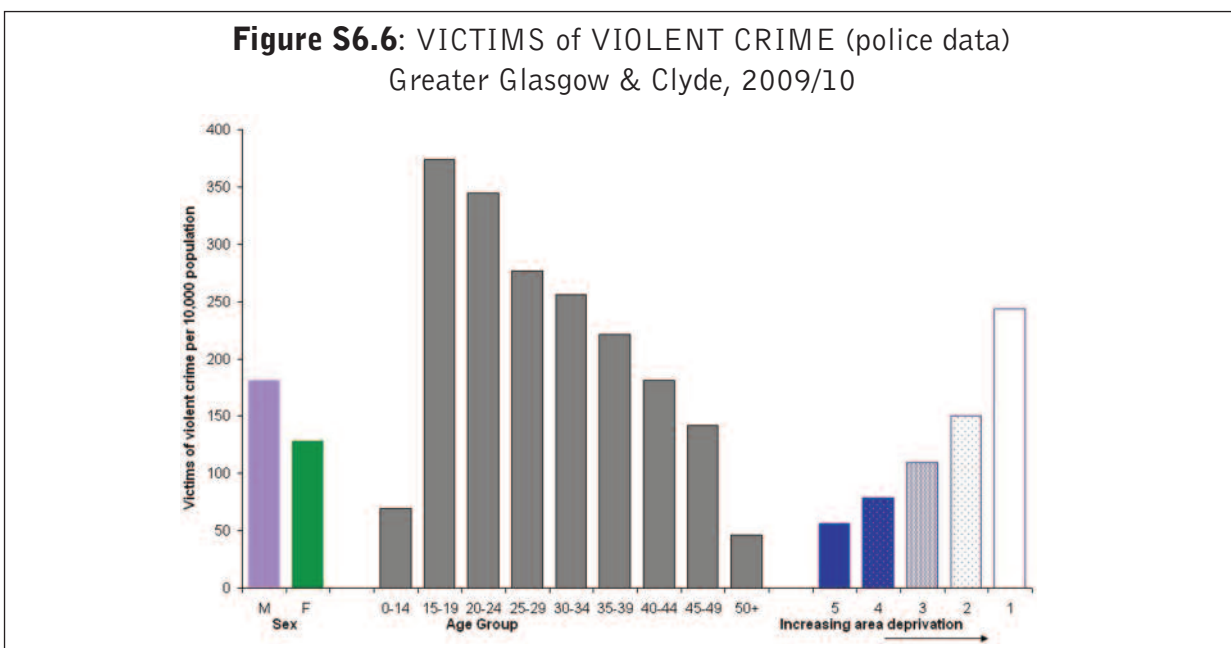
## Section 6. Inequalities by age



Source: Scottish Household Survey, 2007-2008

### Drugs, alcohol and violence in younger adults

For violence, drugs and alcohol indicators, younger adults had much worse outcomes than the general population. For violent crime the figures are stark: 13% of young adults (16-24 years) in Scotland were victims of partner abuse compared to 5% in the total population (indicator 60.1); 7% of young adults (16-24 years) in Scotland<sup>3</sup> reported being a victim of a violent crime compared to 2% in the total population (indicator 61.1). Police-reported figures for violent crime (indicators 61.2) also show that young adults were much more likely to be victims and offenders of violent crime (Figure S6.6, S6.7).



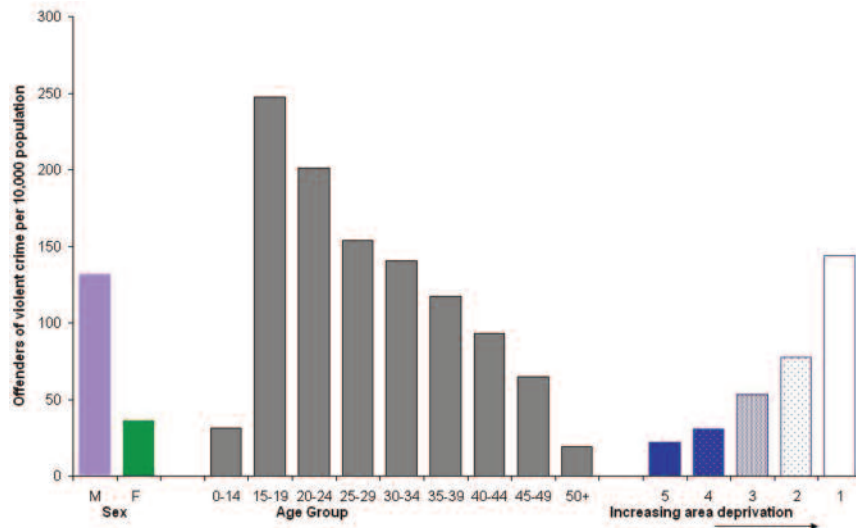
Source: Violence Reduction Unit of the Strathclyde Police, 2009-2010

<sup>3</sup> Data for these violence indicators (indicator 60.1, 61.1) were not available for sub-populations within GG&C

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 6. Inequalities by age

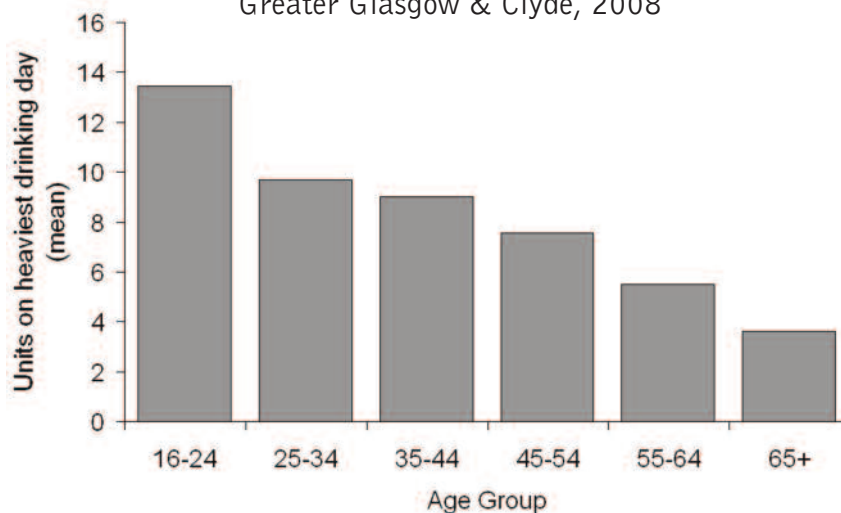
**Figure S6.7:** OFFENDERS of VIOLENT CRIME (police data)  
Greater Glasgow & Clyde, 2009/10



Source: Violence Reduction Unit of the Strathclyde Police, 2006-2007

Similarly, in GG&C 25% of young adults (16-29 year olds) reported taking illicit drugs in the previous year compared to 14% of the total GG&C population. Those aged 16-34 years of age suffered 25 mental health related drug deaths per 100,000 population compared to 15 per 100,000 for the total GG&C population. Harmful alcohol consumption and alcohol harm was higher in younger adults (Figures S6.8, S6.9), with the exception of mental health related alcohol deaths which can take several decades for harmful behaviour to result in death.

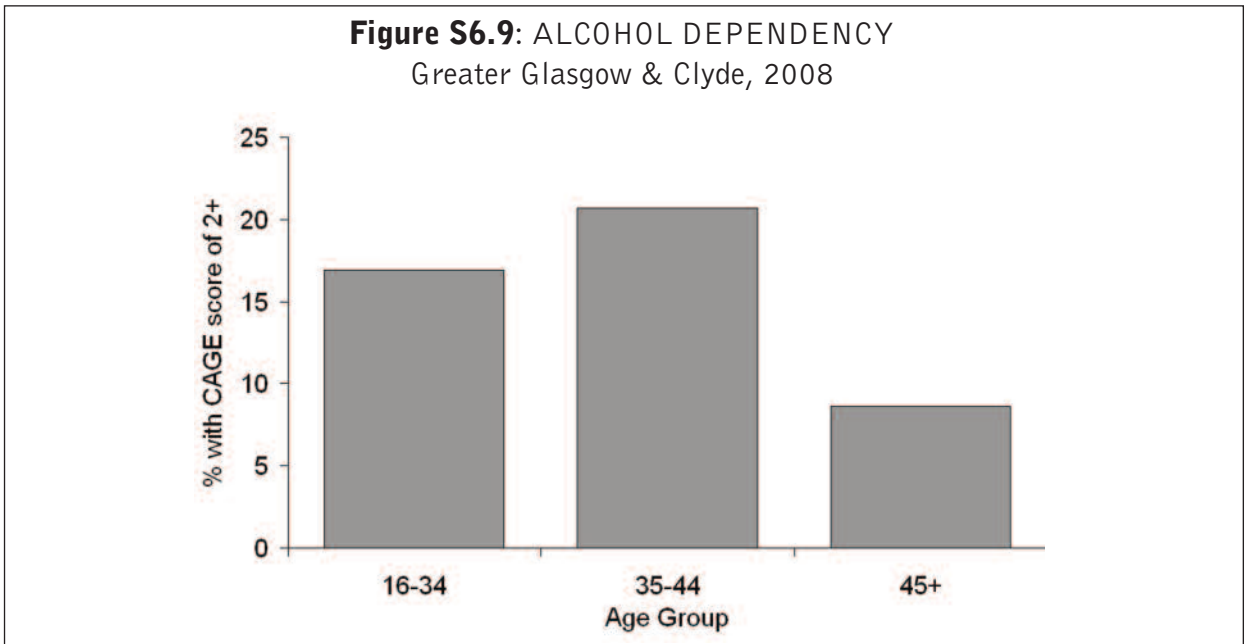
**Figure S6.8:** ALCOHOL CONSUMPTION  
(units drunk on heaviest drinking day)  
Greater Glasgow & Clyde, 2008



Source: Scottish Health Survey, 2008

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

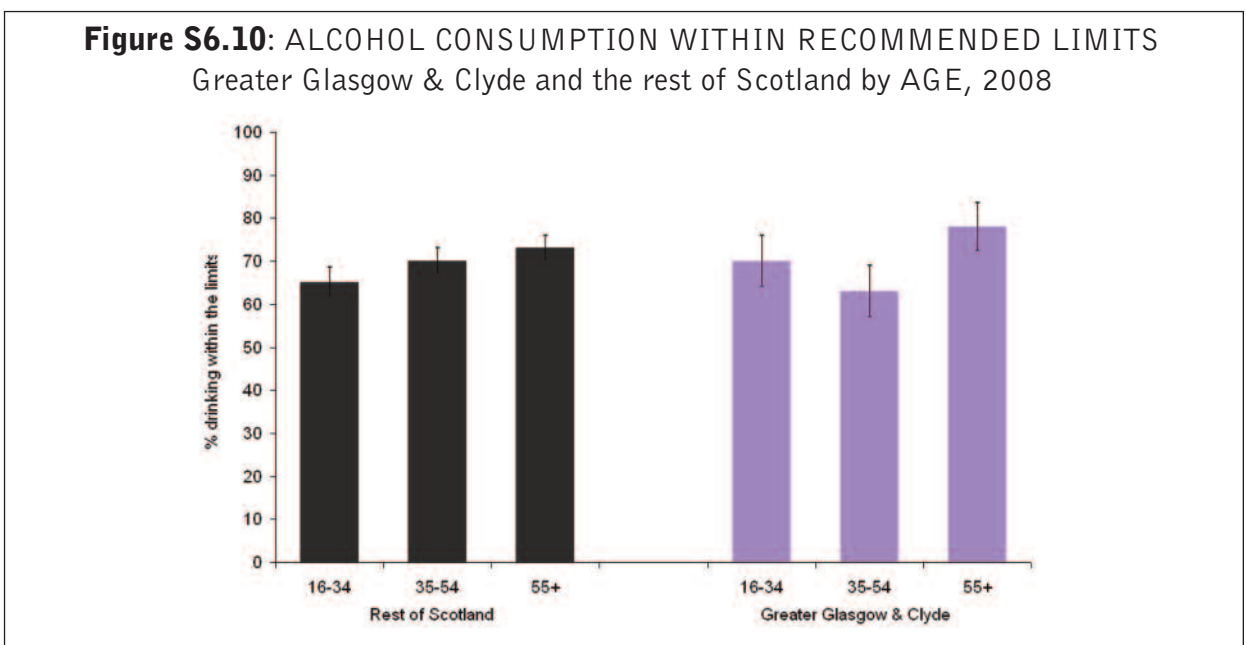
## Section 6. Inequalities by age



Source: Scottish Health Survey, 2008

### Drugs and alcohol in men in GG&C

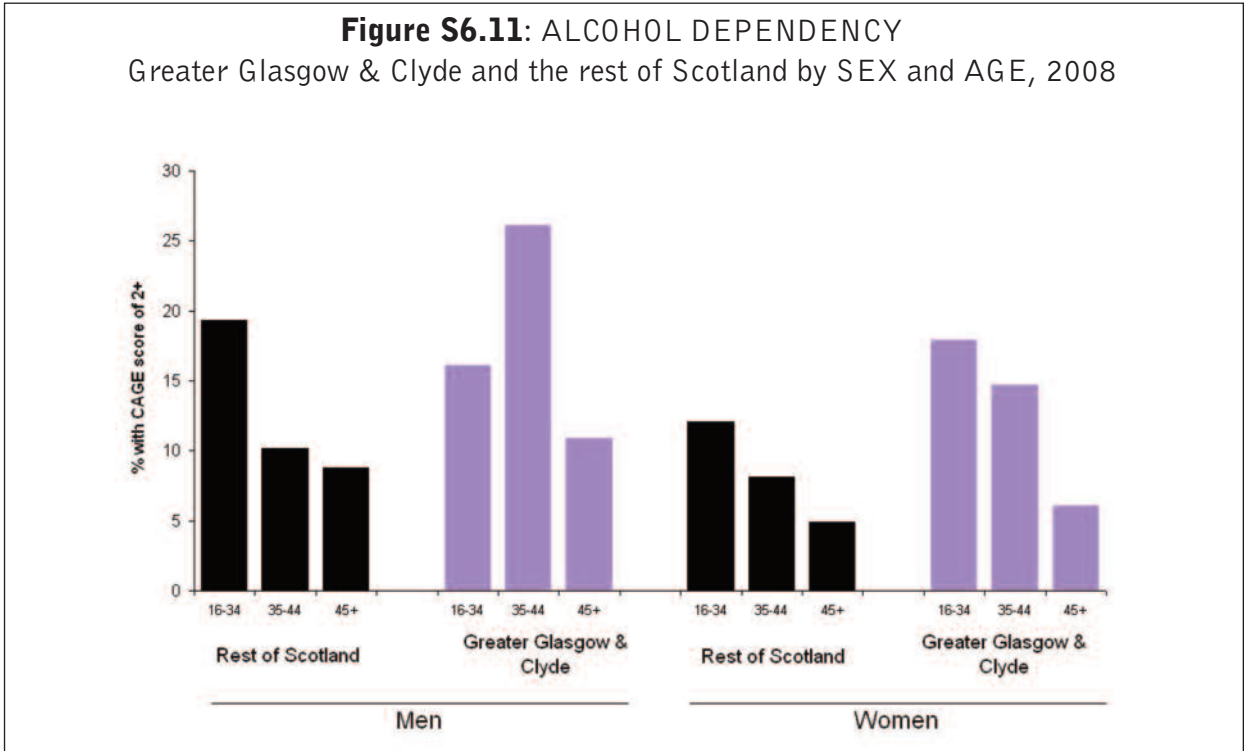
Engagement with alcohol and drugs endured for longer, with reduction in harm seen at a later age, in GG&C compared to the rest of Scotland. The prolonged association with drugs and alcohol in GG&C, particularly for men, was seen for alcohol consumption (Figure S6.10), alcohol dependency (Figure S6.11), alcohol-related mental health hospital episodes (Figure S6.12) and mental health related drug deaths (Figure S6.13). This is a particularly pertinent set of findings given the high and increasing burden of both alcohol- and drug-related harm in GG&C.



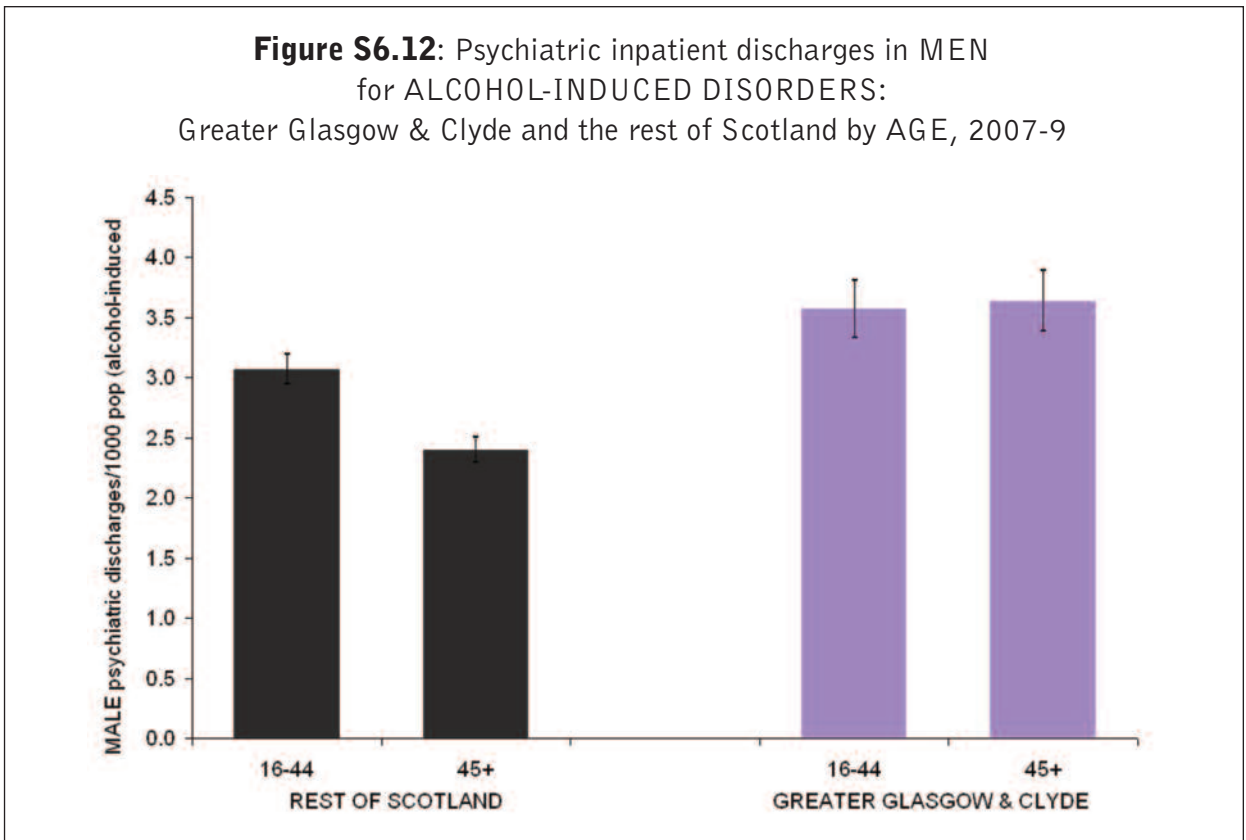
Source: Scottish Health Survey, 2008

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 6. Inequalities by age



Source: Scottish Health Survey, 2008

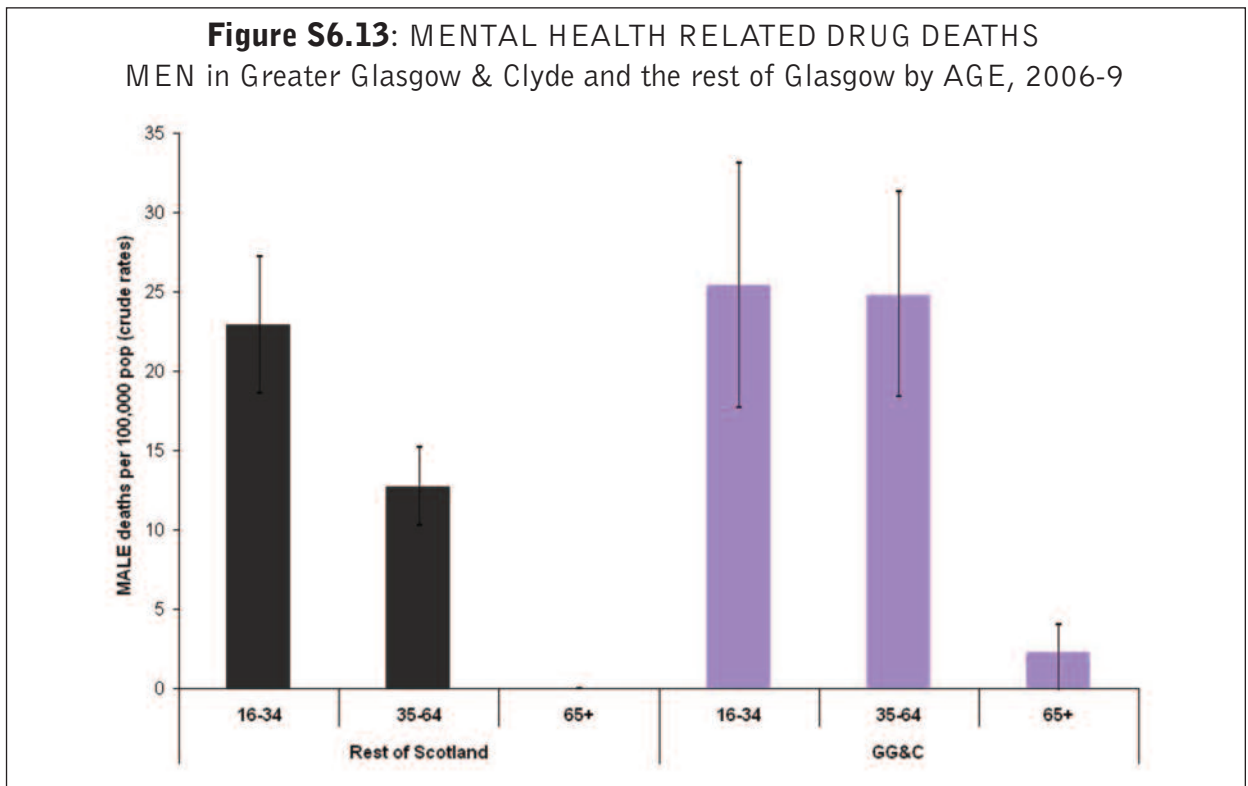


Source: Scottish Morbidity Record 04 linked file, ISD Scotland



# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 6. Inequalities by age



Source: General Register Office for Scotland, 2006-2009

### Discrimination

Consistent differences by age were observed in the discrimination domain, which includes being a victim of discrimination, being a victim of harassment, and perceptions of racial discrimination in Scotland. Older individuals were less likely to be victims of either discrimination or harassment and were also less likely to perceive racial discrimination as a problem in Scotland. Of those in the oldest age group (55 years and above) in GG&C, 7% reported being a victim of discrimination compared to 12% in the total GG&C population, 4% reported being a victim of harassment compared to 7% in the total GG&C population, and 12% of those over 60 years of age thought that racial discrimination was a big problem in Scotland compared to 19% in the total GG&C population. It is not clear from these data what is driving the age difference in the discrimination domain.





## Section 7. Inequalities by geography

### **Mental Health in Focus:**

A profile of mental health and wellbeing in Greater Glasgow & Clyde

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## Section 7. Inequalities by geography

These profiles follow the same format as the widely used *Community Health & Wellbeing Profiles*<sup>1</sup>, with data presented in a spine chart format.

### Notes and caveats

When interpreting the profiles the following points should be considered:

- Some of the small area geographies (i.e. neighbourhoods and intermediate zones) have small populations which can produce unstable estimates especially for the indicators with rare outcomes, such as deaths. Estimates with unexpected large deviations from the Scottish average should be interpreted with caution.
- The magnitude by which an indicator deviates (i.e. better or worse) from the Scottish average reflects not only how the geographical area differs from Scotland as a whole, but also the variation within the indicator. For example, home safety varies very little, the lowest local authority estimates for the percentage 'who feel safe in their own home alone at night' is 96% and the highest is 98%.
- The relevance of the observed difference between populations can only be guided by statistical significance not defined by it. For very large samples, such as population-level data, very small differences will reach statistical significance but may have little relevance. Similarly, for the indicators based on small survey samples large differences can fail to reach statistical significance but can nonetheless be informative, especially if conforming to a trend. For this reason, statistical significance levels are not presented in the spine charts but are available for local authorities in Section 8.

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<sup>1</sup><http://www.scotpho.org.uk/profiles>





## East Dunbartonshire Profile

# Section 7. East Dunbartonshire

East Dunbartonshire is largely an affluent area, with only 9% of the population living in income deprivation, contrasting with Scotland as a whole where 16% live in income deprivation (see Table ED.2 legend for details of income deprivation). Similarly, all but eight intermediate zones in East Dunbartonshire had significantly less income deprivation than the national average.

## Geographical coverage

This profile contains information for East Dunbartonshire and the intermediate zones within the local authority. Intermediate zones are small geographical areas with approximately 2000 – 6000 residents (Table ED.2).

**Table ED.2:** Population and Income Deprivation<sup>i</sup> for East Dunbartonshire by intermediate zone

Intermediate Zone	Population <sup>ii</sup>	Income deprived (%) <sup>i</sup>
Auchinairn	4,915	20
Barloch	3,147	4
Bishopbriggs North and Kenmure	5,530	5
Bishopbriggs West and Cadder	5,585	6
East Clober and Mains Estate	3,480	14
Harestanes	3,328	19
Hillhead	3,900	30
Kessington East	2,807	5
Kessington West	3,188	4
Keystone and Dougalston	3,866	8
Kilmardinny East	2,882	4
Kilmardinny West	3,415	4
Kirkintilloch South	3,071	13
Kirkintilloch West	3,957	14
Lennoxton	4,574	14
Lenzie North	5,474	8
Lenzie South	3,461	3
Milton of Campsie	3,975	8
North Castlehill and Thorn	4,533	4
Rosebank and Waterside	3,305	9
South Castlehill and Thorn	4,319	7
Torrance and Balmore	2,949	8
Twechar and Harestanes East	2,892	17
West Clober and Mains Estate	3,022	4
Westerton East	3,440	5
Westerton West	2,724	6
Woodhill East	2,572	6
Woodhill West	4,409	6
<b>East Dunbartonshire</b>	<b>104,720</b>	<b>9</b>

**i:** Percentage of the population in receipt of (or dependant on someone in receipt of) the following benefits: Income Support, Job Seekers Allowance, Guaranteed Pension Credits and Child and Working Tax Credits. Defined using the income domain of the Scottish Index of Multiple Deprivation (2008-2009).

**ii:** Small area population estimates (2008)



# Section 7. East Dunbartonshire

## Spine chart explained

The data are presented in spine charts with separate spine charts for East Dunbartonshire and its 28 intermediate zones. The intermediate zone spine charts are available at [www.gcph.co.uk/mentalhealthprofiles](http://www.gcph.co.uk/mentalhealthprofiles).

The information for each indicator is presented in the columns entitled 'Number' and 'Measure'. For example, for Depression (QOF) (indicator 4.2) 8,217 individuals were on the primary care depression register, representing 8% of the population.

The estimate relative to the Scottish population is represented by the horizontal bars. Bars extending to the left represent indicators where the estimate for East Dunbartonshire is worse than the Scottish average and bars extending to the right represent indicators where it is better. For example, the percentage of the population on the depression register is 4% higher (worse) in East Dunbartonshire than the Scottish average. The bar charts show a maximum of +/-70% difference with the Scottish average, to maintain a reasonable scale on the chart. The actual difference is shown numerically to the right of the bar chart.

Scotland was used as a comparison population consistent with other profiles (e.g. Community Health and Wellbeing Profiles, ScotPHO). Comparison estimates for GG&C can be found in Section 8.

# Section 7. East Dunbartonshire

East Dunbartonshire																						
	Indicator	Number	Measure	U	C	- (Worse)	Scottish Average (%)	(Better) +	Time Period													
<b>High level mental health outcomes</b>						-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70		
Mental health problems	4.2	Depression (QOF)	8,217	8	%															-4	2008/9	
	7	Mental health related drug deaths	12	4	r																+57	2006/9
	8	Mental health related alcohol deaths	10	4	r																+49	2007/9
	9	Suicide	41	12	r																+35	2006/9
	10.1	Psychosis patients	280	0.4	%	P															+39	2005/10
	11.1	All psychiatric discharges	739	9																	+33	2007/9
	11.3	Drug induced	15	0.2																	+60	
	11.4	Alcohol induced	61	0.7																	+65	
	11.5	Mood related	279	3.3																	+13	
	11.6	Schizophrenia & related	153	1.8																	+36	
11.7	Neurotic & related	28	0.3																	+67		
<b>Contextual factors: Individual</b>						-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70		
Indiv.	20	Adult learning		63	%																+26	2009
	25	Drug use		12	%																-17	2008
<b>Contextual factors: Community &amp; Structural</b>						-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70		
Community safety	CP	30	Volunteering		26	%															+29	2007/8
	38	Neighbourhood safety		79	%																+3	2007/8
	39	Home safety		98	%																+1	2007/8
	40	Perception of local crime		64	%																-12	2008
	41.2	Police-recorded acquisitive crime	1,319	126	r1	G															+47	2009
Social inclusion	42.2	Worklessness (Job Seeker Allowance claimants)	1,931	3	%																+27	July-Sept 2010
	42.3	Worklessness (all mental health IB claimants)	1,440	23																	+61	2008
		Drug induced	50	1																	+72	
		Alcohol induced	80	1																	+72	
		Mood related	600	10																	+50	
		Schizophrenia & related	70	1																	+44	
	Neurotic & related	490	8																	+70		
43	Education		93	%																+5	2008	
D	45	Perception of racial discrimination in Scotland		18	%																-15	2008
FS	47	Financial management		61	%																+17	2007/8
	48	Financial inclusion		100	%																+1	
Physical environment	49	Neighbourhood satisfaction		99	%																+7	2007/8
	50	Noise		12	%																+16	2005/8
	51	Greenspace		85	%																+14	2007/8
	52	House condition		86	%																+4	2005/8
	53.1	Overcrowding (subjective)		14	%																+7	2005/8
	53.2	Overcrowding (objective)		2	%																+20	2005/8
Violence	60.2	Partner abuse (police recorded) [single year]	310	34																	+46	2009
		Partner abuse (police recorded) [5 yrs aggregated]	1,000	23																	+40	2005/9
	61.2	Violent crime - offenders (police recorded)	422	46																	+47	2009/10
		Violent crime - victims (police recorded)	844	91																	+40	

**FS:** Financial security; **CP:** Community participation; **IB:** Incapacity benefit; **D:** Discrimination

The column entitled **U** details the units of the measure.

r - crude rate per 100,000 population;

r1 - crude rate per 10,000 population;

r2 - crude rate per 1000 population.

The column entitled **C** details where the spine comparison is not the Scottish average but with a local alternative.

G - Greater Glasgow & Clyde

P - PsyCIS area - which is GG&C excluding Inverclyde and Renfrewshire

The **Number** for indicators based on survey data have been left blank.

# Section 7. East Dunbartonshire

## Interpretation

Across most of the indicators East Dunbartonshire performed either as well as or better than the Scottish average.

### High level mental health outcomes

In East Dunbartonshire high level mental health outcomes were consistently better than the Scottish average. Large differences between East Dunbartonshire and the Scottish average were seen for mental health related drug deaths (57% lower than the Scottish average), drug- and alcohol-related psychiatric discharges (60% and 65% lower than the Scottish average, respectively), suicides (35% lower) and psychosis (39% lower).

Eight per cent of the population in East Dunbartonshire were on the primary care depression register (indicator 4.2), marginally higher (worse) than for Scotland. This indicator is not a measure of the prevalence of depression in the population but describes the proportion of the population identified by primary care services as having depression. The level in East Dunbartonshire was higher than the other local authorities in GG&C with the exception of West Dunbartonshire and Renfrewshire (see Section 8 for more information).

### Contextual indicators

East Dunbartonshire generally performed better than Scotland across the contextual factors, with the exception of drug use (an estimated 12% of adults reported using illicit drugs in the previous year, compared to 10% in Scotland), perception of local crime (an estimated 64% of adults in East Dunbartonshire reported that crime in their local area was very or fairly common, compared to 57% in Scotland) and perception of racial discrimination (an estimated 18% of adults thought racial discrimination was a big problem compared to 16% in Scotland).

### Drug use

The higher level of illicit drug use in East Dunbartonshire relative to the Scottish average was consistent with that seen in the GG&C as a whole (where 14% reported illicit drug use compared with 10% in Scotland) and in all but one local authority in the region. However, the size of the sample for the drug use indicator was small and produced wide confidence intervals (wide margins of error) so this difference needs to be interpreted cautiously.

### Racial discrimination

As in East Dunbartonshire, a relatively high proportion of people in GG&C perceived racial discrimination to be a big problem (19% in GG&C versus 16% in Scotland). This was also true of most local authorities in the region, suggesting particular issues with perceptions of racial discrimination across the GG&C region.

# Section 7. East Dunbartonshire

## Perception of crime

The higher level of perceived crime in East Dunbartonshire contrasts with lower levels of police recorded acquisitive crime (47% lower than the GG&C average) and police-recorded violent crime (over 40% fewer domestic abuse incidents, 47% fewer offenders of violent crime, 40% fewer victims of violent crime compared to the GG&C average<sup>2</sup>). However, the confidence intervals for perceived crime in East Dunbartonshire were wide (wide margins of error), so the true estimate of perception of crime may actually be similar to that for Scotland.

## Worklessness and related indicators

East Dunbartonshire performed particularly well on the worklessness indicators compared to the Scottish average: perhaps not so surprising given the low deprivation profile of the area. Only 3% were claiming Job Seekers Allowance in 2010, substantially (27%) lower than in Scotland. Similarly, only 2.3% (23/1000) were claiming a mental health related incapacity benefit – 61% lower than the Scottish average.

## Within East Dunbartonshire

(Available at [www.gcph.co.uk/mentalhealthprofiles](http://www.gcph.co.uk/mentalhealthprofiles))

For all but six of the intermediate zones within East Dunbartonshire most of the indicator estimates were better than the Scottish average. For five intermediate zones (Auchinairn, Harestanes, Kirkintilloch South, Kirkintilloch West, Twechar & Harestanes East) there was a mixed picture with some indicators better and others worse than the Scottish average. For only one intermediate zone (Hillhead) are the indicators consistently worse than the Scottish average.

It should be noted that only nine of the 51 indicators were available for the intermediate zones.

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<sup>2</sup>Police-recorded crime is not available for Scotland as a whole, therefore for these police recorded crime figures the comparison population is GG&C and not Scotland.



## East Renfrewshire Profile

# Section 7. East Renfrewshire

East Renfrewshire is a largely affluent area, with only 9% of the population living in income deprivation, contrasting with Scotland as a whole where 16% live in income deprivation (see Table ER.2 legend for details of income deprivation). For all but two of the intermediate zones in East Renfrewshire, the percentage of the population living in income deprivation was below the national average.

## Geographical coverage

This profile contains information for East Renfrewshire and the intermediate zones within the local authority. Intermediate zones are small geographical areas with approximately 2000 – 6000 residents (Table ER.2).

**Table ER.2:** Population and income deprivation<sup>i</sup> for East Renfrewshire by intermediate zone

Intermediate Zone	Population <sup>ii</sup>	Income deprived (%) <sup>i</sup>
Auchenback	3,597	26
Clarkston and Sheddens	5,900	4
Crookfur and Fruin	5,557	8
Cross Stobbs	3,301	7
Dunterlie, East Arthurlie and Dovecothall	5,765	26
Eaglesham and Waterfoot	4,643	7
Lower Whitecraigs and South Giffnock	3,413	3
Mearns Village, Westacres and Greenfarm	5,911	10
Mearnskirk and South Kirkhill	6,078	4
Merrylee and Braidbar	4,928	5
Netherlee	4,636	4
North Giffnock and North Thornliebank	3,550	13
North Kirkhill	3,153	6
South Thornliebank and Woodfarm	4,093	13
Stamperland	3,638	5
West Arthurlie and North Neilston	5,326	12
West Neilston and Uplawmoor	5,773	13
Whitecraigs and Broom	3,466	3
Williamwood	2,990	3
<b>East Renfrewshire</b>	<b>89,220</b>	<b>9</b>

**i:** Percentage of the population in receipt of (or dependant on someone in receipt of) the following benefits: Income Support, Job Seekers Allowance, Guaranteed Pension Credits and Child and Working Tax Credits. Defined using the income domain of the Scottish Index of Multiple Deprivation (2008-2009).

**ii:** Small area population estimates (2008)

Busby, an intermediate zone in NHS Lanarkshire, extends slightly into NHS GG&C. This intermediate zone has been excluded.

## Section 7. East Renfrewshire

### Spine chart explained

The data are presented in spine charts with separate spine charts for East Renfrewshire and each of the intermediate zones. The intermediate zone spine charts are available at [www.gcph.co.uk/mentalhealthprofiles](http://www.gcph.co.uk/mentalhealthprofiles)

The information for each indicator is presented in the columns entitled 'Number' and 'Measure'. For example, for Depression (QOF) (indicator 4.2) 4,814 individuals were on the primary care depression register, representing 6% of the population.

The estimate relative to the Scottish population is represented by the horizontal bars. Bars extending to the left represent indicators where the estimate for East Renfrewshire is worse than the Scottish average and bars extending to the right represent indicators where it is better. For example, the percentage of the population on the depression register is 28% lower (better) in East Renfrewshire than the Scottish average. The bar charts show a maximum of +/-70% difference with the Scottish average, to maintain a reasonable scale on the chart. The actual difference is shown numerically to the right of the bar chart.

Scotland was used as a comparison population consistent with other profiles (e.g. Community Health and Wellbeing Profiles, ScotPHO). Comparison estimates for GG&C can be found in Section 8.

# Section 7. East Renfrewshire

East Renfrewshire									
	Indicator	Number	Measure	U	C	- (Worse)	Scottish Average (%)	(Better) +	Time Period
<b>High level mental health outcomes</b>						-70 -60 -50 -40 -30 -20 -10 0 +10 +20 +30 +40 +50 +60 +70			
Mental health problems	4.2	Depression (QOF)	4,814	6	%			+28	2008/9
	7	Mental health related drug deaths	11	4	r			+52	2006/9
	8	Mental health related alcohol deaths	5	2	r			+69	2007/9
	9	Suicide	38	14	r			+26	2006/9
	10.1	Psychosis patients	192	0.4	%	P		+50	2005/10
	11.1	All psychiatric discharges	641	9				+29	2007/9
	11.3	Drug induced	13	0.2				+60	
	11.4	Alcohol induced	113	1.6	r2			+20	
	11.5	Mood related	246	3.5				+6	
	11.6	Schizophrenia & related	118	1.7				+39	
	11.7	Neurotic & related	36	0.5				+44	
<b>Contextual factors: Individual</b>						-70 -60 -50 -40 -30 -20 -10 0 +10 +20 +30 +40 +50 +60 +70			
Indiv.	20	Adult learning		50	%			0	2009
	25	Drug use		5	%			+51	2008
<b>Contextual factors: Community &amp; Structural</b>						-70 -60 -50 -40 -30 -20 -10 0 +10 +20 +30 +40 +50 +60 +70			
Community safety	CP 30	Volunteering		21	%			+6	2007/8
	38	Neighbourhood safety		77	%			+1	2007/8
	39	Home safety		98	%			+2	2007/8
	40	Perception of local crime		40	%			+29	2008
	41.2	Police-recorded acquisitive crime	975	112	r1	G		+53	2009
Social inclusion	42.2	Worklessness (Job Seeker Allowance claimants)	1,436	3	%			+35	July-Sept 2010
	42.3	Worklessness (all mental health IB claimants)	1,330	26				+56	2008
		Drug induced	40	1				+73	
		Alcohol induced	70	1	r2	G		+71	
		Mood related	540	10				+46	
		Schizophrenia & related	50	1				+51	
		Neurotic & related	510	10				+63	
43	Education		90	%			+2	2008	
D 45	Perception of racial discrimination in Scotland		17	%			-4	2008	
FS	47	Financial management		51	%			-3	2007/8
	48	Financial inclusion		99	%			+1	
Physical environment	49	Neighbourhood satisfaction		96	%			+4	2007/8
	50	Noise		9	%			+38	2005/8
	51	Greenspace		88	%			+17	2007/8
	52	House condition		89	%			+7	2005/8
	53.1	Overcrowding (subjective)		17	%			-13	2005/8
	53.2	Overcrowding (objective)		4	%			-13	2005/8
Violence	60.2	Partner abuse (police recorded) [single year]	260	35				+45	2009
		Partner abuse (police recorded) [5 yrs aggregated]	845	24				+38	2005/9
	61.2	Violent crime - offenders (police recorded)	310	47	r1	G		+46	2009/10
		Violent crime - victims (police recorded)	646	84				+44	

**FS:** Financial security; **CP:** Community participation; **IB:** Incapacity benefit; **D:** Discrimination

The column entitled **U** details the units of the measure.

r - crude rate per 100,000 population;

r1 - crude rate per 10,000 population;

r2 - crude rate per 1000 population.

The column entitled **C** details where the spine comparison is not the Scottish average but with a local alternative.

G - Greater Glasgow & Clyde

P - PsychICIS area which is GG&C excluding Inverclyde and Renfrewshire

The **Number** for indicators based on survey data have been left blank.



# Section 7. East Renfrewshire

## Interpretation

Across most of the indicators, East Renfrewshire performed either as well as or better than the Scottish average.

### High level mental health outcomes

In East Renfrewshire, the high level mental health outcomes were consistently better than the Scottish average, particularly for the drug- and alcohol-related indicators. Mental health related drug deaths were 52% lower and mental health related alcohol deaths were 69% lower than the Scottish average. The other alcohol- and drug-related indicators (psychiatric discharges, drug use and alcohol- and drug-related incapacity benefits) were also better in East Renfrewshire than Scotland.

### Contextual indicators

East Renfrewshire performed particularly well on the worklessness indicators, perhaps not surprising for a local authority with a low proportion living in income deprivation.

Perceptions of crime and levels of recorded crime were lower in East Renfrewshire compared to the Scottish average: 40% thought crime was very or fairly common in their area compared to 57% in Scotland, acquisitive crime was 53% lower, the number of violent offenders was 46% lower and the number of victims of violent crime were 44% lower than the GG&C average<sup>3</sup>.

Overcrowding was one issue for which East Renfrewshire performed less well than the Scottish average, both subjectively and objectively measured: an estimated 17% of adults in East Renfrewshire thought their home had too few rooms compared to 15% in Scotland and an estimated 4% of homes were overcrowded as defined by the 'Bedroom standard'<sup>4</sup> compared to 3% in Scotland.

### Within East Renfrewshire

(Available at [www.gcph.co.uk/mentalhealthprofiles](http://www.gcph.co.uk/mentalhealthprofiles))

The profile for all but two of the intermediate zones within East Renfrewshire reflected the profile seen for the authority as a whole, where all or most of the indicators were better than the Scottish average. Two intermediate zones (Auchenback; Dunterlie, East Arthurlie & Dovecothall) had a contrasting profile, with all or most indicators worse than the Scottish average. These two intermediate zones have a high proportion living in income deprivation.

It should be noted that only nine of the 51 indicators were available for intermediate zones.

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<sup>3</sup>Police recorded crime figures are not available for Scotland

<sup>4</sup>Bedroom standard: is a recognised measure of overcrowding. It allocates a required number of bedrooms to a household depending on the age, gender and marital status of each occupant. This is then compared with the actual number of bedrooms in the dwelling. If the actual number of bedrooms is less than the required number of bedrooms the dwelling is considered to be overcrowded.





## Glasgow City Profile

# Section 7. Glasgow City

## Geographical coverage

This profile contains information for Glasgow City together with the Community Health Partnership (CHP) sectors and neighbourhoods within the local authority. Neighbourhoods are small geographical areas with an average population of 10,000, typically ranging from 8,000 – 13,000 (Table Gla.2). The Glasgow CHP is organised into three administrative sectors, with approximately equal population.

**Table Gla.2 (a):** Population and income deprivation<sup>i</sup> for Glasgow City by CHP sector and neighbourhood

Sector/neighbourhood	Population <sup>ii</sup>	Income deprived (%) <sup>i</sup>
<b>Glasgow North East sector</b>	<b>176,212</b>	<b>29</b>
Baillieston & Garrowhill	17,633	14
Balornock & Barmulloch	7,422	33
Blackhill & Hogganfield	3,823	30
Calton & Bridgeton	13,612	32
City Centre & Merchant City <sup>iii</sup>	14,657	19
Dennistoun	10,916	23
Easterhouse	9,210	39
Haghill & Carntyne	8,444	33
Mount Vernon & East Shettleston	12,119	19
Parkhead & Dalrnock	6,194	48
Riddrie & Cranhill	10,997	33
Robroyston & Millerston	5,573	9
Ruchazie & Garthamlock	7,184	37
Sighthill, Roystonhill & Germiston <sup>iii</sup>	12,651	30
Springboig & Barlanark	13,118	38
Springburn	14,072	34
Tollcross & West Shettleston	14,965	32
<b>Glasgow North West sector</b>	<b>188,651</b>	<b>24</b>
Anniesland, Jordanhill & Whiteinch	9,837	16
Blairdardie	3,837	19
Broomhill & Partick West	11,832	16
Drumchapel	13,018	43
Hillhead & Woodlands	20,070	19
Hyndland, Dowanhill & Partick East	16,340	10
Kelvindale & Kelvinside	9,109	7
Knightswood	17,665	27
Lambhill & Milton <sup>iii</sup>	12,883	36
Maryhill Road Corridor	13,046	25
North Maryhill & Summerston	11,735	25
Ruchill & Possilpark	9,410	45
Temple & Anniesland	11,051	23
Yoker & Scotstoun	12,696	28
Yorkhill & Anderston	9,744	17

## Section 7. Glasgow City

**Table Gla.2 (b):** Population and income deprivation<sup>i</sup> for Glasgow City by CHP sector and neighbourhood

<b>Sector/neighbourhood</b>	<b>Population<sup>ii</sup></b>	<b>Income deprived (%)<sup>i</sup></b>
<b>Glasgow South sector</b>	<b>219,377</b>	<b>25</b>
Arden & Carnwadric	9,454	31
Bellahouston, Craigton & Mossspark	8,979	22
Carmunnock	1,456	18
Castlemilk	14,453	40
Cathcart & Simshill	8,376	11
Corkerhill & North Pollok	4,660	32
Croftfoot	6,242	19
Crookston & South Cardonald	7,906	21
Govanhill	15,478	30
Greater Gorbals	8,471	37
Greater Govan	12,161	35
Ibrox & Kingston	12,935	26
Kingspark & Mount Florida	9,140	16
Langside & Battlefield	10,605	15
Newlands & Cathcart	7,174	10
North Cardonald & Penilee	13,820	26
Pollok	11,308	22
Pollokshaws & Mansewood	12,807	25
Pollokshields East	7,353	36
Pollokshields West	6,885	13
Priesthill & Househillwood	8,451	36
Shawlands & Strathbungo	8,483	14
South Nitshill & Darnley	7,825	20
Toryglen	4,955	38
<b>Glasgow City</b>	<b>584,240</b>	<b>26</b>

**i:** Percentage of the population in receipt of (or dependant on someone in receipt of) the following benefits: Income Support, Job Seekers Allowance, Guaranteed Pension Credits and Child and Working Tax Credits. Defined using the income domain of the Scottish Index of Multiple Deprivation (2008-2009).

**ii:** Small area population estimates (2008)

**iii:** Three neighbourhoods span two sectors (Glasgow North East and Glasgow North West).

A much larger proportion of the population in Glasgow live in income deprivation compared to Scotland as a whole. In the Glasgow North West and Glasgow South sectors approximately one quarter of the population live in income deprivation. This rises to 29% in the Glasgow North East sector. In contrast, 16% live in income deprivation in Scotland as a whole (see Table Gla.2 legend for details of income deprivation). Across the 56 neighbourhoods the percentage of the population that live in income deprivation is high – in some neighbourhoods in Glasgow the percentage living in income deprivation reaches 40%. Income deprivation was low for only two neighbourhoods in the Glasgow North East sector, two neighbourhoods in the Glasgow North West sector and in two neighbourhoods in the Glasgow South sector.

# Section 7. Glasgow City

Three neighbourhoods span across the Glasgow North East and the Glasgow North West sectors. The population in each sector is shown below.

**Table Gla.3** Distribution of population in the neighbourhoods spanning more than one sector

Neighbourhood	Glasgow NE	Glasgow NW
City Centre & Merchant City	10,148	4,830
Sighthill, Roystonhill & Germiston	10,890	1,851
Lambhill & Milton	1,037	11,844

## Understanding Spine Charts

The data are presented in spine charts with separate spine charts for Glasgow City, the three sectors and the 56 neighbourhoods. The neighbourhood spine charts are available at [www.gcph.co.uk/mentalhealthprofiles](http://www.gcph.co.uk/mentalhealthprofiles).

The information for each indicator is presented in the columns entitled 'Number' and 'Measure'. For example, for Depression (QOF) (indicator 4.2) 53,078 individuals were on the primary care depression register, representing 8% of the population.

The estimate relative to the Scottish population is represented by the horizontal bars. Bars extending to the left represent indicators where the estimate for Glasgow City is worse than the Scottish average and bars extending to the right represent indicators where it is better. For example, the percentage of the population on the depression register is 1% higher (worse) in Glasgow City than the Scottish average. The bar charts show a maximum of +/-70% difference with the Scottish average, to maintain a reasonable scale on the chart. The actual difference is shown numerically to the right of the bar chart.

Scotland was used as a comparison population consistent with other profiles (e.g. Community Health and Wellbeing Profiles, ScotPHO). Comparison estimates for GG&C can be found in Section 8.

# Section 7. Glasgow City

Glasgow City																										
	Indicator	Number	Measure	U	C	- (Worse)	Scottish Average (%)	(Better) +	Time Period																	
<b>High level mental health outcomes</b>						-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70						
Mental health problems	4.2	Depression (QOF)	53,078	8	%																-1	2008/9				
	7	Mental health related drug deaths	328	17	r																	-105	2006/9			
	8	Mental health related alcohol deaths	137	9	r																	-23	2007/9			
	9	Suicide	516	26	r																	-44	2006/9			
	10.1	Psychosis patients	3,250	0.8	%	P																-15	2005/10			
	11.1	All psychiatric discharges	7,370	15																		-18	2007/9			
	11.3	Drug induced	317	0.6																		-20				
	11.4	Alcohol induced	1,124	2.3		r2																-15				
	11.5	Mood related	2,070	4.2																		-14				
	11.6	Schizophrenia & related	2,017	4.1																		-46				
	11.7	Neurotic & related	359	0.7																		+22				
<b>Contextual factors: Individual</b>						-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70						
Indiv.	20	Adult learning		46	%																	-8	2009			
	25	Drug use		18	%																		-78	2008		
<b>Contextual factors: Community &amp; Structural</b>						-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70						
Community safety	CP	30	Volunteering		17	%																	-15	2007/8		
		38	Neighbourhood safety		69	%																		-10	2007/8	
		39	Home safety		96	%																		-1	2007/8	
		40	Perception of local crime		66	%																		-16	2008	
		41.2	Police-recorded acquisitive crime	17,694	301	r1	G																	-26	2009	
Social inclusion	42.2	Worklessness (Job Seeker Allowance claimants)	25,497	6	%																			-55	July-Sept 2010	
	42.3	Worklessness (all mental health IB claimants)	27,950	71																				-22	2008	
		Drug induced	1,370	3																				-25		
		Alcohol induced	2,240	6		r2	G																	-25		
		Mood related	8,480	22																				-13		
		Schizophrenia & related	900	2																				-16		
	Neurotic & related	13,360	34																				-30			
	43	Education		82	%																			-7	2008	
D	45	Perception of racial discrimination in Scotland		20	%																			-26	2008	
FS	47	Financial management		44	%																			-16	2007/8	
	48	Financial inclusion		98	%																			-1		
Physical environment	49	Neighbourhood satisfaction		86	%																			-7	2007/8	
	50	Noise		18	%																				-28	2005/8
	51	Greenspace		67	%																				-11	2007/8
	52	House condition		79	%																				-5	2005/8
	53.1	Overcrowding (subjective)		16	%																				-7	2005/8
	53.2	Overcrowding (objective)		4	%																				-45	2005/8
Violence	60.2	Partner abuse (police recorded) [single year]	4,900	74																				-16	2009	
		Partner abuse (police recorded) [5 yrs aggregated]	13,921	57																					-48	2005/9
	61.2	Violent crime - offenders (police recorded)	6,124	98		r1	G																		-13	2009/10
		Violent crime - victims (police recorded)	11,306	181																					-19	

**FS:** Financial security; **CP:** Community participation; **IB:** Incapacity benefit; **D:** Discrimination

The column entitled **U** details the units of the measure.

r - crude rate per 100,000 population;

r1 - crude rate per 10,000 population;

r2 - crude rate per 1000 population.

The column entitled **C** details where the spine comparison is not the Scottish average but with a local alternative.

G - Greater Glasgow & Clyde

P - PsyCIS area which is GG&C excluding Inverclyde and Renfrewshire

The **Number** for indicators based on survey data have been left blank.







# Section 7. Glasgow City

## Interpretation

Across most of the indicators, Glasgow City performed less well than the Scottish average. This was true also of the three sectors, with one exception. Mental health related alcohol deaths in Glasgow North West, at 7/100,000, were marginally (10%) lower than the Scottish average of 7.6/100,000.

### High level mental health outcomes

Mental health related drug deaths in Glasgow City were considerably (105%) higher than the Scottish average. This is consistent with drug use data, where an estimated 18% of the adult population in Glasgow reported illicit drug use in the previous year compared to 10% in Scotland. Although less stark in comparison, the suicide rate for the City was also consistently higher (44%) than for Scotland as a whole.

The picture for mental health related alcohol deaths was mixed. Although the figure for Glasgow City was 23% higher than for Scotland, and in Glasgow North East this rose to 74% higher, in Glasgow North West mental health related alcohol deaths were 10% lower.

In contrast to most of the other high level mental health outcomes neurotic and related psychiatric admissions (largely anxiety) were 22% lower (better) in Glasgow City than the Scottish average. This was also seen in the other local authorities in GG&C, and conflicts with the high levels of anxiety detected in GG&C<sup>5</sup>. These data suggest that the culture for treating anxiety in a hospital setting within GG&C is different to that in Scotland as a whole.

### Contextual indicators

On all contextual indicators, Glasgow City fared less well than the Scottish average, and on many it was substantially worse.

Worklessness, as measured by Job Seekers Allowance, was notably high, at 55% above the Scottish average. This contrasted slightly with the population of adults claiming incapacity benefit, which was only 22% higher than the Scottish average. This difference might, in part, be reflecting the younger population in Glasgow City compared to Scotland as whole.

Overcrowding was markedly worse in the City, but interestingly only for the objectively measured indicator.

Police-recorded domestic violence incidents in the City were higher (16% higher in 2009 and 48% higher when aggregated over five years) than the average for GG&C (police data were not available for Scotland as a whole). This was true for all the three CHP sectors in the city.

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<sup>5</sup>Anxiety was defined as the proportion of the surveyed population that scored highly on a symptoms of anxiety scale – this indicator is not available for geographies smaller than GG&C

# Section 7. Glasgow City

## Within Glasgow City

(Available at [www.gcph.co.uk/mentalhealthprofiles](http://www.gcph.co.uk/mentalhealthprofiles))

It should be noted that only nine of the 51 indicators were available for the sectors and neighbourhoods.

### Glasgow North East

The profile for neighbourhoods in Glasgow North East largely reflected that seen in the sector as a whole, with the mental health profiles of the neighbourhoods reflecting the deprivation profile of each area, although there were some exceptions. Three neighbourhoods had a better mental health profile than would be indicated by their deprivation profile. Blackhill & Hogganfield, Riddrie & Cranhill, and Mount Vernon & East Shettleston had income deprivation estimates of 30%, 33% and 19% respectively compared with the Scottish average of 16%, but performed better than the Scottish average on several indicators.

### Glasgow North West

The mental health profile for neighbourhoods in Glasgow North West largely reflected that seen in the sector as a whole, although there were several neighbourhoods with a more mixed profile, where some indicators performed better than the Scottish average. The neighbourhoods with slightly better mental health profiles tended to be the less deprived neighbourhoods.

A couple of neighbourhood-specific variations are worth highlighting. Hyndland, Dowanhill & Partick East is a relatively affluent area with 10% of the population living in income deprivation, but it had a relatively high number of psychosis patients (indicator 10.1) and schizophrenia and related discharges. This may be related to local services for psychosis patients which may draw patients to the area. It is also notable that mental health related alcohol deaths in Yoker & Scotstoun were 20% lower (better) than the Scottish average in a neighbourhood in which 28% of the population live in income deprivation.

### Glasgow South

There was a more mixed picture for the neighbourhoods in Glasgow South, partly reflecting the mixed deprivation profile of the sector. Five neighbourhoods with high levels of income deprivation had consistently worse outcomes than the Scottish average (Castlemilk, Govanhill, Greater Gorbals, Greater Govan, Ibrox & Kingston). Three relatively affluent neighbourhoods (Cathcart & Simshill, Newlands & Cathcart, Pollokshields West) had consistently better outcomes than the Scottish average. Some of the other neighbourhoods had outcomes better than would be expected from their deprivation profile (e.g. Bellahouston & Craigton & Mossbank, Croftfoot, Kingspark & Mount Florida, North Cardonald & Penilee and South Nitshill & Darnley).





## Inverclyde Profile

# Section 7. Inverclyde

Inverclyde is largely a deprived local authority area, with 21% of the population living in income deprivation, compared to 16% in Scotland as a whole (see Table Inv.2 legend for details of income deprivation). Only five of the intermediate zones in Inverclyde are notably less deprived than the Scottish average (Table Inv.2).

## Geographical coverage

This profile contains information for Inverclyde and the intermediate zones within the local authority. Intermediate zones are small geographical areas with approximately 2000 – 6000 residents (Table Inv.2)<sup>6</sup>.

**Table Inv.2** Population and income deprivation<sup>i</sup> for Inverclyde by intermediate zone

Intermediate Zone	Population <sup>ii</sup>	Income deprived (%) <sup>i</sup>
Bow Farm, Barrs Cottage, Cowdenknowes and Overton	4,584	16
Braeside, Branchton, Larkfield and Ravenscraig	7,704	27
East Inverkip and West Gourock	3,243	4
Gourock Central, Upper East and IRH	4,363	14
Gourock East, Greenock West and Lyle Road	5,318	8
Gourock Upper and West Central	2,895	9
Greenock East	5,481	32
Greenock Town Centre and East Central	6,141	35
Greenock Upper Central	4,333	33
Greenock West and Central	5,254	14
Inverkip and Wemyss Bay	5,416	6
Kilmacolm Central and Inverclyde East	6,163	9
Lower Bow & Larkfield, Fancy Farm, Mallard Bowl	4,727	27
Port Glasgow Mid, East and Central	4,973	33
Port Glasgow Upper East	5,015	30
Port Glasgow Upper, West and Central	5,170	21
<b>Inverclyde</b>	<b>80,780</b>	<b>21</b>

**i:** Percentage of the population in receipt of (or dependant on someone in receipt of) the following benefits: Income Support, Job Seekers Allowance, Guaranteed Pension Credits and Child and Working Tax Credits. Defined using the income domain of the Scottish Index of Multiple Deprivation (2008-2009).

**ii:** Small area population estimates (2008)

<sup>6</sup>The intermediate zones used in this profile are modifications of the nationally defines intermediate zones - further details are available from GCPH.

## Understanding Spine Charts

The data are presented in spine charts with separate charts for Inverclyde and the 16 intermediate zones. The intermediate zone spine charts are available at [www.gcph.co.uk/mentalhealthprofiles](http://www.gcph.co.uk/mentalhealthprofiles).

The information for each indicator is presented in the columns entitled 'Number' and 'Measure'. For example, for Depression (QOF) (indicator 4.2) 6,635 individuals were on the primary care depression register, representing 8% of the population.

The estimate relative to the Scottish population is represented by the horizontal bars. Bars extending to the left represent indicators where the estimate for Inverclyde is worse than the Scottish average and bars extending to the right represent indicators where it is better. For example, the percentage of the population on the depression register is 1% lower (better) in Inverclyde than the Scottish average. The bar charts show a maximum of +/-70% difference with the Scottish average, to maintain a reasonable scale on the chart. The actual difference is shown numerically to the right of the bar chart.

Scotland was used as a comparison population consistent with other profiles (e.g. Community Health and Wellbeing Profiles, ScotPHO). Comparison estimates for GG&C can be found in Section 8.

# Section 7. Inverclyde

Inverclyde																							
	Indicator	Number	Measure	U	C	- (Worse)	Scottish Average (%)	(Better) +	Time Period														
<b>High level mental health outcomes</b>						-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70			
Mental health problems	4.2	Depression (QOF)	6,635	8	%															+1	2008/9		
	7	Mental health related drug deaths	21	8	r																+4	2006/9	
	8	Mental health related alcohol deaths	26	13	r																-72	2007/9	
	9	Suicide	50	19	r																-2	2006/9	
	10.1	Psychosis patients	n/a	n/a	%	P															n/a	n/a	
	11.1	All psychiatric discharges	1,434	21																			
	11.3	Drug induced	72	1.1																			
	11.4	Alcohol induced	365	5.5		r2																	
	11.5	Mood related	343	5.1																			
	11.6	Schizophrenia & related	280	4.2																			
11.7	Neurotic & related	37	0.6																				
<b>Contextual factors: Individual</b>						-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70			
Indiv.	20	Adult learning		40	%																		
	25	Drug use		16	%																		
<b>Contextual factors: Community &amp; Structural</b>						-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70			
CP	30	Volunteering		20	%																		
	38	Neighbourhood safety		65	%																		
Community safety	39	Home safety		97	%																		
	40	Perception of local crime		78	%																		
	41.2	Police-recorded acquisitive crime	1,365	170	r1	G																	
Social inclusion	42.2	Worklessness (Job Seeker Allowance claimants)	2,559	5	%																		
	42.3	Worklessness (all mental health IB claimants)	3,000	60																			
		Drug induced	200	4																			
		Alcohol induced	310	6		r2																	
		Mood related	1,080	22		G																	
		Schizophrenia & related	100	2																			
	Neurotic & related	1,080	22																				
43	Education		86	%																			
D	45	Perception of racial discrimination in Scotland		12	%																		
FS	47	Financial management		49	%																		
	48	Financial inclusion		98	%																		
Physical environment	49	Neighbourhood satisfaction		91	%																		
	50	Noise		14	%																		
	51	Greenspace		54	%																		
	52	House condition		81	%																		
	53.1	Overcrowding (subjective)		14	%																		
	53.2	Overcrowding (objective)		4	%																		
Violence	60.2	Partner abuse (police recorded) [single year]	332	44																			
		Partner abuse (police recorded) [5 yrs aggregated]	1,212	36																			
	61.2	Violent crime - offenders (police recorded)	449	61		r1																	
		Violent crime - victims (police recorded)	881	118		G																	

**FS:** Financial security; **CP:** Community participation; **IB:** Incapacity benefit; **D:** Discrimination

The column entitled **U** details the units of the measure.

r - crude rate per 100,000 population;

r1 - crude rate per 10,000 population;

r2 - crude rate per 1000 population.

The column entitled **C** details where the spine comparison is not the Scottish average but with a local alternative.

G - Greater Glasgow & Clyde

P - PsyCIS area which is GG&C excluding Inverclyde and Renfrewshire

The **Number** for indicators based on survey data have been left blank.



### Interpretation

Across most indicators, Inverclyde performed less well than the Scottish average, with estimates in Inverclyde notably better than the Scottish average in only six of the 26 local authority indicators.

#### Alcohol- and drug-related indicators

The alcohol- and drug-related measures fared consistently less well in Inverclyde compared to Scotland, suggesting that drugs and alcohol pose particular problems for the local authority area. The mental health related alcohol deaths in Inverclyde were 72% higher than the Scottish average (13 versus 7.6 per 100,000) – one of the highest rates among the local authorities in GG&C. Alcohol- and drug-related psychiatric admissions were 175% and 120% higher, respectively, than the Scottish average. Illicit drug use was 60% higher than the Scottish average. Drug-related incapacity benefit claims were high at 43% above the Scottish average and alcohol-related claims were 36% above the Scottish average. These high levels of drug- and alcohol-related IB claims contrast with the relatively low number of total psychiatric incapacity claimants in the local authority (only 3% higher than the Scottish average).

However, in contrast, the level of mental health related drug deaths in Inverclyde was comparable to the Scottish average (7.9 v 8.2 per 100,000). The discordance between drug-related deaths and other drug-related indicators was not seen in the other local authorities in the region and could possibly point to differences in how drug-related services are provided in Inverclyde.

#### Anxiety

In contrast to the other high level mental health outcomes the psychiatric admissions for neurotic and related conditions (largely anxiety) were lower (better) than the Scottish average. This was seen across GG&C, and contrasts with the high levels of anxiety detected in GG&C<sup>7</sup>. These data suggest that the culture for treating anxiety in a hospital setting within GG&C is different to that in Scotland as a whole.

#### Contextual indicators

##### Crime

In Inverclyde, perceptions of local crime were 36% higher than the Scottish average (an estimated 78% of Inverclyde adults reported that crime was 'very or fairly common in their area' compared to 57% in Scotland). This contrasted with the relatively low level of both acquisitive crime (170 in Inverclyde versus 238 per 10,000 in GG&C<sup>8</sup>) and offenders and victims of violent crime (30% and 22% lower in Inverclyde compared to GG&C). It should be noted that these crime indicators are based on crimes reported by the police, which are likely to be a significant under-estimate of real crime levels.

<sup>7</sup> The anxiety indicator is not available for geographies smaller than GG&C.

<sup>8</sup> Police-recorded crime data is not available for Scotland as a whole.

# Section 7. Inverclyde

## **Racial discrimination**

In Inverclyde, perceived discrimination (the estimated percentage of the population who perceive racial discrimination to be a big problem in Scotland) was 28% lower (better) than in Scotland as a whole, and was the lowest level of all the local authorities in GG&C, although the confidence intervals were wide (see Section 8 for more details). This may reflect lower levels of discrimination, different attitudes to discrimination in Inverclyde, or may be related to the ethnic mix of the local authority. Perceptions of racial discrimination will be harder to capture in populations with little ethnic diversity<sup>9</sup>.

## **Within Inverclyde**

(Available at [www.gcph.co.uk/mentalhealthprofiles](http://www.gcph.co.uk/mentalhealthprofiles))

Across the intermediate zones in Inverclyde, a picture of polarised communities is presented. Of the 16 intermediate zones, five performed substantially less well on the majority of the available mental health indicators (Greenock East, Greenock Town Centre & East Central, Greenock Upper Central, Lower Bow & Larkfield & Fancy Farm & Mallard Bowl, and lastly Port Glasgow Mid East & Central). Conversely, five intermediate zones performed substantially better on all or most of the available mental health indicators (Gourock East, Greenock West & Lyle Road, Gourock Upper & West Central, Inverkip & Wemyss Bay, Kilmacolm Central & Inverclyde East, and lastly, East Inverkip & West Gourock).

The remaining six intermediate zones presented a mixed picture: some indicators were better and some were worse than the Scottish average. The mental health profiles of the intermediate zones in Inverclyde generally reflected their deprivation profile (Table Inv.2).

It should be noted that only nine of the 51 indicators were available for intermediate zones.

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<sup>9</sup>0.9% of Inverclyde is from an ethnic minority, Census data, 2001



## Renfrewshire Profile

# Section 7. Renfrewshire

Renfrewshire is a mixed local authority area, with approximately half of the intermediate zones more income deprived than the Scottish average.

## Geographical coverage

This profile contains information for Renfrewshire and the intermediate zones within the local authority. Intermediate zones are small geographical areas with approximately 2000 – 6000 residents (Table Ren.2).

**Table Ren.2** Population and income deprivation<sup>i</sup> for Renfrewshire by intermediate zone

Intermediate Zone	Population <sup>ii</sup>	Income deprived (%) <sup>i</sup>
Bishopton	4,759	4
Bridge of Weir	4,620	10
Elderslie and Phoenix	5,155	12
Erskine Central	5,178	12
Erskine East and Inchinnan	6,007	5
Erskine West	5,838	11
Houston North	3,076	5
Houston South	3,374	3
Johnstone North East	3,256	24
Johnstone North West	3,292	32
Johnstone South East	4,295	24
Johnstone South West	5,103	24
Kilbarchan	3,294	10
Linwood North	4,336	18
Linwood South	3,891	28
Lochwinnoch	2,873	12
Paisley Central	7,128	20
Paisley Dykebar	3,737	8
Paisley East	3,492	23
Paisley Ferguslie	4,005	48
Paisley Foxbar	5,027	23
Paisley Gallowhill and Hillington	5,358	29
Paisley Glenburn East	3,321	18
Paisley Glenburn West	4,132	22
Paisley North	4,085	24
Paisley North East	5,609	19
Paisley North West	3,399	33
Paisley Ralston	4,841	4
Paisley South	3,766	6
Paisley South East	5,222	21
Paisley South West	5,063	4
Paisley West	5,447	19
Renfrew East	5,859	8
Renfrew North	3,286	22
Renfrew South	5,099	14
Renfrew West	6,125	21
Renfrewshire Rural North and Langbank	3,965	6
Renfrewshire Rural South & Howwood	3,487	7
<b>Renfrewshire</b>	<b>169,800</b>	<b>17</b>

<sup>i</sup>: Percentage of the population in receipt of (or dependant on someone in receipt of) the following benefits: Income Support, Job Seekers Allowance, Guaranteed Pension Credits and Child and Working Tax Credits. Defined using the income domain of the Scottish Index of Multiple Deprivation (2008-2009);  
<sup>ii</sup>: Small area population estimates (2008)

## Understanding Spine Charts

The data are presented in spine charts with separate spine charts for Renfrewshire and the intermediate zones. The intermediate zone spine charts are available at [www.gcph.co.uk/mentalhealthprofiles](http://www.gcph.co.uk/mentalhealthprofiles).

The information for each indicator is presented in the columns entitled 'Number' and 'Measure'. For example, for Depression (QOF) (indicator 4.2) 15,209 individuals were on the primary care depression register, representing 9% of the population.

The estimate relative to the Scottish population is represented by the horizontal bars. Bars extending to the left represent indicators where the estimate for Renfrewshire is worse than the Scottish average and bars extending to the right represent indicators where it is better. For example, the percentage of the population on the depression register is 10% higher (worse) in Renfrewshire than the Scottish average. The bar charts show a maximum of +/-70% difference with the Scottish average, to maintain a reasonable scale on the chart. The actual difference is shown numerically to the right of the bar chart.

Scotland was used as a comparison population consistent with other profiles (e.g. Community Health and Wellbeing Profiles, ScotPHO). Comparison estimates for GG&C can be found in Section 8.

# Section 7. Renfrewshire

Renfrewshire																							
	Indicator	Number	Measure	U	C	- (Worse)	Scottish Average (%)	(Better) +	Time Period														
<b>High level mental health outcomes</b>						-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70			
Mental health problems	4.2	Depression (QOF)	15,209	9	%															-10	2008/9		
	7	Mental health related drug deaths	60	11	r																-32	2006/9	
	8	Mental health related alcohol deaths	34	8	r																-7	2007/9	
	9	Suicide	121	22	r																-18	2006/9	
	10.1	Psychosis patients	n/a	n/a	%	P															n/a	n/a	
	11.1	All psychiatric discharges	2,238	16																		-26	2007/9
	11.3	Drug induced	108	0.8																		-60	
	11.4	Alcohol induced	582	4.2	r2																	-110	
	11.5	Mood related	641	4.6																		-23	
	11.6	Schizophrenia & related	390	2.8																		0	
11.7	Neurotic & related	121	0.9																		0		
<b>Contextual factors: Individual</b>						-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70			
Indiv.	20	Adult learning		45	%																-10	2009	
	25	Drug use		10	%																	-2	2008
<b>Contextual factors: Community &amp; Structural</b>						-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70			
Community safety	30	Volunteering		13	%																	-33	2007/8
	38	Neighbourhood safety		66	%																	-14	2007/8
	39	Home safety		97	%																	0	2007/8
	40	Perception of local crime		71	%																	-24	2008
	41.2	Police-recorded acquisitive crime	3,767	222	r1	G																+7	2009
Social inclusion	42.2	Worklessness (Job Seeker Allowance claimants)	5,098	5	%																	-14	July-Sept 2010
	42.3	Worklessness (all mental health IB claimants)	5,040	48																		+19	2008
		Drug induced	190	2																		+36	
		Alcohol induced	340	3	r2	G																+30	
		Mood related	1,910	18																		+5	
		Schizophrenia & related	190	2																		+9	
		Neurotic & related	2,020	19																		+27	
43	Education		85	%																		-3	2008
D	45	Perception of racial discrimination in Scotland		18	%																	-12	2008
FS	47	Financial management		49	%																	-6	2007/8
	48	Financial inclusion		100	%																	+1	
Physical environment	49	Neighbourhood satisfaction		94	%																	+1	2007/8
	50	Noise		13	%																	+8	2005/8
	51	Greenspace		65	%																	-14	2007/8
	52	House condition		78	%																	-6	2005/8
	53.1	Overcrowding (subjective)		15	%																	0	2005/8
	53.2	Overcrowding (objective)		1	%																	+53	2005/8
Violence	60.2	Partner abuse (police recorded) [single year]	1,008	61																		+4	2009
		Partner abuse (police recorded) [5 yrs aggregated]	3,261	47	r1	G																-21	2005/9
	61.2	Violent crime - offenders (police recorded)	1,194	77																		+11	2009/10
		Violent crime - victims (police recorded)	2,313	145																		+5	

**FS:** Financial security; **CP:** Community participation; **IB:** Incapacity benefit; **D:** Discrimination

The column entitled **U** details the units of the measure.

- r - crude rate per 100,000 population;
- r1 - crude rate per 10,000 population;
- r2 - crude rate per 1000 population.

The column entitled **C** details where the spine comparison is not the Scottish average but with a local alternative.

- G - Greater Glasgow & Clyde
- P - PsyCIS area which is GG&C excluding Inverclyde and Renfrewshire

The **Number** for indicators based on survey data have been left blank.

# Section 7. Renfrewshire

## Interpretation

The mental health profile for this authority area is mixed, with some indicators performing better than the Scottish average and others less well.

### High level mental health outcomes

All high level mental health outcomes were either worse than or comparable to the Scottish average. There was a considerably higher burden of alcohol-related psychiatric discharges.

### Contextual indicators

The contextual indicators painted a mixed picture. Community-related indicators, in general, were slightly less favourable in Renfrewshire than for Scotland as a whole, especially community participation as measured by volunteering. Across GG&C, the community-related indicators did not vary to the same degree as some of the other indicators, therefore the magnitude of the difference seen between Renfrewshire and Scotland is noteworthy.

The worklessness-related indicators showed an inconsistent pattern: while the level of Job Seekers Allowance claimants was marginally higher (14%) than the Scottish average; the level of mental health related incapacity benefit claimants was 19% lower.

The level of overcrowding (subjectively reported) was similar to Scotland but the objective overcrowding measure was considerably lower<sup>10</sup> (1% compared to 3% in Scotland as a whole).

### Within Renfrewshire

(Available at [www.gcph.co.uk/mentalhealthprofiles](http://www.gcph.co.uk/mentalhealthprofiles))

Across the intermediate zones, there was variation in the mental health profiles consistent with the variation in the income deprivation. Of the 17 intermediate zones that were significantly less deprived than the Scottish average, all consistently performed better than the Scottish average. Of the 16 intermediate zones that were substantially more deprived than the Scottish average 13 consistently performed less well than the Scottish average. Three deprived intermediate zones deviated from this pattern: Johnstone North East, Johnstone South West and Linwood South. Although 24% of the Johnstone North East population live in income deprivation the mental health death indicators were all lower (better) than the Scottish average: the mental health related drug deaths were 43% lower, the mental health related alcohol deaths were 48% lower and suicides were 39% lower than the Scottish average.

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<sup>10</sup>'Bedroom standard': is a recognised measure of overcrowding. It allocates a required number of bedrooms to a household depending on the age, gender and marital status of each occupant. This is then compared with the actual number of bedrooms in the dwelling. If actual number of bedrooms is less than the required number of bedrooms the dwelling is considered to be overcrowded

## Section 7. Renfrewshire

In Johnstone South West, in which 24% live in income deprivation, the mental health related drug deaths were 29% lower and the drug-related psychiatric discharges 23% lower than the Scottish average, although the mental health related alcohol deaths remained high (63% higher than the Scottish average).

In Linwood South, where 28% live in income deprivation, the mental health related drug and alcohol deaths were also lower than the Scottish average, although suicides remained high.

The comparison of Ferguslie Park (Paisley Ferguslie) with the Scottish average was striking, identifying a large burden of mental ill-health in this area. Ferguslie Park is a very deprived area, with 48% of the population living in income deprivation. Mental health related drug deaths were 233% higher than the Scottish average, suicides 137% higher, and drug-related psychiatric discharges 807% higher than the Scottish average. At 12%, the percentage claiming Job Seekers Allowance was 211% higher than in Scotland, where the figure was 4%. The number of offenders and victims of violent crime was 136% and 100% above the average for GG&C (police crime data was only available for GG&C and not Scotland as a whole).

It should be noted that only nine of the 51 indicators were available for intermediate zones.





## West Dunbartonshire **Profile**

# Section 7. West Dunbartonshire

West Dunbartonshire is on average more deprived than Scotland with 22% of the population living in income deprivation compared to 16% for Scotland as a whole (see Table WD.2 legend for details of income deprivation). The local authority area contains a mixture of both affluent and deprived communities; of the 18 intermediate zones, five were less deprived than the Scottish average and 11 were notably more deprived.

## Geographical coverage

This profile contains information for West Dunbartonshire and the intermediate zones within the local authority. Intermediate zones are small geographical areas with approximately 2000-6000 residents (Table WD.2).

**Table WD.2:** Population and income deprivation<sup>i</sup> for West Dunbartonshire by intermediate zone

Intermediate Zone	Population <sup>ii</sup>	Income deprived (%) <sup>i</sup>
Alexandria	5,357	17
Balloch North East/Gartocharn/ Mill of Haldane	5,363	20
Bonhill	5,200	24
Bowling	5,529	11
Braidfield	3,569	15
Dalmuir	4,328	32
Dumbarton Central - Silvertown West/Townend	6,106	13
Dumbarton East/Bowling/Barnhill/Crosslet	4,322	11
Dumbarton North East - Bellsmyre/ Silvertown East	5,015	23
Dumbarton West - Brucehill/Dennytown/ Kirktonhill	5,638	26
Duntocher	4,455	15
Hardgate/Faifley	5,373	31
Jamestown/Rural Moorland	4,568	22
Kilbowie	5,917	30
Mountblow/Parkhall	5,684	28
Radnor Park	4,607	24
Renton	5,319	17
Whitecreek	4,590	29
<b>West Dunbartonshire</b>	<b>90,940</b>	<b>22</b>

**i:** Percentage of the population in receipt of (or dependant on someone in receipt of) the following benefits: Income Support, Job Seekers Allowance, Guaranteed Pension Credits and Child and Working Tax Credits. Defined using the income domain of the Scottish Index of Multiple Deprivation (2008-2009).

**ii:** Small area population estimates (2008).

## Understanding Spine Charts

The data are presented in spine charts with separate spine charts for West Dunbartonshire and the intermediate zones. The intermediate zone spine charts are available at [www.gcph.co.uk/mentalhealthprofiles](http://www.gcph.co.uk/mentalhealthprofiles).

The information for each indicator is presented in the columns entitled 'Number' and 'Measure'. For example, for Depression (QOF) (indicator 4.2) 8,850 individuals were on the primary care depression register, representing 9% of the population.

The estimate relative to the Scottish population is represented by the horizontal bars. Bars extending to the left represent indicators where the estimate for West Dunbartonshire is worse than the Scottish average and bars extending to the right represent indicators where it is better. For example, the percentage of the population on the depression register is 16% higher (worse) in West Dunbartonshire than the Scottish average. The bar charts show a maximum of +/-70% difference with the Scottish average, to maintain a reasonable scale on the chart. The actual difference is shown numerically to the right of the bar chart.

Scotland was used as a comparison population consistent with other profiles (e.g. Community Health and Wellbeing Profiles, ScotPHO). Comparison estimates for GG&C can be found in Section 8.

# Section 7. West Dunbartonshire

West Dunbartonshire																								
	Indicator	Number	Measure	U	C	- (Worse)	Scottish Average (%)	(Better) +	Time Period															
<b>High level mental health outcomes</b>						-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70				
Mental health problems	4.2	Depression (QOF)	8,850	9	%															-16	2008/9			
	7	Mental health related drug deaths	44	15	r																-80	2006/9		
	8	Mental health related alcohol deaths	19	8	r																-12	2007/9		
	9	Suicide	87	29	r																-59	2006/9		
	10.1	Psychosis patients	349	0.6	%	P															+16	2005/10		
	11.1	All psychiatric discharges	940	13																	+2	2007/9		
	11.3	Drug induced	18	0.2																	+60			
	11.4	Alcohol induced	81	1.1	r2																+45			
	11.5	Mood related	345	4.6																	-24			
	11.6	Schizophrenia & related	267	3.6																	-29			
11.7	Neurotic & related	25	0.3																	+67				
<b>Contextual factors: Individual</b>						-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70				
Indiv.	20	Adult learning		55	%																+11	2009		
	25	Drug use		17	%																	-71	2008	
<b>Contextual factors: Community &amp; Structural</b>						-70	-60	-50	-40	-30	-20	-10	0	+10	+20	+30	+40	+50	+60	+70				
CP	30	Volunteering		17	%																	-14	2007/8	
Community safety	38	Neighbourhood safety		65	%																	-14	2007/8	
	39	Home safety		97	%																	+1	2007/8	
	40	Perception of local crime		69	%																	-20	2008	
	41.2	Police-recorded acquisitive crime	1,576	173	r1	G																+27	2009	
Social inclusion	42.2	Worklessness (Job Seeker Allowance claimants)	3,253	5	%																	-36	July-Sept 2010	
	42.3	Worklessness (all mental health IB claimants)	3,330	58																		0	2008	
		Drug induced	170	3																		-6		
		Alcohol induced	250	4	r2	G																+4		
		Mood related	1,120	20																		-3		
		Schizophrenia & related	110	2																		+2		
	Neurotic & related	1,400	25																		+6			
	43	Education		83	%																	-6	2008	
D	45	Perception of racial discrimination in Scotland		17	%																	-9	2008	
FS	47	Financial management		50	%																	-4	2007/8	
	48	Financial inclusion		99	%																	0		
Physical environment	49	Neighbourhood satisfaction		91	%																	-2	2007/8	
	50	Noise		20	%																	-41	2005/8	
	51	Greenspace		78	%																	+4	2007/8	
	52	House condition		76	%																	-8	2005/8	
	53.1	Overcrowding (subjective)		17	%																		-13	2005/8
	53.2	Overcrowding (objective)		3	%																		+1	2005/8
Violence	60.2	Partner abuse (police recorded) [single year]	771	87																		-36	2009	
		Partner abuse (police recorded) [5 yrs aggregated]	1,334	36																		+8	2005/9	
	61.2	Violent crime - offenders (police recorded)	923	108		r1	G															-24	2009/10	
		Violent crime - victims (police recorded)	1,525	176																		-16		

**FS:** Financial security; **CP:** Community participation; **IB:** Incapacity benefit; **D:** Discrimination

The column entitled **U** details the units of the measure.

r - crude rate per 100,000 population;

r1 - crude rate per 10,000 population;

r2 - crude rate per 1000 population.

The column entitled **C** details where the spine comparison is not the Scottish average but with a local alternative.

G - Greater Glasgow & Clyde

P - PsychICIS area which is GG&C excluding Inverclyde and Renfrewshire

The **Number** for indicators based on survey data have been left blank.

## Section 7. West Dunbartonshire

### Interpretation

West Dunbartonshire presents a mixed mental health profile: some indicators performed better and others less well than the Scottish average. This was true of both the high level mental health outcomes and the contextual indicators.

#### High level mental health outcomes

Mental health related drug deaths and suicides were markedly higher (80% and 59%, respectively) in West Dunbartonshire than in Scotland as a whole. Consistent with this, illicit drug use was 71% higher than the Scottish average.

Drug-related psychiatric discharges were considerably lower (60%) in West Dunbartonshire than the Scottish average, which is noteworthy given the high level of mental health related drug deaths. There was a similar contrast between low levels of psychiatric discharges for neurotic and related disorders (largely anxiety) and high levels of self reported anxiety symptoms in GG&C (see Section 8). These seemingly conflicting data might suggest different local cultures for treating certain mental health conditions in a hospital setting.

#### Contextual indicators

Similarly, a mixed picture was seen for the contextual factors.

Indicators on which West Dunbartonshire performed less well included worklessness, problematic neighbourhood noise and violence.

In West Dunbartonshire the proportion of adults claiming Job Seekers Allowance was 36% higher (worse) than the Scottish average, although this was not reflected in the proportion of adults claiming incapacity benefits, which was similar to the Scottish average.

Police recorded domestic violence in West Dunbartonshire was 36% higher than the GG&C average (police recorded crime figures were not available for the whole of Scotland). Incidents recorded in West Dunbartonshire rose dramatically in 2008 (See Section 8, indicator 60.2). This rise is likely to be a reflection of changes in police practices in West Dunbartonshire over this time.

#### Within West Dunbartonshire

(Available at [www.gcph.co.uk/mentalhealthprofiles](http://www.gcph.co.uk/mentalhealthprofiles))

Although the mental health profiles of the intermediate zones broadly reflect the income deprivation of the areas, the association between the mental health and deprivation profiles of the intermediate zones was not as strong as for some of the other local authorities in GG&C. For example, for many intermediate zones with a level of income deprivation considerably higher than the Scottish average several high level mental health indicators were better than the Scottish average (Hardgate/Faifley, Radnor Park, Bonhill, Jamestown/Rural Moorland).

It should be noted that only nine of the 51 indicators were available for intermediate zones.





## Section 8. Mental health & wellbeing indicators

### **Mental Health in Focus:**

A profile of mental health and wellbeing in Greater Glasgow & Clyde





## Section 8. Mental health & wellbeing indicators

### Indicators and purpose

The development of the indicator set has been described in detail in the Introduction (section 2). Briefly, this report presents data on 51 separate adult indicators within 14 domains to describe the mental health and wellbeing in Greater Glasgow and & Clyde. The indicators used are based on the national mental health indicators<sup>1</sup>, which were commissioned by the Scottish Government's *National Programme for Improving Mental Health and Wellbeing*.

The purpose of this section is to provide as comprehensive a picture as possible for each domain. Data for each indicator are presented with estimates, where available, by age, sex, area deprivation, occupational group, across time and across geographical areas.

The indicators are grouped into two broad sections (the high level mental health outcomes and the contextual indicators) and divided further into domains (e.g. healthy living, community safety & trust, etc). Summaries are given at the beginning of each domain, providing an overview of the patterns and trends that emerged within the domain.

### Notes and definitions

**Indicator format:** a consistent format has been adopted for each indicator. The core information (estimates for Greater Glasgow & Clyde and the rest of Scotland, estimates by age, sex, area deprivation and, where available, occupational group) is presented in three ways: summarised in bullet points, in a table and graphically.

Additional data (local authority estimates and relevant sub-group analysis) are also presented where available, and by necessity do not follow a consistent format.

**Indicator numbering:** the numbering of indicators follows the broad category structure: 1-11 are high level mental health indicators; 20 to 29 are individual contextual indicators; and 30+ are community/structural contextual indicators.

**Area level deprivation:** area deprivation was measured using the Scottish Index of Multiple Deprivation (SIMD), a deprivation score using information from seven domains. Geographical areas were categorised into quintiles based on the distribution in Scotland i.e. an area in the most deprived quintile has a deprivation score that is in the lowest fifth in Scotland.

**Occupations:** occupational group classification was based on the National Statistics Socioeconomic Classification (NS-SEC), a method of coding occupations into categories. *Managerial and professional* – includes higher and lower managerial roles, recognised professional roles (teacher, doctor, police officer, etc). *Intermediate* – includes clerical roles (e.g. personal assistant), employers of small organisations and other miscellaneous occupations (e.g. nursery nurse). *Routine and manual* – includes lower supervisory, technical, semi-routine, service and routine roles.

**Trend by age:** age categories were dictated by the data source, the distribution of the outcomes or by the sample size. For this reason, it was not possible to use the same age categories across all indicators and not appropriate to produce ratios of the youngest to oldest age category. Instead, the trend by age has been qualitatively described (marginal, moderate, strong, etc).

<sup>1</sup> Parkinson J. *Establishing a core set of national, sustainable mental health indicators for adults in Scotland: Final report*. Glasgow: NHS Health Scotland, 2007.

## Section 8. Mental health & wellbeing indicators

**Table S8.1** Domains (in **bold**) and indicators used as basis for describing the mental health and wellbeing of GG&C

High level mental health outcomes	Contextual factors		
	Individual	Community	Structural
<p><b>Positive mental health</b></p> <ul style="list-style-type: none"> <li>- Positive mental health (Warwick-Edinburgh Mental Wellbeing Scale)<sup>i</sup></li> <li>- Life satisfaction</li> </ul> <p><b>Mental health problems</b></p> <ul style="list-style-type: none"> <li>- Common mental health problems (GHQ-12)</li> <li>- Depression<sup>§</sup></li> <li>- Anxiety</li> <li>- Alcohol dependency</li> <li>- Mental health related drug deaths</li> <li>- Mental health related alcohol deaths<sup>New</sup></li> <li>- Suicides</li> <li>- Psychosis<sup>New</sup></li> <li>- Psychiatric inpatient discharges<sup>New</sup></li> </ul>	<p><b>Learning and development</b></p> <ul style="list-style-type: none"> <li>- Adult learning</li> </ul> <p><b>Healthy living</b></p> <ul style="list-style-type: none"> <li>- Physical activity</li> <li>- Healthy eating</li> <li>- Alcohol consumption<sup>§</sup></li> <li>- Drug use</li> </ul> <p><b>General health</b></p> <ul style="list-style-type: none"> <li>- Self-reported health</li> <li>- Long-standing physical condition or disability</li> <li>- Limiting long-standing physical condition or disability</li> </ul>	<p><b>Community participation</b></p> <ul style="list-style-type: none"> <li>- Volunteering</li> <li>- Involvement in local community</li> <li>- Influencing local decisions</li> </ul> <p><b>Social networks and support</b></p> <ul style="list-style-type: none"> <li>- Social contact</li> <li>- Social support</li> <li>- Caring</li> </ul> <p><b>Community safety and trust</b></p> <ul style="list-style-type: none"> <li>- General trust</li> <li>- Neighbourhood trust</li> <li>- Neighbourhood safety</li> <li>- Home safety</li> <li>- Perception of local crime</li> <li>- Non-violent neighbourhood crime<sup>§</sup></li> </ul>	<p><b>Social inclusion</b></p> <ul style="list-style-type: none"> <li>- Worklessness<sup>§</sup></li> <li>- Education</li> </ul> <p><b>Discrimination</b></p> <ul style="list-style-type: none"> <li>- Victim of discrimination</li> <li>- Perception of racial discrimination</li> <li>- Victim of harassment</li> </ul> <p><b>Financial security</b></p> <ul style="list-style-type: none"> <li>- Financial management</li> <li>- Financial inclusion</li> </ul> <p><b>Physical environment</b></p> <ul style="list-style-type: none"> <li>- Neighbourhood satisfaction</li> <li>- Noise</li> <li>- Greenspace</li> <li>- House condition</li> <li>- Overcrowding<sup>§</sup></li> </ul> <p><b>Working life</b></p> <ul style="list-style-type: none"> <li>- Stress</li> <li>- Work-life balance</li> <li>- Working life demands</li> <li>- Working life control</li> <li>- Manager support</li> <li>- Colleague support</li> </ul> <p><b>Violence</b></p> <ul style="list-style-type: none"> <li>- Partner abuse<sup>§</sup></li> <li>- Neighbourhood violence<sup>§</sup></li> </ul>

<sup>i</sup> WEMWBS: is the Warwick-Edinburgh Mental Wellbeing Scale, a 14-item, positively worded, self-completed questionnaire covering most aspects of positive mental health known at the time of development.

<sup>§</sup> Indicator augmented with additional data

<sup>New</sup> Additional to national mental health indicators. Mental health related alcohol deaths were included as an additional indicator because of the large level of alcohol-related harm in GG&C.

The following indicators from the national mental health indicators were not included in this report because data was not available for GG&C: Deliberate self harm, Income inequality, Escape facility, Attitude to violence; Spirituality, Emotional intelligence).

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Alcohol dependency	126
Mental health related drug deaths	128
Mental health related alcohol deaths	132
Suicides	136
Psychosis	139
Psychiatric inpatient discharges	144
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## Section 8. Mental health & wellbeing indicators

### HIGH LEVEL MENTAL HEALTH OUTCOMES

#### Summary

The high level mental health outcomes in Greater Glasgow and Clyde (GG&C) were worse than, or similar to, the rest of Scotland, with few exceptions. The most notable differences were seen for depression, anxiety and drug-related deaths. Estimates for these three indicators were approximately two times higher than for the rest of Scotland.

#### Multiple inequalities

The differences between GG&C and the rest of Scotland were greater in the high level mental health outcomes, particularly the negative mental health outcomes, than the contextual indicators. In general, the high level mental health outcome estimates for GG&C were between 20-100% higher than the rest of Scotland. This compares with the contextual factors, where the excess in GG&C tended to be smaller; generally around 20-40%. The greater difference between GG&C and the rest of Scotland in the high level mental health outcomes relative to the contextual factors may be reflecting the unequal distribution of inequalities in the population. In that, some populations will experience multiple inequalities, such as overcrowding together with worklessness and significant caring responsibilities, which will collectively have an additional negative influence on mental health.

#### Positive and negative mental health

The large inequalities in the high level *negative* mental health indicators across population groups, particularly between GG&C and the rest of Scotland, contrasts with the relatively small differences in the *positive* mental health indicators. The positive mental health domain is represented by WEMWBS, a newly developed scale for assessing positive mental health, and life satisfaction.

While it is recognised that the drivers of mental wellbeing are not always the drivers of mental ill-health, the disconnect between the picture painted by negative and positive mental health indicators is noteworthy. The lack of variation in WEMWBS across all population groups examined may suggest a lack of sensitivity of the measure to detect differences in this context. Alternatively, different expectations of health and wellbeing across different populations could help explain the lack of variation in the positive mental health outcomes. For example, it may be that in the Glasgow region, where the population's health is worse compared to Scotland as a whole, the population becomes conditioned to regard this as the 'norm', effectively having lower expectations for good health.

Discussion of trends by age, sex and area deprivation and between GG&C and the rest of Scotland can be found in the topic-specific summaries (Sections 3-6) and profiles for local authorities can be found in Section 7.



## Positive mental health domain

1. *Positive mental health (Warwick-Edinburgh Mental Wellbeing Scale)*
2. *Life satisfaction*

## Section 8. Positive mental health domain

### 1. Positive mental health (Warwick-Edinburgh Mental Wellbeing Scale)

<b>Definition</b>	Mean score on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS, minimum-maximum=14-70) for adults (16yrs+)						
<b>Source</b>	Scottish Health Survey, 2008						
<b>GG&amp;C estimate</b>	Mean positive mental health score for adults of 50 [on a scale of 14 to 70]						
<b>Summary</b>	<ul style="list-style-type: none"> <li>The positive mental health scores varied little across the different population groups.</li> <li>No difference in positive mental health was detected between GG&amp;C and the rest of Scotland.</li> <li>Women had only marginally lower positive mental health scores compared to men.</li> <li>Positive mental health was only marginally associated with age; with older individuals reporting lower positive mental health scores than their younger counterparts.</li> <li>Similarly, area deprivation and occupational group were only marginally associated with positive mental health; those in the least deprived quintile had scores 10% higher than those in the most deprived quintile and those in managerial &amp; professional occupations had scores only 6% higher than those in routine &amp; manual occupations.</li> </ul>						
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>					Ratio
	50	50					1
<b>Inequalities in WEMWBS scores: GG&amp;C</b>							
<b>Sex</b>	<b>Female</b>	<b>Male</b>					Ratio
	49	50					1.02 [ \$ ]
<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35- 44</b>	<b>45-54</b>	<b>55-64</b>	<b>65+</b>	Trend
	50	50	51	49	49	49	Marginal
<b>Area level deprivation (SIMD quintiles)</b>	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>		Ratio
	52	50	51	50	47		1.1 [ \$ ]
<b>Occupation (ns-sec)</b>	<b>Managerial &amp; prof.</b>		<b>Intermediate</b>		<b>Routine &amp; manual</b>		Ratio
	51		50		48		1.06 [ \$ ]

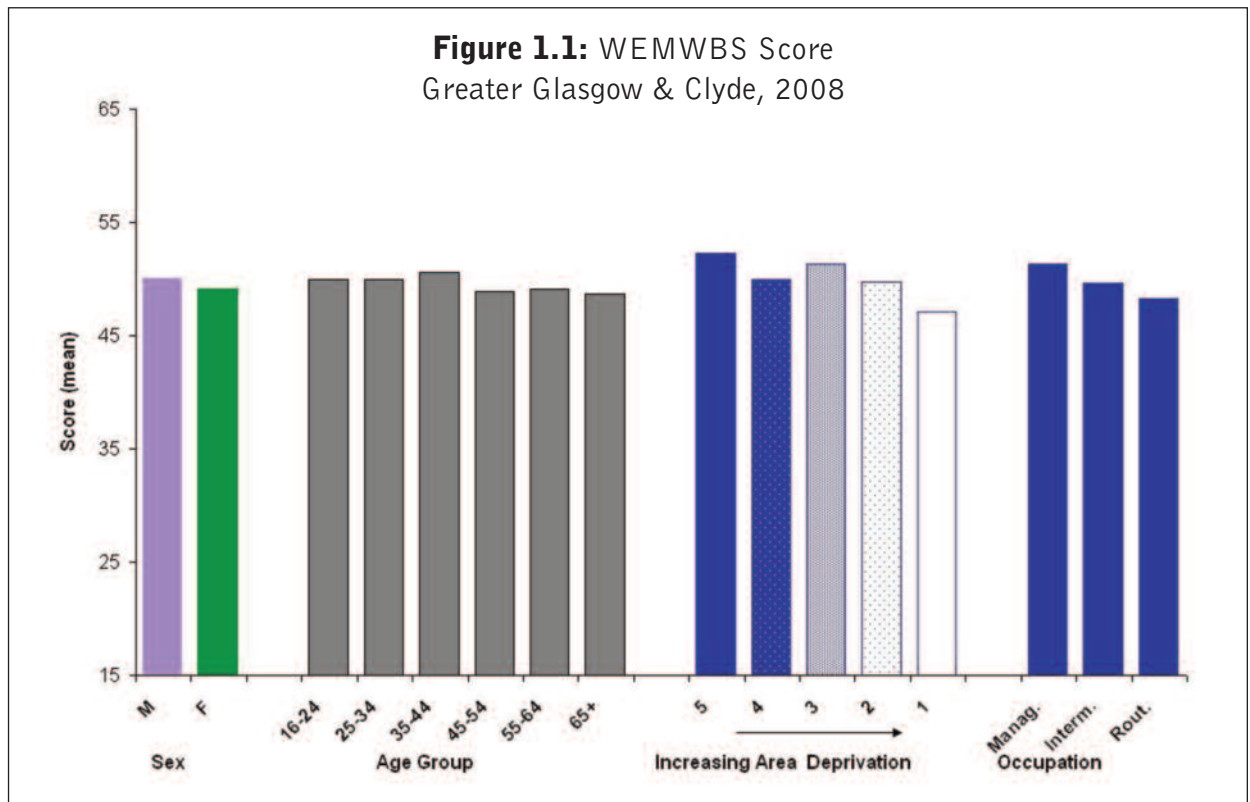
Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories

**[ \$ ]**: Statistically significantly different from 1

**[ NS ]**: Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

## Section 8. Positive mental health domain



# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Positive mental health domain

### 2. Life satisfaction

<b>Definition</b>	Mean score of how satisfied adults (16 yrs+) are with their life (0=extremely dissatisfied, 10=extremely satisfied)						
<b>Source</b>	Scottish Health Survey, 2008						
<b>GG&amp;C estimate</b>	Mean satisfaction score for adults of 7.3 (on a scale of 0-10)						
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Relatively high life satisfaction scores (&gt;7) were reported in most groups, with only moderate variations across population groups.</li> <li>• The average life satisfaction for regions outside GG&amp;C was only marginally higher (5%) than for GG&amp;C, although this difference was statistically significant.</li> <li>• Similarly, life satisfaction scores for men were only marginally (2%), but statistically significantly, higher than for women.</li> <li>• There was a weak trend by age with a slight fall in life satisfaction with increasing age. The pattern by age in GG&amp;C differed from the rest of Scotland, particularly for women (Figure 2.2).</li> <li>• There was a moderate association between life satisfaction and area deprivation; those in the least deprived quintile had scores 20% higher than those in the most deprived quintile.</li> <li>• Compared with area deprivation the association with occupational group was slightly weaker; those in managerial &amp; professional occupations had life satisfaction scores 10% higher than those in routine &amp; manual occupations.</li> </ul>						
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>					Ratio
	7.3	7.7					1.05 [\$]
<b>Inequalities in life satisfaction score: GG&amp;C</b>							
<b>Sex</b>	<b>Female</b>	<b>Male</b>					Ratio
	7.2	7.4					1.02 [\$]
<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65+</b>	Trend
	7.6	7.5	7.2	7.2	7.2	7.1	Weak
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>		Ratio
	7.9	7.4	7.8	7.3	6.7		1.2 [\$]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>		<b>Intermediate</b>		<b>Routine &amp; manual</b>		Ratio
	7.7		7.4		7.0		1.1 [\$]

Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories

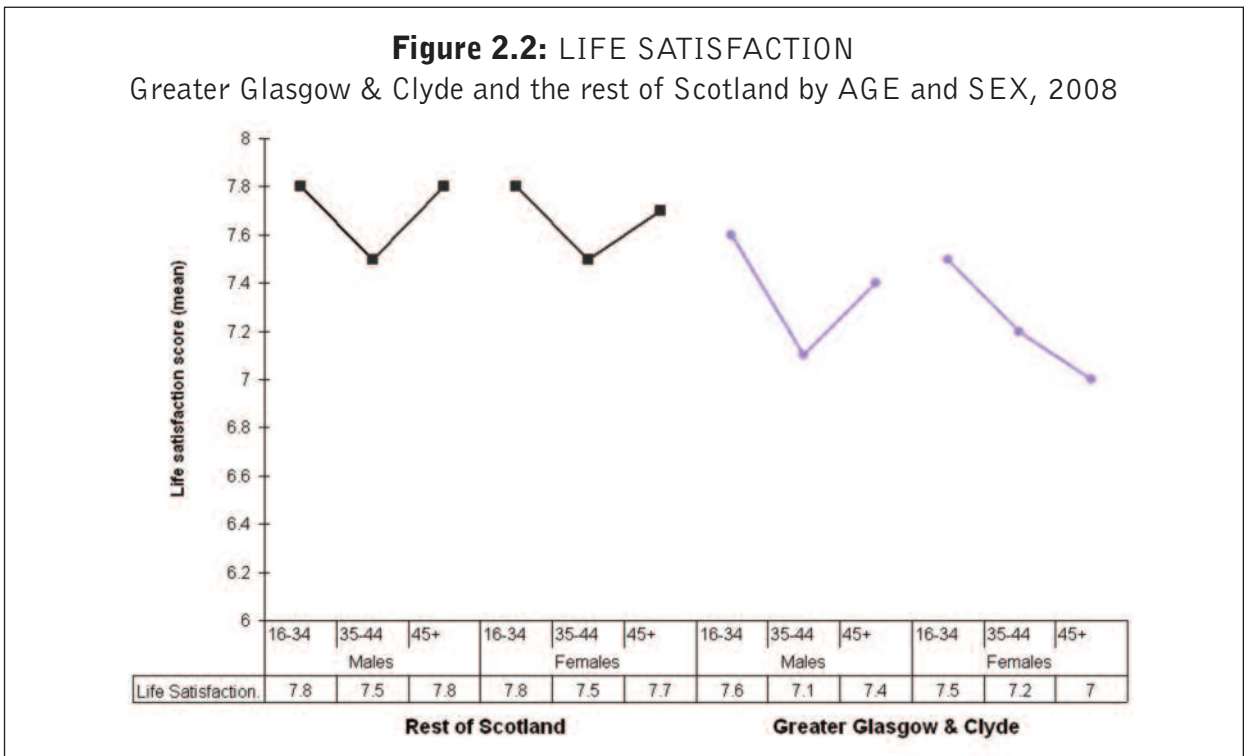
**[\$]**: Statistically significantly different from 1

**[NS]**: Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))



## Section 8. Positive mental health domain







## Mental health problems domain

3. *Common mental health problems (GHQ-12)*
4. *Depression*
5. *Anxiety*
6. *Alcohol dependency*
7. *Mental health related drug deaths*
8. *Mental health related alcohol deaths*
9. *Suicides*
10. *Psychosis*
11. *Psychiatric inpatient discharges*

## Section 8. Mental health problems domain

### 3. Common mental health problems (General Health Questionnaire-12) (GHQ-12)

<b>Definition</b>	Percentage of adults (16yrs+) with a score of 4 or more on the General Health Questionnaire-12 (GHQ-12)
<b>Source</b>	Scottish Health Survey, 2008
<b>GG&amp;C estimate</b>	19% of adults scored 4+ on the GHQ-12 questionnaire, suggesting a possible mental health problem
<b>Summary</b>	<ul style="list-style-type: none"> <li>Nearly one in five individuals in GG&amp;C had a possible mental health problem; 40% higher than for the rest of Scotland.</li> <li>The proportion of women with a possible mental health problem was 40% higher than for men.</li> <li>There was no significant trend in possible mental health problems across age groups in either GG&amp;C or the rest of Scotland, although there were fluctuations by age (Figure 3.2).</li> <li>There was a strong association between possible mental health problems and area deprivation; those in the most deprived quintile were over twice as likely to have a possible mental health problem compared to those from the least deprived quintile.</li> <li>There was a moderate association between possible mental health problems and occupational group, although it was weaker than for area deprivation.</li> </ul>

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	19	14	1.4 [ \$ ]

#### Inequalities in the percentage with GHQ score of 4+: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio				
	22	16	1.4 [ \$ ]				
<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65+</b>	Trend
	21	22	20	18	15	17	None
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio	
	12	17	15	16	27	2.3 [ \$ ]	
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio			
	15	18	21	1.4 [ \$ ]			

Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories

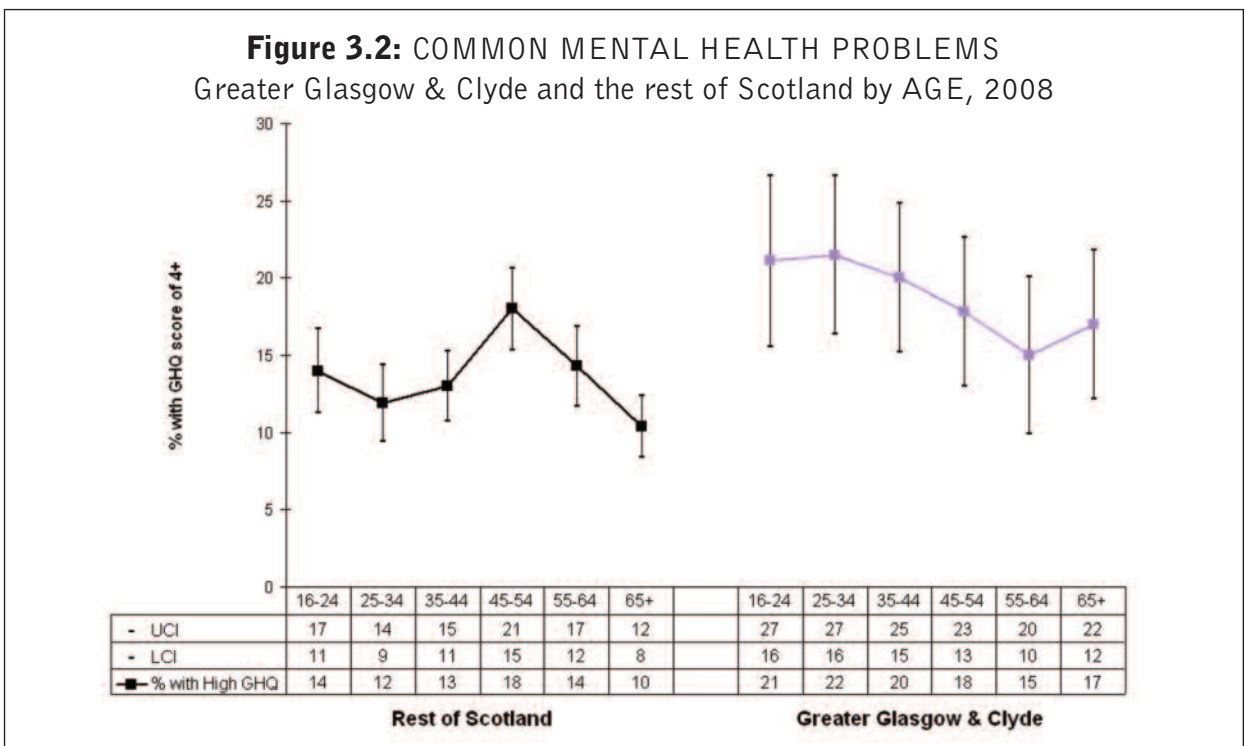
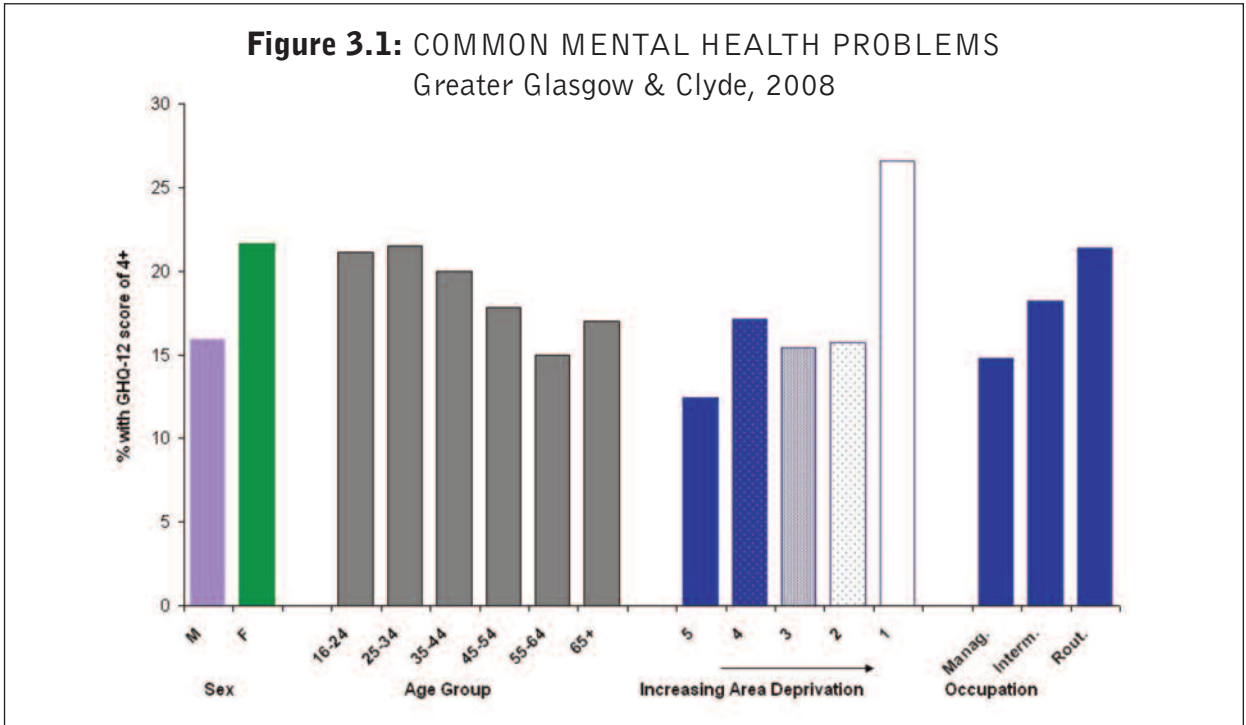
**[ \$ ]**: Statistically significantly different from 1

**[ NS ]**: Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Mental health problems domain



UCI: upper confidence limit; LCI: lower confidence limit

### Interpretation points

Although the fluctuations in GHQ-12 by age were not statistically significant it should be noted that the wide confidence intervals seen in the GG&C sample could be obscuring a moderate association with age (Figure 3.2).

## Section 8. Mental health problems domain

### 4. Depression

#### Additional data sources

The depression indicator in the national indicator set is based on the Revised Clinical Interview Schedule (CIS-R) data taken from the Scottish Health Survey<sup>2</sup>. These data are not available for areas within GG&C, only for the health board as a whole. For this reason data on the number of individuals on the QOF (Quality and Outcomes Framework) depression register were included (indicator 4.2). Individuals are placed on the register if they are diagnosed by a GP with depression. Although care must be taken when interpreting the QOF register data it is useful in providing locally relevant information on the number of diagnosed individuals in a region.

#### Interpreting self-reported depression (indicator 4.1) and diagnosed depression (indicator 4.2)

The two data streams used to describe depression are not directly comparable. Notable differences between the two streams include:

- The QOF depression register (indicator 4.2) includes those with newly diagnosed depression while the self-reported depression indicator (indicator 4.1) includes all those with self reported depression symptoms
- The QOF depression register (indicator 4.2) identifies only those who have presented to primary care services, while the self-reported depression indicator (indicator 4.1) does not have this limitation
- The QOF primary care register includes only those 18 years and above but uses the whole GP register list (all those registered with a GP, including children) as a denominator. This will serve to slightly underestimate the true number on the depression register per head of population

---

<sup>2</sup> The CIS-R includes a series of nurse administered questions probing about depression symptoms. See Appendix 2 in the Methods (section 9) for more information.

## Section 8. Mental health problems domain

### 4.1 Depression (survey data)

<b>Definition</b>	Percentage of adults (16yrs+) with a symptom score of 2 or more on the depression section of the Revised Clinical Interview Schedule (CIS-R), indicating moderate to high severity (symptoms in previous week). See Appendix 2 in section 9 for more details of the CIS-R.		
<b>Source</b>	Scottish Health Survey, nurse interview, 2008		
<b>GG&amp;C estimate</b>	14% of adults scored 2+ on the symptoms of depression scale CIS-R		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Those in GG&amp;C were over twice as likely to report symptoms of depression than those in the rest of Scotland.</li> <li>• There was a strong association between depression and sex; with females twice as likely (or 110% times more likely) to report depression than men. The female excess in GG&amp;C was significantly larger than that seen in the rest of Scotland (Figure 4.1.2).</li> <li>• There was a moderate association between depression and age; those in the older age group (55+) were 40% more likely to report depression than their younger counterparts.</li> <li>• In GG&amp;C there was surprisingly no difference in reported depression by area deprivation – this contrasted with the pattern seen in the rest of Scotland (Figure 4.1.2).</li> <li>• There was a moderate but non-significant relationship<sup>i</sup> between occupational group and depression.</li> </ul>		

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	14	7	2 [£]

#### Inequalities in percentage with depression score of 2+: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio	
	19	9	2.1 [£]	
<b>Age</b>	<b>16-54</b>	<b>55+</b>	Trend	
	12	17	Moderate	
<b>Area level deprivation</b> (collapsed SIMD quintiles)	<b>4-5 (least deprived)</b>	<b>1-3 (most deprived)</b>	Ratio	
	14	14	1	
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio
	13	6	18	1.4 [NS] <sup>i</sup>

Ratio represent the highest to lowest; area deprivation and occupation ratios are based on the first and last categories

**[£]:** Statistically significantly different from 1

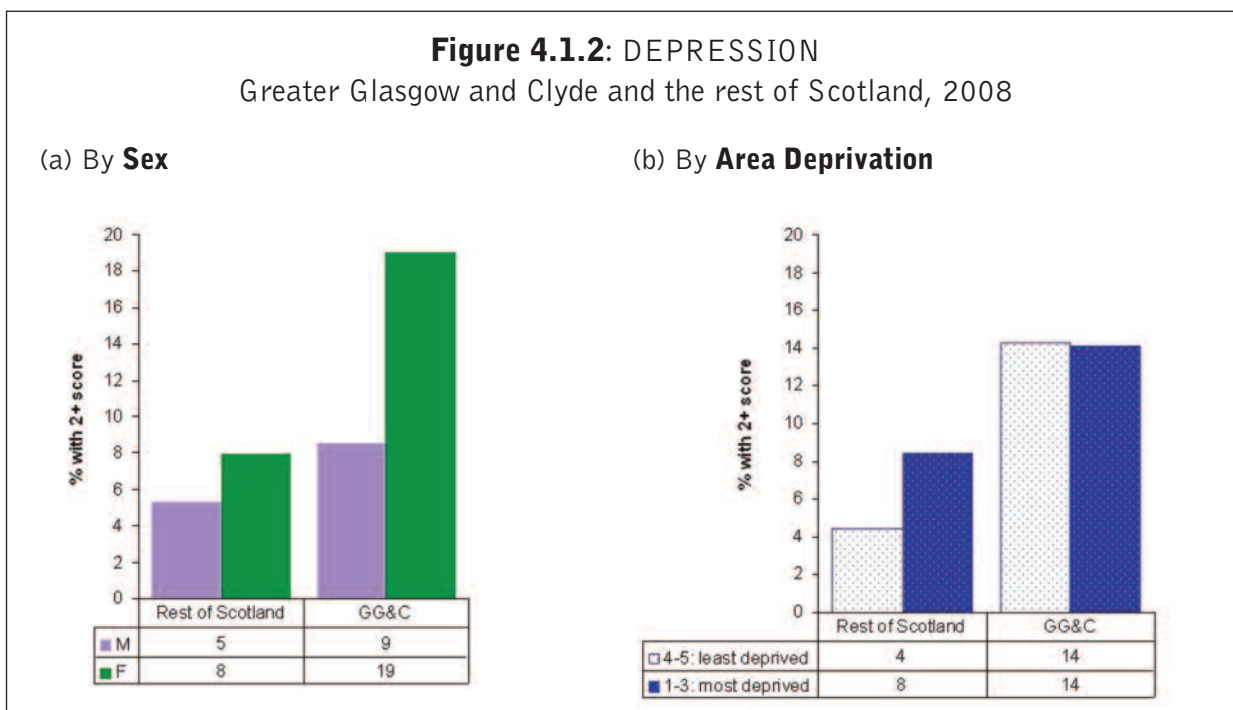
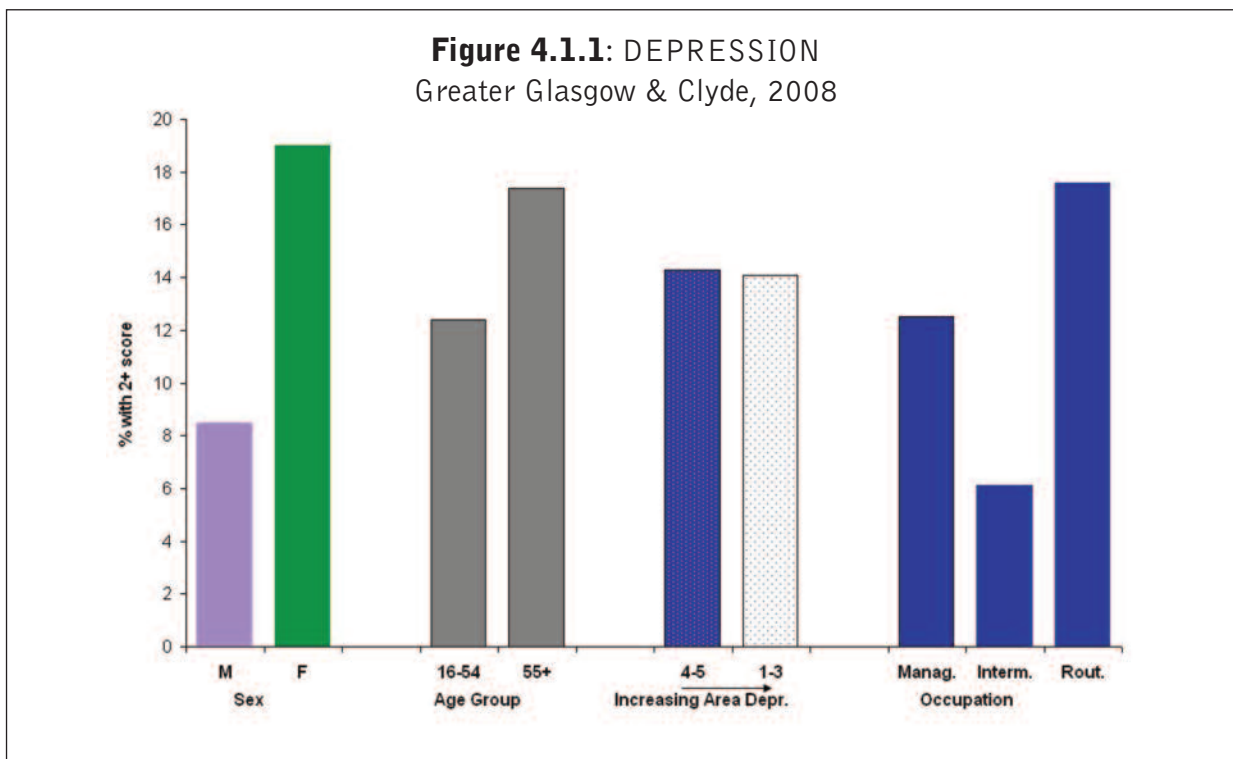
**[NS]:** Meaningful difference but not statistically significantly different from 1

**i:** this indicator uses the nurse sample of the Scottish Health Survey; as a result the sample size is small. This possibly explains the lack of statistical significance in the difference across occupational groups.

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Mental health problems domain



### Interpretation points

The estimate for those in the 'intermediate' occupations in GG&C deviated from the trend expected – this is most likely due to the small sample for GG&C in this category in the Scottish Health Survey dataset and possibly the miscellaneous nature of this occupational category (See Methods section 9) for more information).



## Section 8. Mental health problems domain

### 4.2 Depression (QOF register)

<b>Definition</b>	Number or persons (18yrs+) on the depression primary care register* per 100 persons registered with the GP *(all depression READ codes, excluding those on the mental health register)		
<b>Source</b>	Quality and Outcomes Framework depression diagnosis register from QMAS database, 2006-2007 to 2008-2009		
<b>GG&amp;C estimate</b>	7.9% of the population <sup>i</sup> was diagnosed with depression, 2008-9		
<b>Summary</b>	<ul style="list-style-type: none"> <li>Compared to those in regions outside GG&amp;C only a marginally larger proportion of those in GG&amp;C were diagnosed by a GP with depression – this contrasted with the picture seen in self-reported depression (indicator 4.1).</li> <li>The proportion of the population diagnosed with depression by a GP increased steadily from 2006-2007 to 2008-2009.</li> <li>No information is available on age, sex or area deprivation of those on the register.</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	7.9	7.8	1.01 [§]

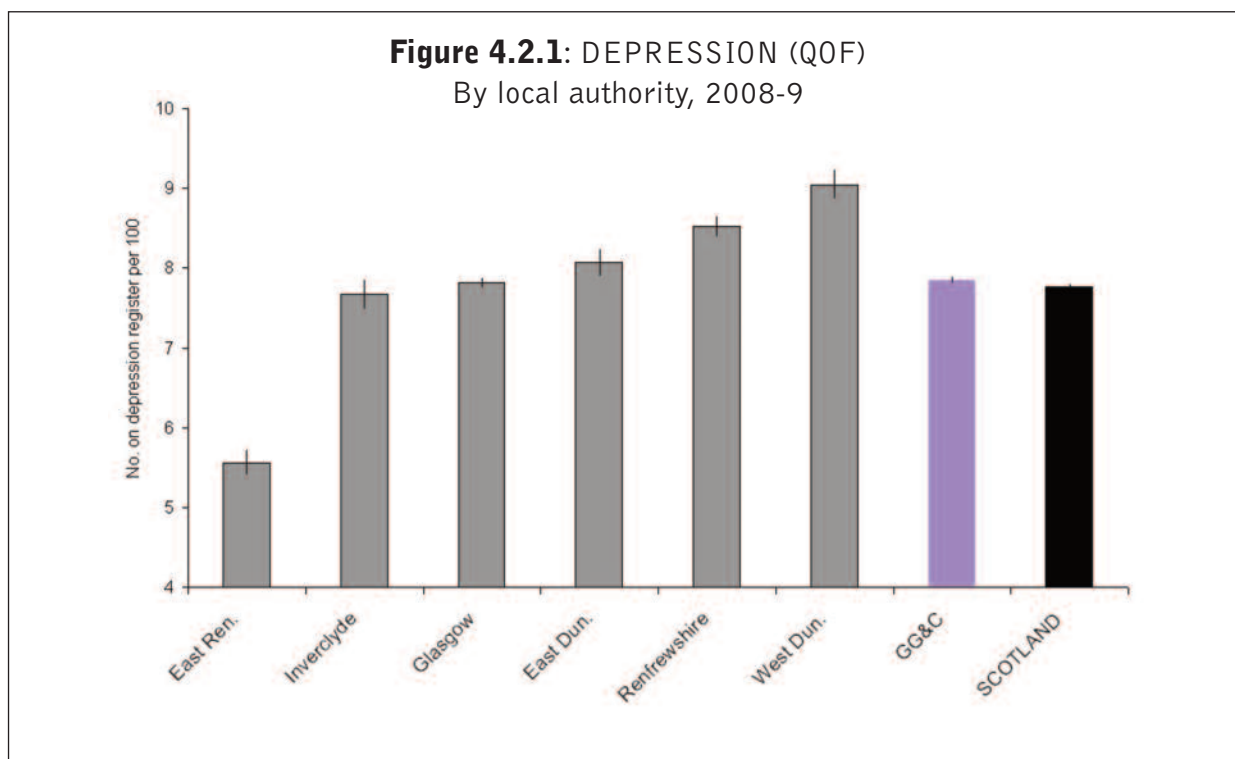
#### Percentage of population<sup>i</sup> on QOF depression register: GG&C

<b>Local authorities</b>	<b>East Dun.</b>	<b>East Ren.</b>	<b>Ren.</b>	<b>Inver.</b>	<b>West Dun.</b>	<b>Gla City</b>
	8.1	5.6	8.5	7.7	9.0	7.8
<b>Time trends</b>	<b>2006/7</b>		<b>2007/8</b>		<b>2008/9</b>	
	6.2		7.1		7.8	

**i:** registered with a GP

**[§]:** Statistically significantly different from 1

## Section 8. Mental health problems domain



**Table 4.2.1:** QOF Depression Register per 100 people on GP lists in GG&C, Scotland and by local authority of the practice by year

	East Ren.	Inverclyde	Glasgow	East Dun.	Ren.	West Dun.	GG&C	Scotland
2006-7	3.9	5.8	6.2	7.4	7	7.1	6.2	6.2
2007-8	4.7	6.6	7	8.2	7.7	8.4	7.1	7
2008-9	5.6	7.7	7.8	8.1	8.5	9	7.8	7.8

All practices included

### Interpretation points

Interpretation of these data, which were collected for administrative reasons, requires a degree of caution. The percentage of the population on the depression register will not only reflect the local prevalence of depression but also different cultures of presenting to primary care and different GP practice cultures. The recently introduced incentives for GPs to include their depression patients onto this register will account, in part, for the increases over time. More broadly, there has also been a trend away from management of mild to moderate depression by the tertiary care facilities.

## Section 8. Mental health problems domain

### 5. Anxiety

<b>Definition</b>	Percentage of adults (16yrs+) with a symptom score of 2 or more on the anxiety section of the Revised Clinical Interview Schedule (CIS-R). See Appendix 2 of section 9 for more details of the CIS-R.		
<b>Source</b>	Scottish Health Survey, nurse interview, 2008		
<b>GG&amp;C estimate</b>	14% of adults scored 2+ on the symptoms of anxiety scale CIS-R		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Those in GG&amp;C were twice as likely to report symptoms of anxiety as those living in the rest of Scotland.</li> <li>• The percentage of men and women reporting anxiety were similar in GG&amp;C, this contrasted with the picture in the rest of Scotland where there was an excess of anxiety in women (Figure 5.2a).</li> <li>• There was a moderate association with age; older individuals were more likely to report anxiety than their younger counterparts.</li> <li>• Although moderate differences were seen in the levels of anxiety by area deprivation and by occupational group, they failed to reach significance – the sample in GG&amp;C within the nurse survey, from which these data were taken, is relatively small (see interpretation points).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b> 14	<b>Rest of Scotland</b> 7	Ratio 2.0 [§]
<b>Inequalities in percentage with anxiety score of 2+: GG&amp;C</b>			
<b>Sex</b>	<b>Female</b> 14	<b>Male</b> 14	Ratio 1
<b>Age</b>	<b>16-54</b> 13	<b>55+</b> 17	Trend Moderate
<b>Area level deprivation</b> (collapsed SIMD quintiles)	<b>4-5 (least deprived)</b> 17	<b>1-3 (most deprived)</b> 13	Ratio 1.3
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b> 11	<b>Intermediate</b> 12	<b>Routine &amp; manual</b> 17 Ratio 1.5 [NS]

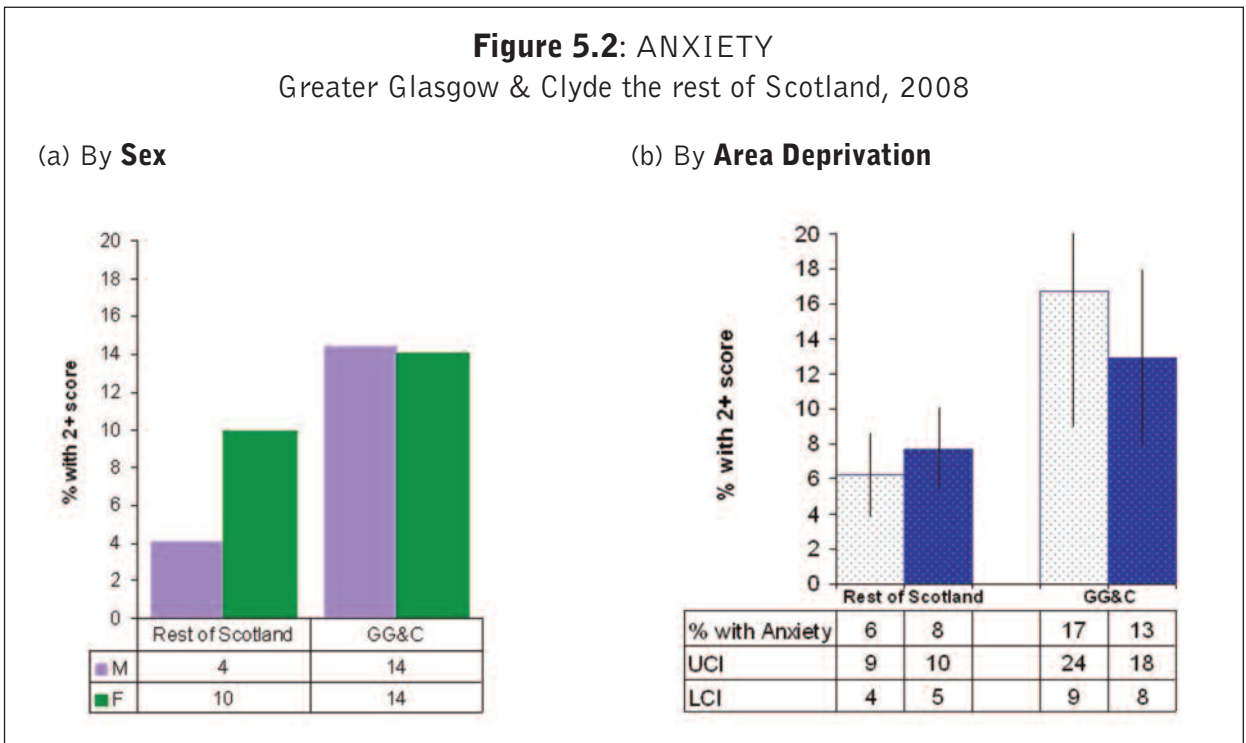
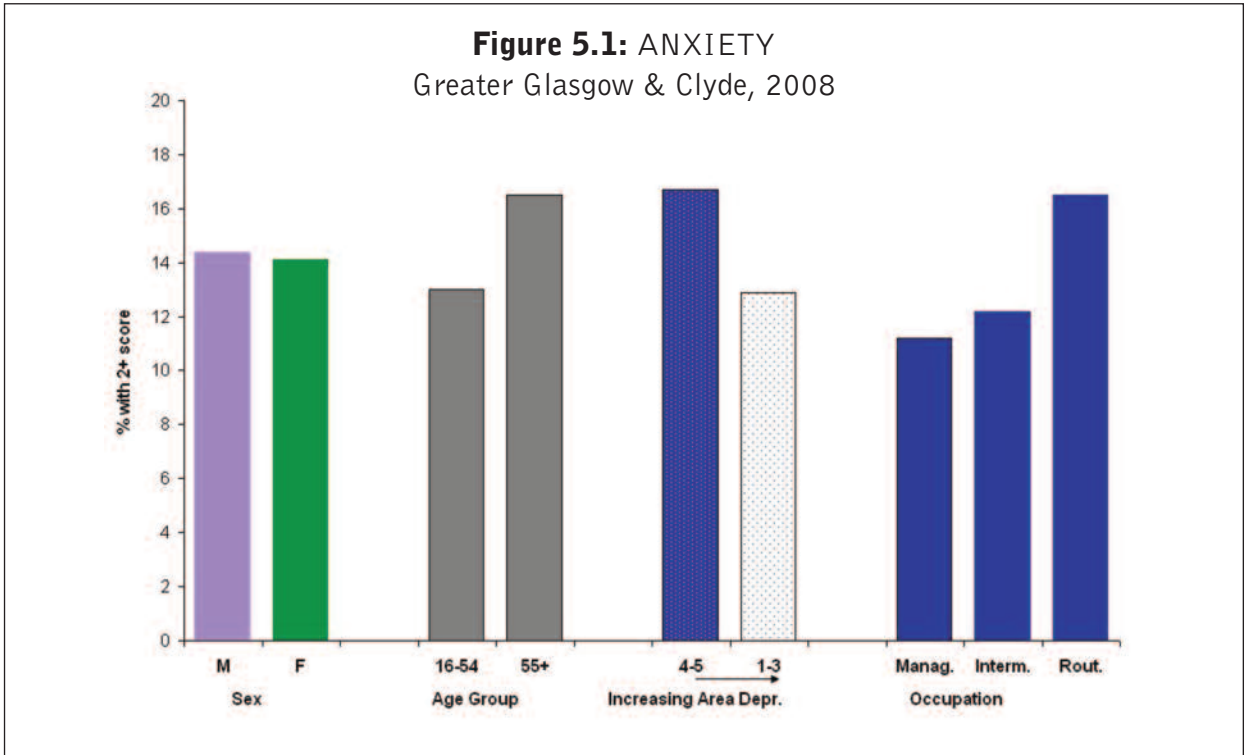
Ratio represent the highest to lowest; area deprivation and occupation ratios are based on the first and last categories

**[§]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Mental health problems domain**



White dotted: least deprived quintiles (4-5)  
 Blue dotted: most deprived quintiles (1-3)  
**UCI:** Upper confidence limit; **LCI:** lower confidence limit

## Section 8. Mental health problems domain

### Interpretation points

These data were taken from the nurse interview, a sub-sample of the Scottish Health Survey, and as such the sample for GG&C is relatively small and lacks statistical power to detect small differences. That said, the difference seen in GG&C in levels of anxiety across area deprivation (Figure 5.2b) was not reflected in the rest of Scotland and is in a contradictory direction to that seen for occupational group. Taken together, it is likely that the differences across area deprivation in GG&C represent random fluctuation and not meaningful differences.

## Section 8. Mental health problems domain

### 6. Alcohol dependency

<b>Definition</b>	Percentage of adults (16yrs+) who score 2 or more on the CAGE questionnaire <sup>i</sup> , suggestive of alcohol dependency			
<b>Source</b>	Scottish Health Survey, 2008			
<b>GG&amp;C estimate</b>	14% of adults reported symptoms of alcohol dependency			
<b>Summary</b>	<ul style="list-style-type: none"> <li>Alcohol dependency was 40% higher in GG&amp;C than in the rest of Scotland.</li> <li>Alcohol dependency was 30% higher in men compared to women, although this difference did not reach statistical significance.</li> <li>There was a moderate relationship between alcohol dependency and age; alcohol dependency increased with age, peaking in the group aged 35-44 years, then fell notably in the oldest age group (45+ years). In men this pattern deviated from the pattern seen in the rest of Scotland (Figure 6.2).</li> <li>There was a strong relationship between alcohol dependency and area deprivation; those in the most deprived quintile were approaching three times more likely to be alcohol dependant than those in the least deprived quintile.</li> <li>The association with occupational group was less strong; those in routine &amp; manual occupations were 70% more likely to report alcohol dependency than those in managerial &amp; professional occupations.</li> </ul>			
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>		Ratio
	14	10		1.4 [ \$ ]

#### Inequalities in percentage with alcohol dependency: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>			Ratio	
	12	16			1.3 [NS]	
<b>Age</b>	<b>16-34</b>	<b>35-44</b>	<b>45+</b>		Trend	
	17	21	9		Moderate	
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	6	12	16	17	17	2.8 [ \$ ]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>		<b>Intermediate</b>		<b>Routine &amp; manual</b>	Ratio
	12		7		20	1.7 [ \$ ]

Ratio represent the highest to lowest; area deprivation and occupation ratios are based on the first and last categories

**[ \$ ]**: Statistically significantly different from 1

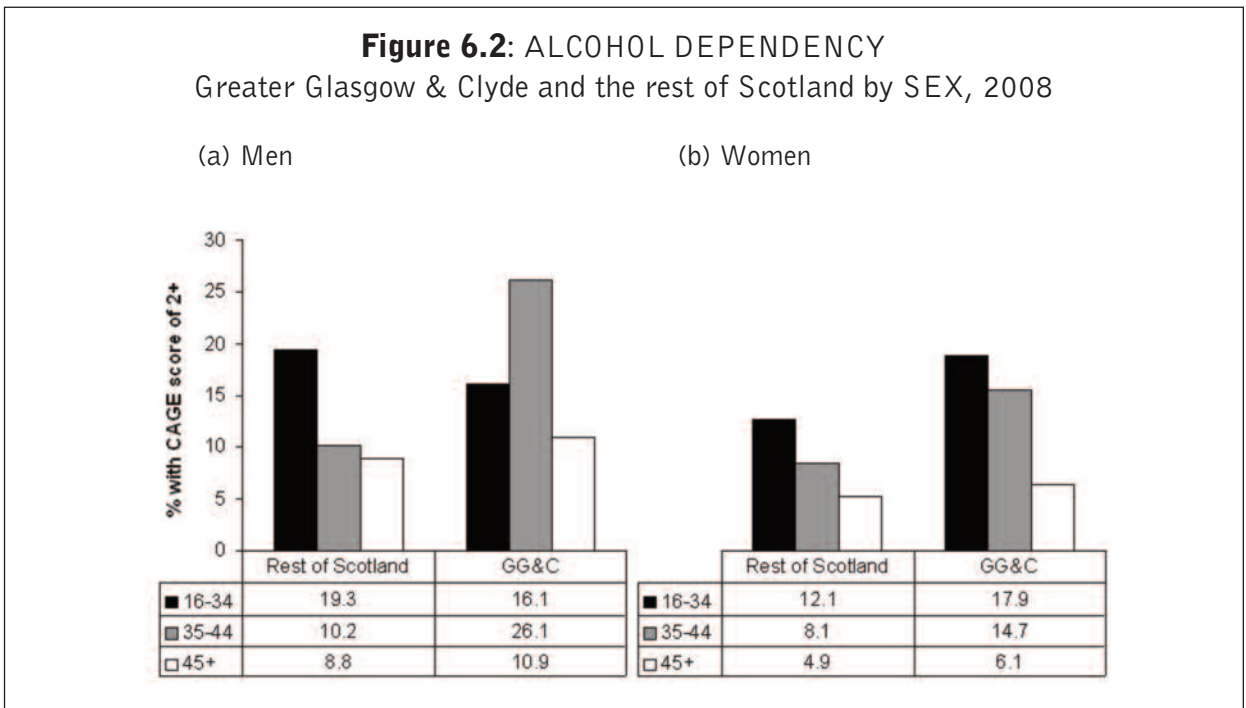
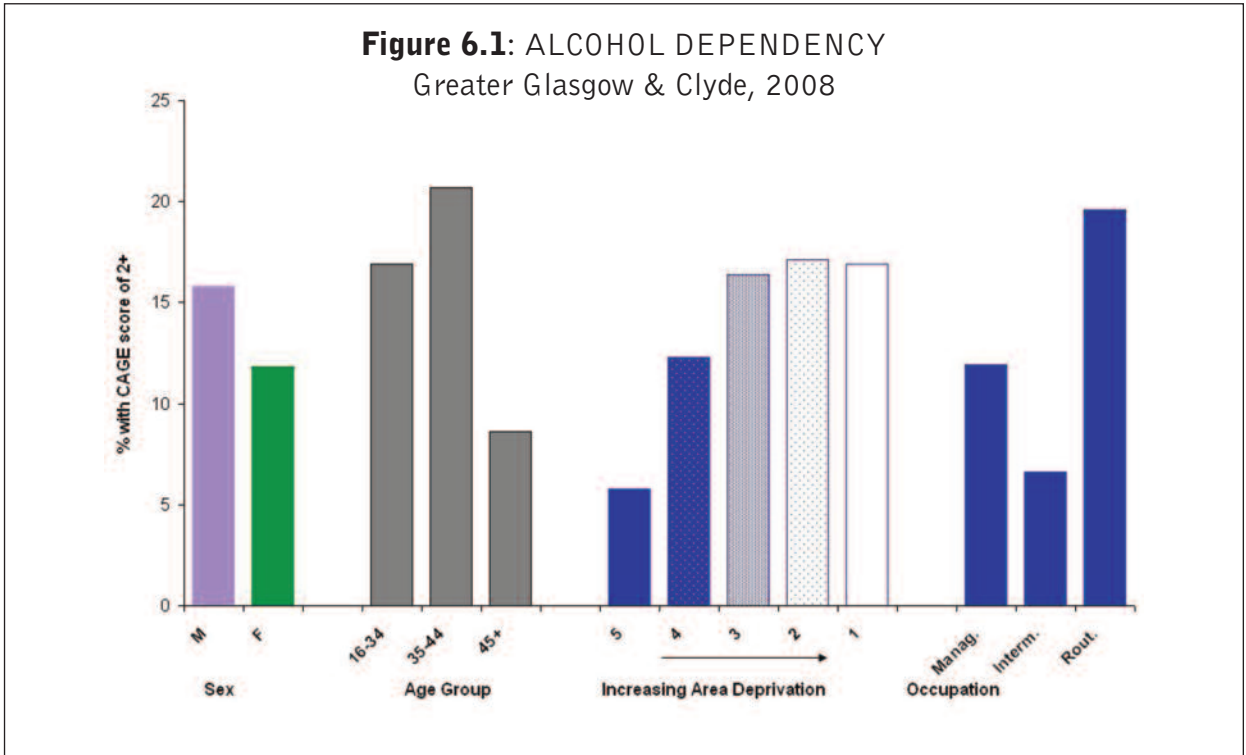
**[NS]**: Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

<sup>i</sup>: See Appendix 3 in the Methods (section 9) for the CAGE questionnaire

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Mental health problems domain



### Interpretation points

The estimate for those in the 'intermediate' occupations in GG&C deviated from the trend expected – this is most likely due to the small sample for GG&C in this category in the Scottish Health Survey dataset and possibly the miscellaneous nature of this occupational category (see Methods in section 9 for more information).

## Section 8. Mental health problems domain

### 7. Mental health related drug deaths

<b>Definition</b>	Deaths per 100,000 adults (16yrs+) in the previous year from ' <i>mental and behavioural disorders due to psychoactive substance use</i> ' <sup>i</sup>		
<b>Source</b>	General Register Office For Scotland, 2000-2009		
<b>GG&amp;C estimate</b>	15/100,000 mental health related deaths in adults due to drug use in 2009 [age and sex standardised]		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Estimates for GG&amp;C were 70% higher than in the rest of Scotland.</li> <li>• Mental health related drug deaths varied considerably across all population groups examined.</li> <li>• The majority (over 75%) of mental health related drug deaths occurred in men.</li> <li>• Mental health related drug deaths remained high in the youngest two age groups (16-64 years) before falling in the oldest age group – the age patterning in GG&amp;C differed from the rest of Scotland (Figure 7.3).</li> <li>• There was a very strong association between mental health related drug deaths and area deprivation; with deaths in the most deprived quintile 18 times greater than in the least deprived quintile.</li> <li>• Over time mental health related drug deaths have increased in GG&amp;C and the rest of Scotland (Figure 7.2), although fluctuations were seen in the GG&amp;C.</li> <li>• Mental health related drug deaths varied by local authority (Figure 7.4).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b> 15	<b>Rest of Scotland</b> 9	Ratio 1.7 [£]

#### Inequalities in mental health related drug deaths per 100,000: GG&C

<b>Sex</b>	<b>Female</b> 8	<b>Male</b> 21			Ratio 2.6 [£]					
<b>Age (Men only)<sup>ii</sup></b>	<b>16-34</b> 25	<b>35-64</b> 25	<b>65+</b> 1	Trend Strong						
<b>Area level deprivation (SIMD quintiles)</b>	<b>5 (least deprived)</b> 7	<b>4</b> 11	<b>3</b> 32	<b>2</b> 47	<b>1 (most deprived)</b> 128 Ratio 18 [£]					
<b>Time trends</b>	<b>'00</b> 15	<b>'01</b> 10	<b>'02</b> 15	<b>'03</b> 12	<b>'04</b> 12	<b>'05</b> 10	<b>'06</b> 12	<b>'07</b> 11	<b>'08</b> 15	<b>'09</b> 15

Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories. All estimates are for 2009 with the exception of area deprivation which is based on 2005-2009 data.

**[£]:** Statistically significantly different from 1

**i:** Based on ICD-10 codes F11-F16, F19.

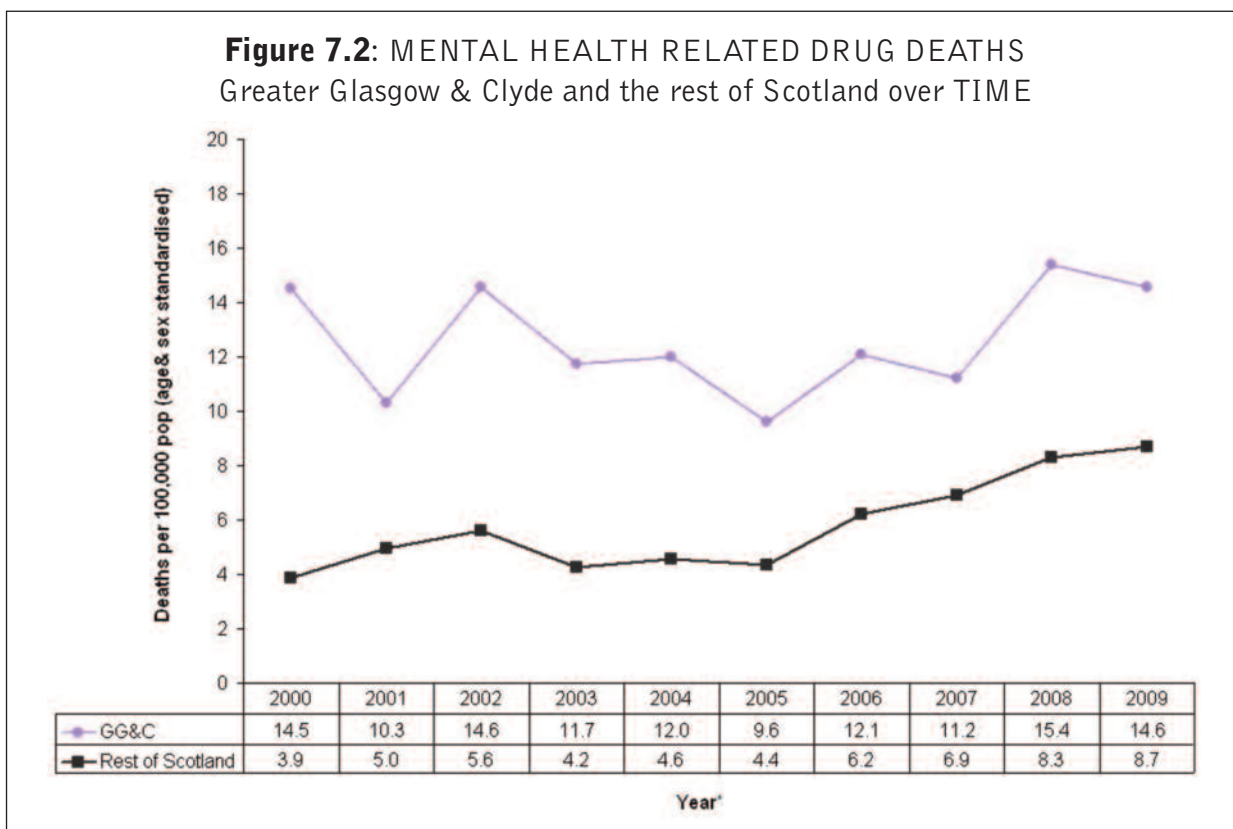
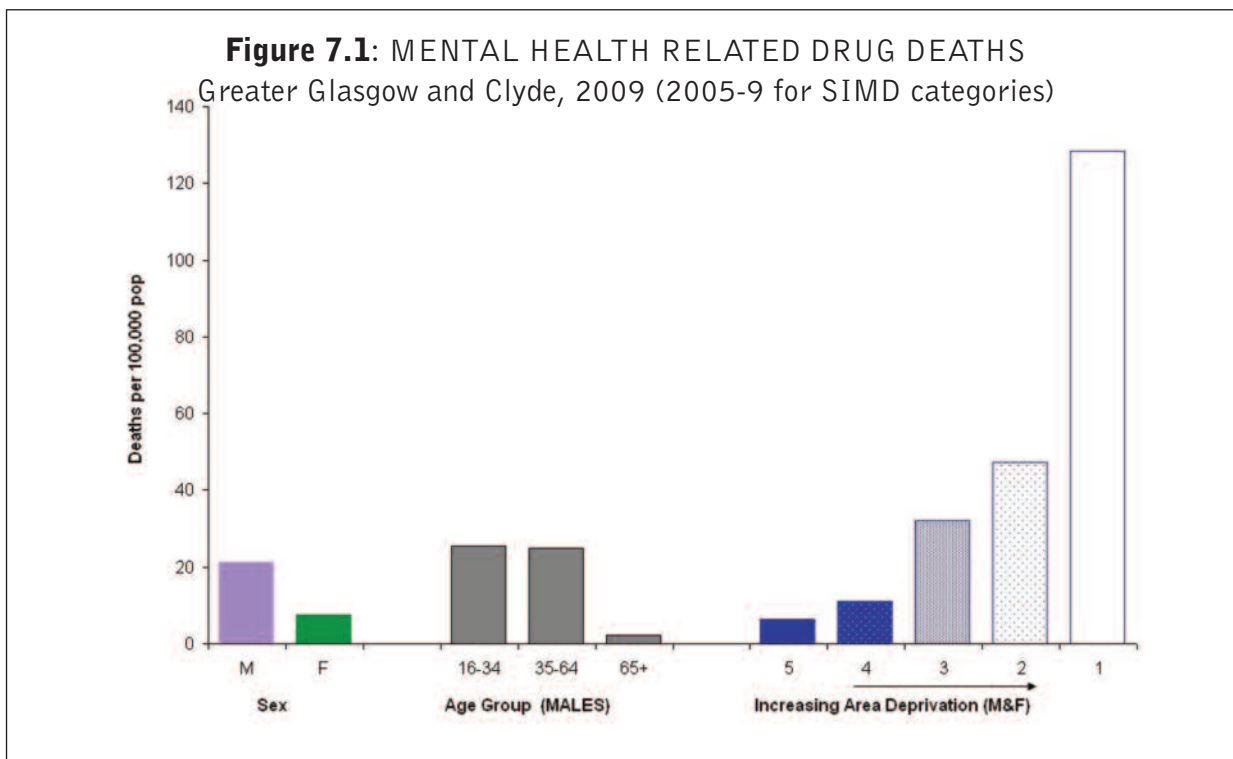
**ii:** The number of female deaths is too small to show meaningful trends.

For explanation of area level deprivation see Notes and Definitions ([click here](#)).

Rates by geography, over time and by area deprivation are age and sex standardised to European Standard Population; rates by sex and age are crude rates.



## Section 8. Mental health problems domain

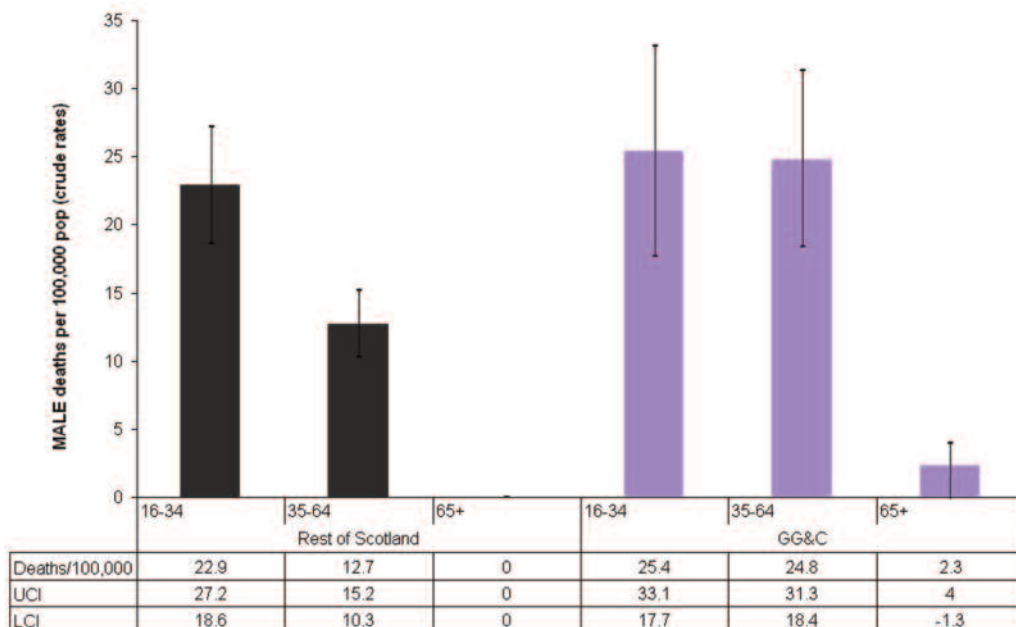


\*Year of registration

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

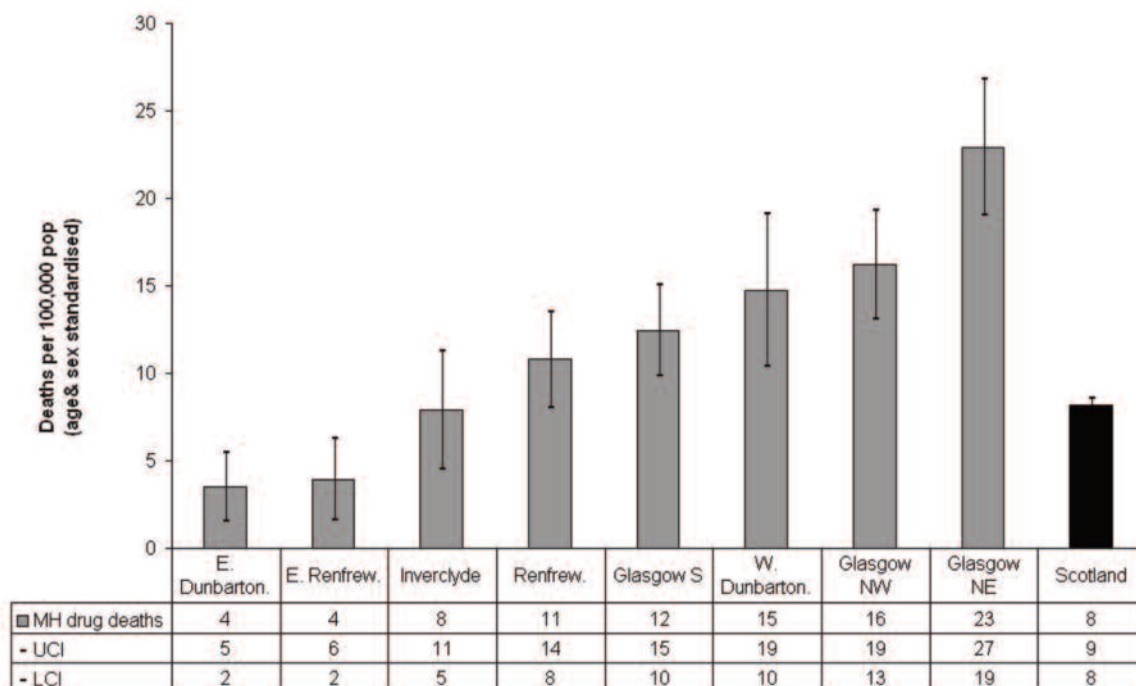
## Section 8. Mental health problems domain

**Figure 7.3. MENTAL HEALTH RELATED DRUG DEATHS MEN in Greater Glasgow & Clyde and the rest of Scotland by AGE, 2009**



UCI: upper confidence limit; LCI: lower confidence limit

**Figure 7.4: MENTAL HEALTH RELATED DRUG DEATHS By local authority/sector, 2006-9**



UCI: upper confidence limit; LCI: lower confidence limit

## Section 8. Mental health problems domain

**Figure 7.5: MENTAL HEALTH RELATED DRUG DEATHS**  
By local authority/sector over TIME



### Interpretation points

The majority of the 2833 mental health related drug deaths (2000-2009) were due to opioids (67%) or multiple psychoactive drug use (30%).

### Definition of mental health related drug deaths

The definition of drug-related deaths, reported by General Register Office for Scotland is broader and more inclusive than the definition of *mental health related* drug deaths used in this report. In addition to the '*mental and behavioural disorders*' coded drug deaths, total drug-related deaths include deaths resulting from accidental poisoning, intentional self-poisoning by drugs, assault by drugs and deaths of undetermined intent (poisoning).

For both types of drug death – 'total' and 'mental health related' – data were obtained from death certificates. Estimates for total drug deaths are also supplemented by information from questionnaires completed by forensic pathologists.

The General Register Office for Scotland identified 545 drug deaths in Scotland in 2009. These analyses identified 401 drug-related deaths coded as '*mental and behavioural disorders*', i.e. 74% of total drug deaths were mental health related.

The patterns of mental health related drug deaths across populations is similar to that seen for total drug deaths, which is expected given that mental health related drug deaths make up the majority of the drug-related deaths.

## Section 8. Mental health problems domain

### 8. Mental health related alcohol deaths

<b>Definition</b>	Deaths per 100,000 adults (16yrs+) in previous year from 'mental and behavioural disorders due to alcohol' <sup>i</sup>		
<b>Source</b>	General Register Office for Scotland, 2000-2009		
<b>GG&amp;C estimate</b>	8/100,000 mental health related deaths due to alcohol [age and sex standardised annual rate average over 2007-2009]		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Mental health related alcohol deaths varied considerably across populations.</li> <li>• Mental health related alcohol deaths were 10% higher in GG&amp;C than the rest of Scotland.</li> <li>• Men were over three times more likely than women to suffer a mental health related alcohol death.</li> <li>• Mental health related alcohol deaths increased 10-fold between the youngest age group (16-34 years) and those over 35 years, and remained high in all older age groups.</li> <li>• There was a strong relationship between mental health related alcohol deaths and area deprivation; those in the most deprived quintile were seven times more likely to suffer a mental health related alcohol death than those in the least deprived quintile.</li> <li>• Since 2001-2003 mental health related alcohol deaths have been stable, with a slight decrease in the most recent years in GG&amp;C and the rest of Scotland (Figure 8.2, Figure 8.3).</li> <li>• Estimates varied by local authority (Figure 8.4).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	8	7	1.1 [§]

#### Inequalities in mental health related alcohol deaths per 100,000: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>			Ratio	
	4	13			3.3 [§]	
<b>Age</b>	<b>16-34</b>	<b>35-44</b>	<b>45-64</b>	<b>65+</b>	Trend	
	1	10	15	10	Very strong	
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	2	3	5	7	15	7.5 [§]
<b>Time trends</b>	<b>2001-3</b>	<b>2004-6</b>	<b>2007-9</b>			
	10	10	8			

Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories

**[§]:** Statistically significantly different from 1

Rates by geography, over time and by area deprivation are age and sex standardised to European Standard Population; rates by sex and age are crude rates

**i:** Based on ICD-10 codes F10

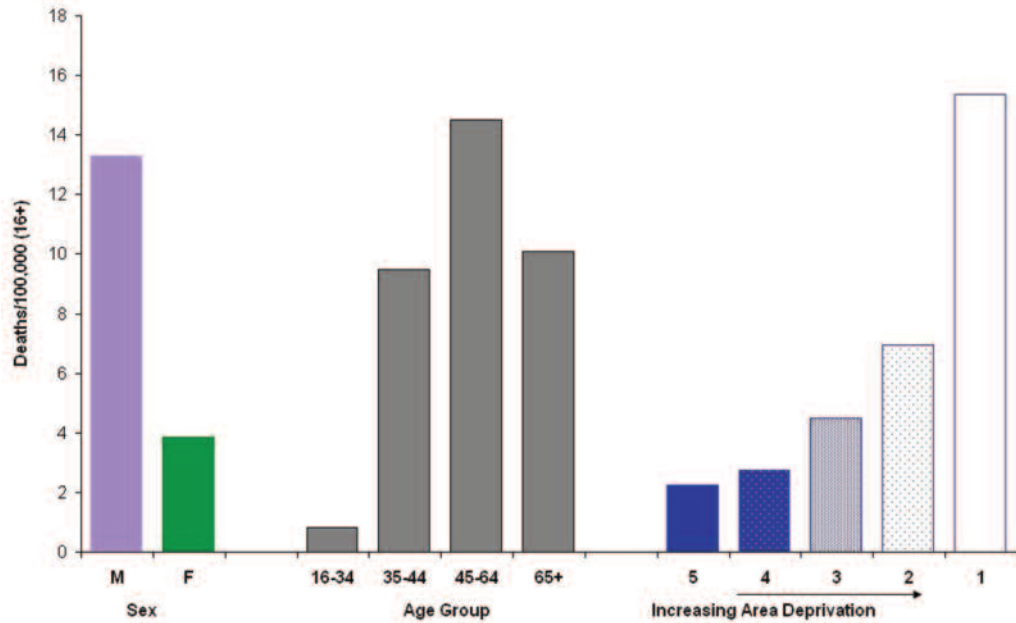
**ii:** Crude rates differ significantly between GG&C and the rest of Scotland although the age and sex adjusted estimates do not.

For explanation of area level deprivation see Notes and Definitions ([click here](#))

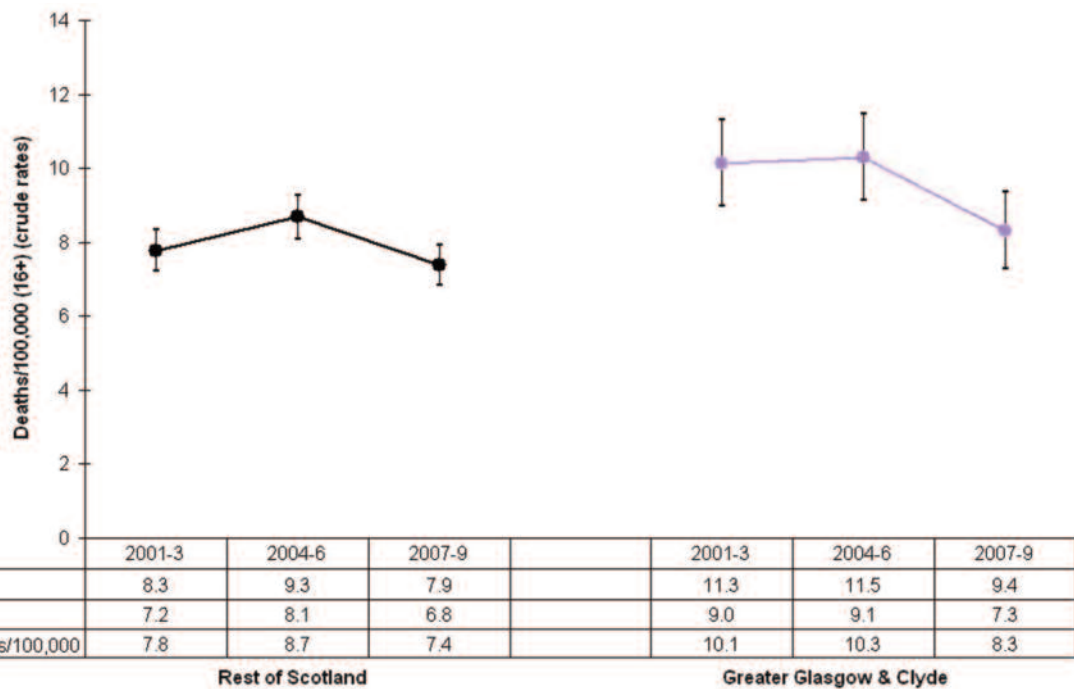
A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Mental health problems domain

**Figure 8.1:** MENTAL HEALTH RELATED ALCOHOL DEATHS  
Greater Glasgow and Clyde, 2007-9



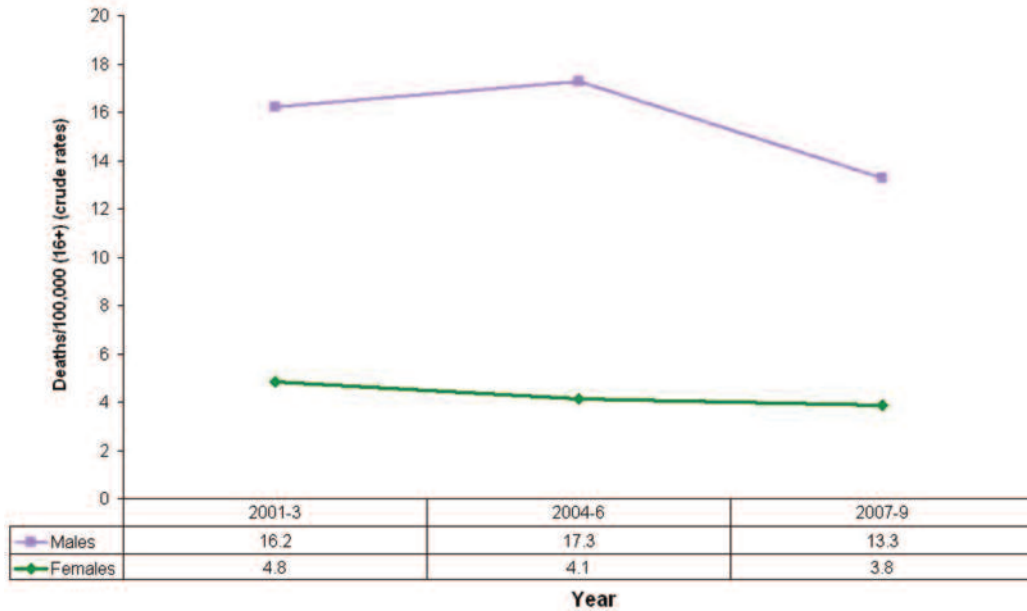
**Figure 8.2:** MENTAL HEALTH RELATED ALCOHOL DEATHS  
Greater Glasgow and Clyde and the rest of Scotland over time, 2001-9



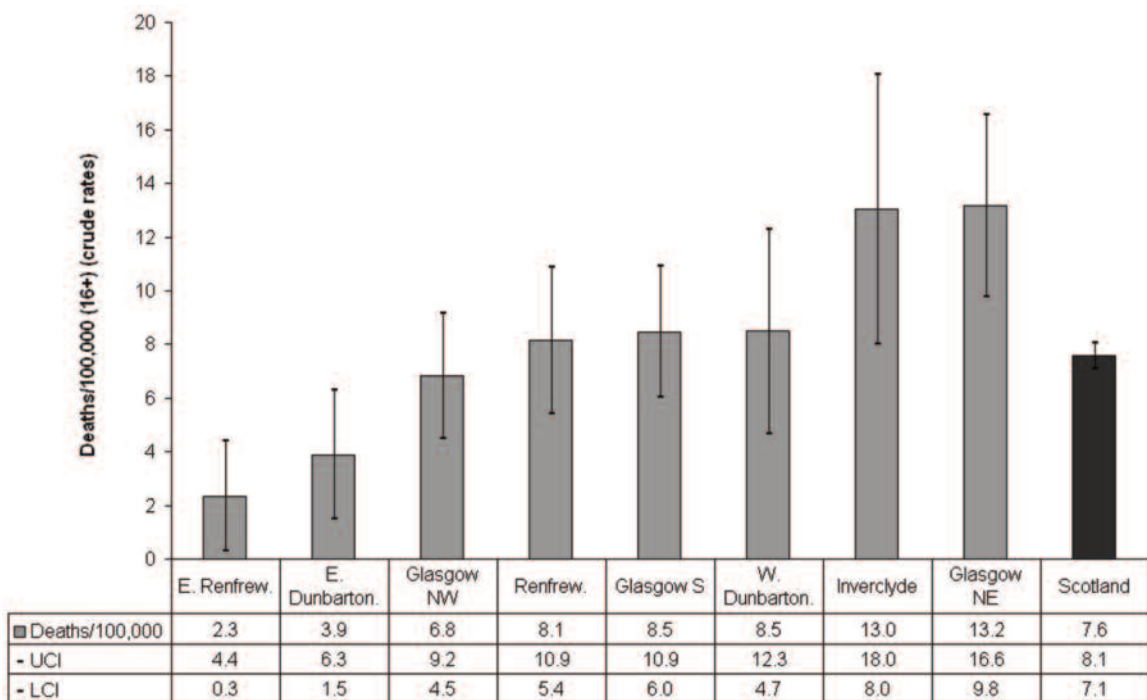
**UCI:** upper confidence limit; **LCI:** lower confidence limit

## Section 8. Mental health problems domain

**Figure 8.3:** MENTAL HEALTH RELATED ALCOHOL DEATHS  
Greater Glasgow & Clyde over TIME by SEX, 2007-9



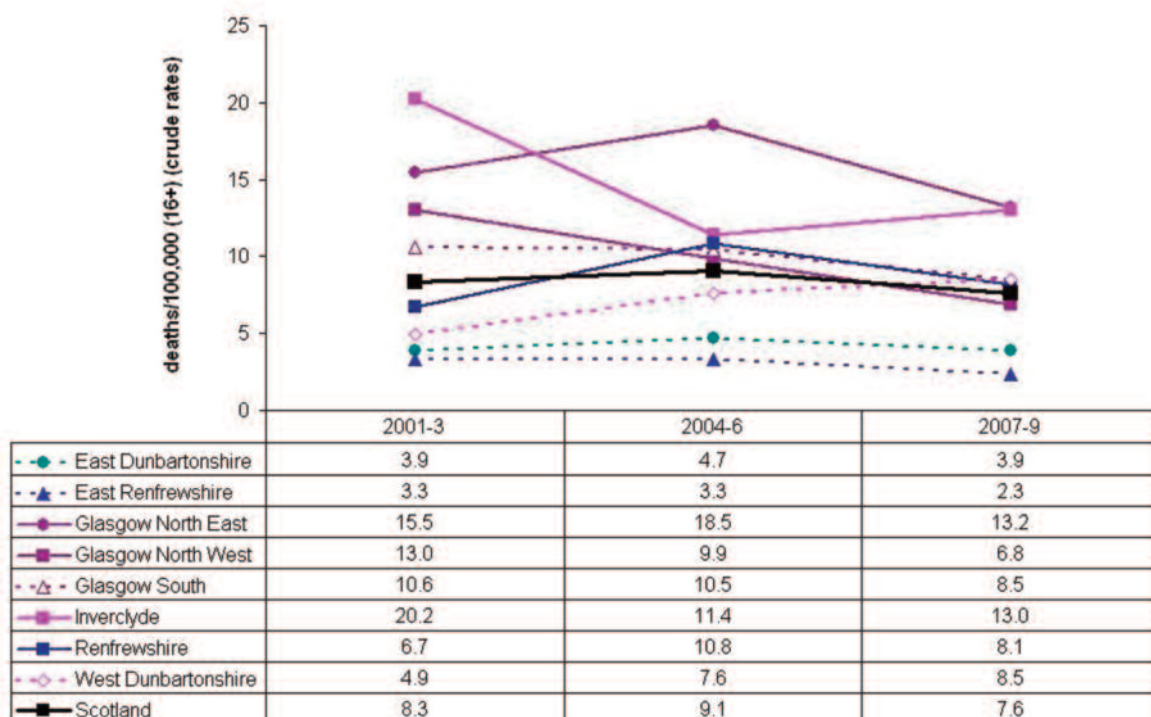
**Figure 8.4:** MENTAL HEALTH RELATED ALCOHOL DEATHS  
By local authority/sector, 2007-9



**UCI:** upper confidence limit; **LCI:** lower confidence limit

## Section 8. Mental health problems domain

**Figure 8.5: MENTAL HEALTH RELATED ALCOHOL DEATHS**  
By local authority/sector over TIME, 2001-9



### Definition of mental health related alcohol deaths

Mental health related alcohol deaths are a subset of all deaths attributable to alcohol. The definition of alcohol-related deaths used by General Register Office for Scotland includes deaths where the underlying cause of death is one of 15 conditions wholly attributable to alcohol. In 2009, 1,282 deaths were defined as alcohol-related using the General Register Office for Scotland definition. Mental health related alcohol deaths made up only 312 (24%) of these.

The General Register Office for Scotland figure may be capturing only half of all deaths attributable to alcohol. Higher figures for alcohol-related deaths have been reported by estimating the alcohol-related deaths from conditions partly attributable to alcohol, such as oesophageal cancer, and also estimating deaths resulting from alcohol-related injuries<sup>3</sup>.

Consistent with the recent fall in mental health related alcohol deaths, a slight fall in total alcohol-related deaths was also seen in recent years.

<sup>3</sup> Grant I, Springbett A and Graham L. *Alcohol attributable mortality and morbidity: alcohol population attributable fractions for Scotland*. ISD Scotland, 2009. <http://www.scotpho.org.uk/alcoholPAFreport/>

## Section 8. Mental health problems domain

### 9. Suicide

<b>Definition</b>	Deaths per 100,000 adults (16yrs+) from intentional self-harm and of underdetermined intent <sup>1</sup>		
<b>Source</b>	General Register Office for Scotland, 2000-2009		
<b>GG&amp;C estimate</b>	21/100,000 people died in suicide attempts in 2009 [age and sex standardised]		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Large variations in suicides were seen across populations.</li> <li>• Suicide rates in GG&amp;C were 20% higher than in the rest of Scotland.</li> <li>• The majority of suicides were accounted for by men, although the suicide rate was not insignificant in women.</li> <li>• Suicides peaked in the 35-44 year old age group.</li> <li>• There were large differences in suicide rates by area deprivation; those in the most deprived quintile were approaching four times more likely to commit suicide than those in the least deprived quintile.</li> <li>• The suicide rate fell slightly in 2009 in both GG&amp;C and the rest of Scotland, although it is too early to establish if this is a trend or a fluctuation in the data (Figure 9.2).</li> <li>• Suicide rates varied by local authority (Figure 9.3).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	21	18	1.2 [£]

#### Inequalities in suicides per 100,000: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>				Ratio				
	11	30				2.7 [£]				
<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-64</b>	<b>65+</b>	Trend				
	16	23	31	24	6	Strong				
<b>Area level deprivation</b>	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio				
(SIMD quintiles)	10	13	17	22	37	3.7 [£]				
<b>Time trends</b>	<b>'00</b>	<b>'01</b>	<b>'02</b>	<b>'03</b>	<b>'04</b>	<b>'05</b>	<b>'06</b>	<b>'07</b>	<b>'08</b>	<b>'09</b>
	28	24	24	23	22	21	23	26	26	21

Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories

**[£]:** Statistically significantly different from 1

Rates by geography, over time and by area deprivation are age and sex standardised to the European Standard Population; rates by sex and age are crude rates. All figures are for 2009, with the exception of area deprivation which is based on 2005-2009 data.

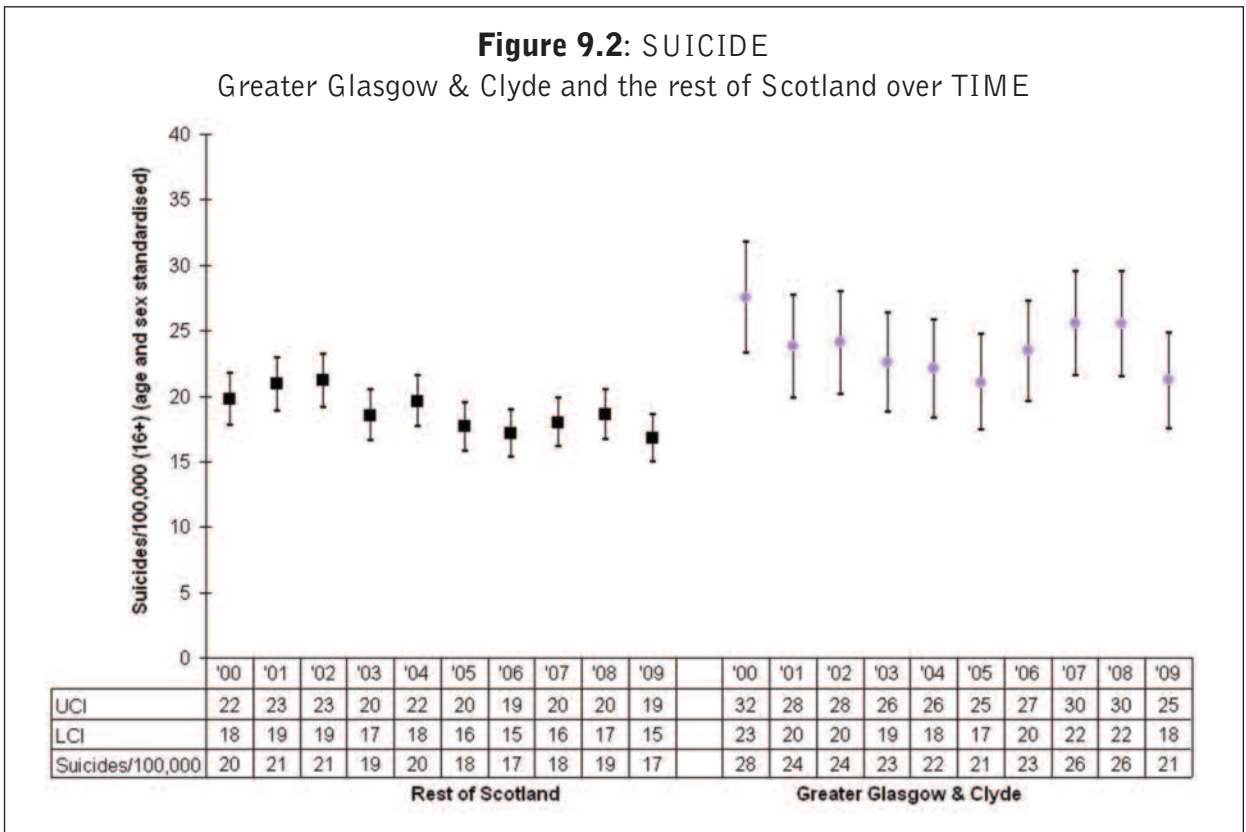
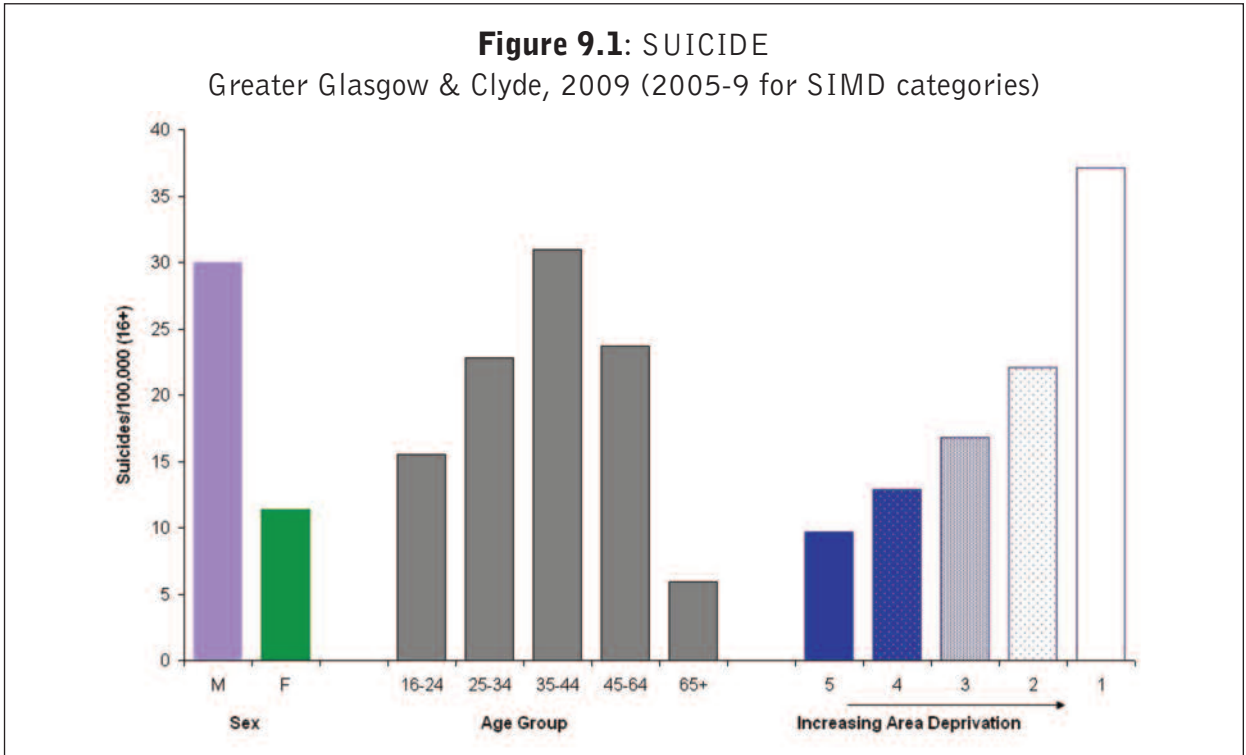
**i:** Based on ICD-10 codes X60-X84, Y10-Y34, Y87.0, Y87. 2

For explanation of area level deprivation see Notes and Definitions ([click here](#))



# A profile of mental health and wellbeing in Greater Glasgow & Clyde

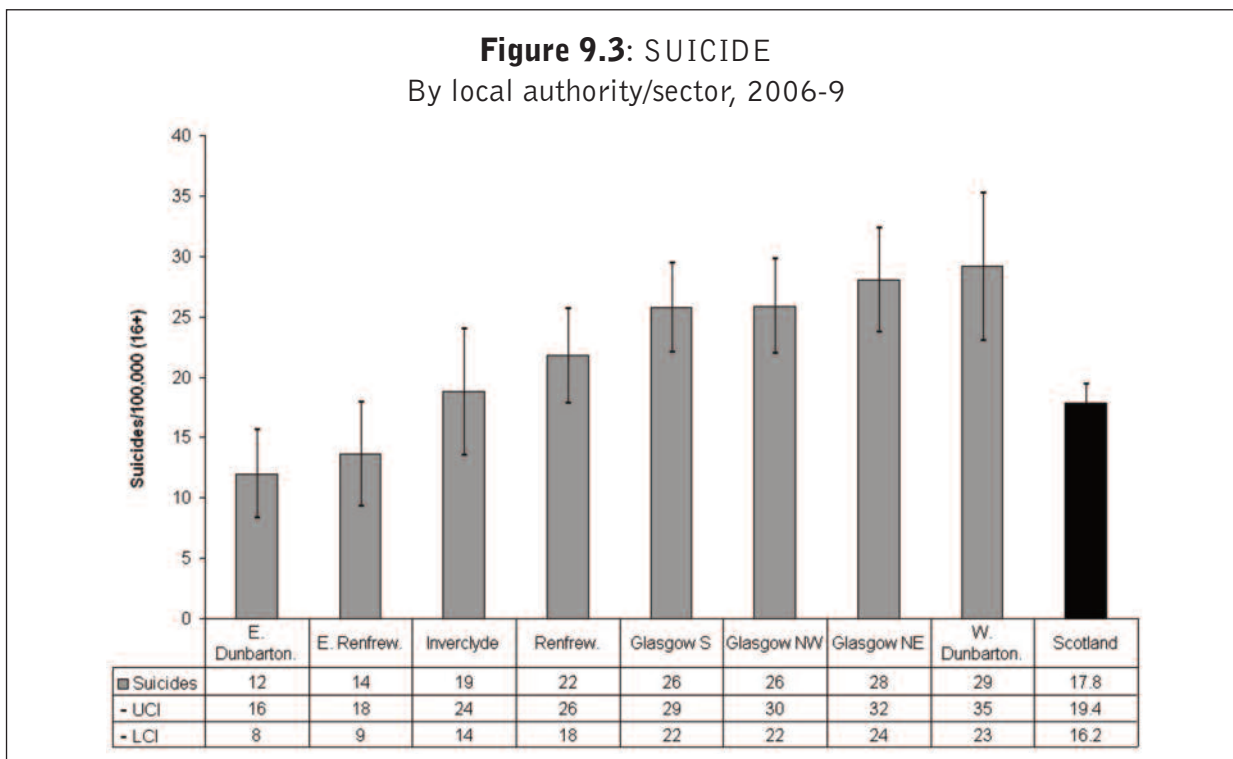
## Section 8. Mental health problems domain



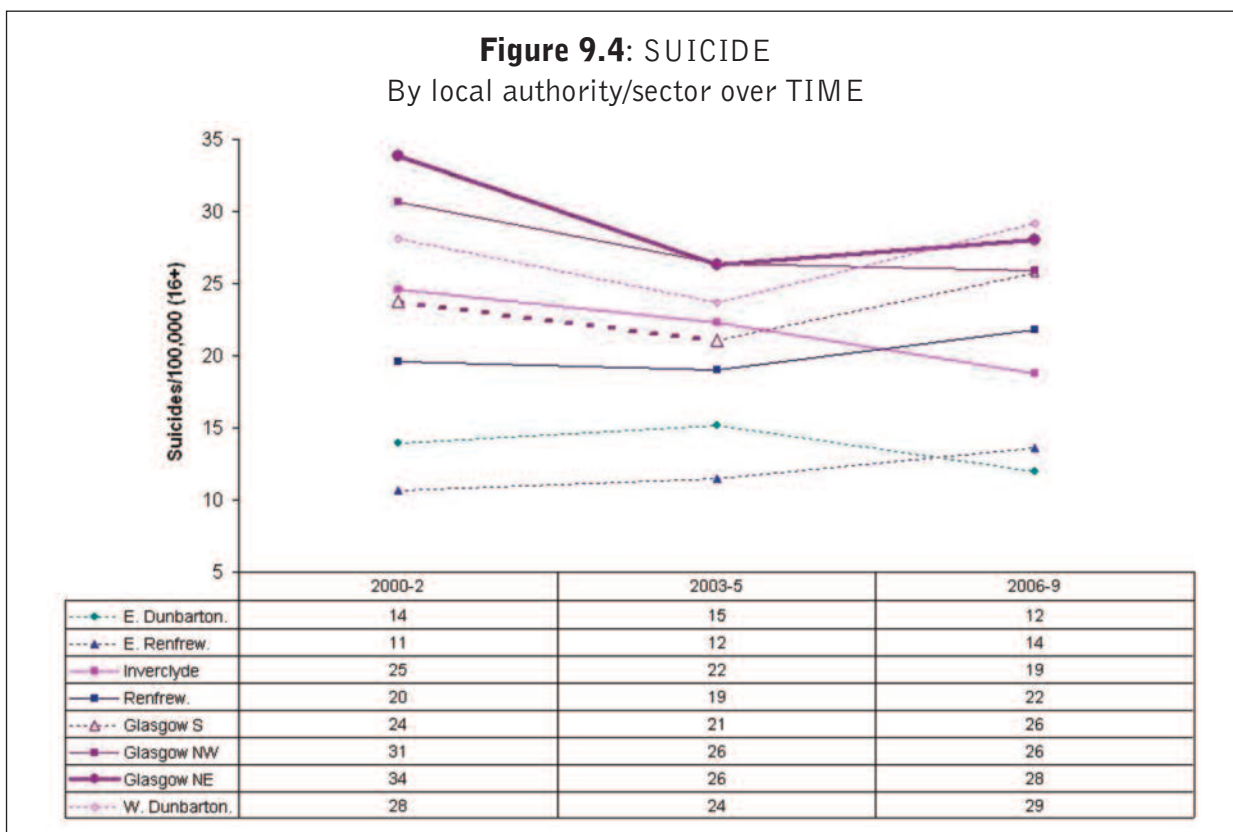
UCI: upper confidence limit; LCI: lower confidence limit

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Mental health problems domain



Scotland data based on 2009 only; **UCI**: upper confidence limit; **LCI**: lower confidence limit



## Section 8. Mental health problems domain

### 10. Psychosis

This indicator, although not part of the national mental health indicators, was included because robust, locally available data were available and provided valuable information about severe and enduring mental health in the Greater Glasgow region and the geographies within (indicator 10.1). A second psychosis data source (indicator 10.2) was also included, and used to support the findings from indicator 10.1.

#### 10.1 Psychosis (PsyCIS register)

<b>Definition</b>	The number of open* psychosis patients on a psychosis patient register (PsyCIS) per 100 population (18-64 yrs)		
<b>Source</b>	PsyCIS – a patient register for psychosis operating in parts of GG&C <sup>i</sup> , 2005-2010 <sup>ii</sup>		
<b>PsyCIS area<sup>i</sup> estimate</b>	0.7 adults per 100 population were registered as having psychosis		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Comparisons with the rest of Scotland were not possible with these data.</li> <li>• Men were 50% more likely to have psychosis than women.</li> <li>• Those in the youngest age group (18-34 years) were much less likely to have psychosis than those in the older age groups, reflecting that the register is cumulative – i.e. those with longer duration psychosis are more likely to be represented.</li> <li>• There was a strong association between psychosis and area deprivation; those in the most deprived quintile were almost four times more likely to have psychosis than those in the least deprived quintile.</li> <li>• The percentage with psychosis varied by local authority (Figure 10.1.2).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b> 0.7	<b>Rest of Scotland</b> Not available	

#### Inequalities in patients on PsyCIS register per 100: PsyCIS area<sup>i</sup>

<b>Sex</b>	<b>Female</b> 0.6	<b>Male</b> 0.9				Ratio 1.5 [£]
<b>Age</b>	<b>18-34</b> 0.3	<b>35-54</b> 1.0	<b>55-64</b> 1.0			Trend Strong
<b>Area level deprivation (SIMD quintiles)</b>	<b>5 (least deprived)</b> 0.3	<b>4</b> 0.4	<b>3</b> 0.6	<b>2</b> 0.7	<b>1 (most deprived)</b> 1.1	Ratio 3.7 [£]

\*Open patients are patients currently being seen by a mental health team

<sup>i</sup>: PsyCIS area = East Dunbartonshire, East Renfrewshire, West Dunbartonshire & Glasgow City

<sup>ii</sup>: Data were extracted in March 2010, but represents an accumulation of open patients from 2005 to the extraction date

Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories

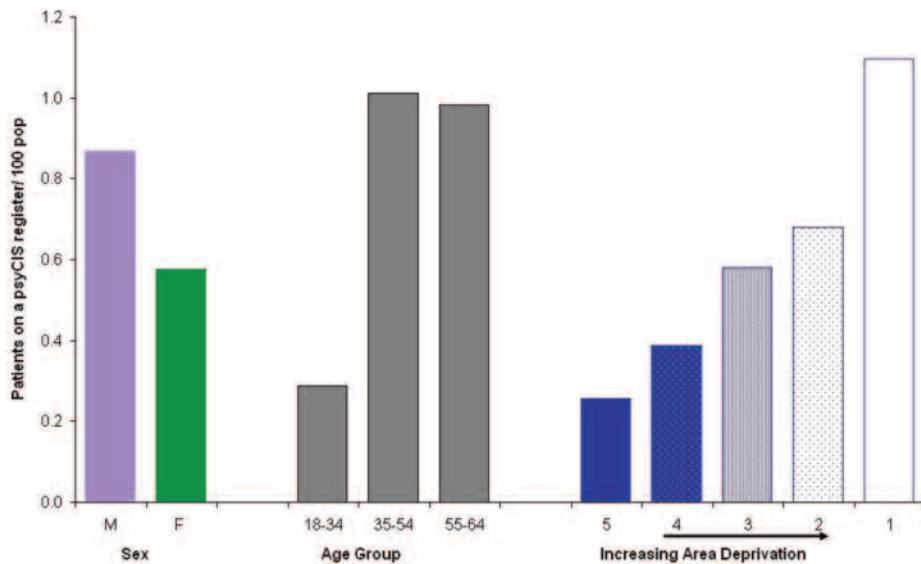
[£]: Statistically significantly different from 1

[NS]: Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation see Notes and Definitions ([click here](#))

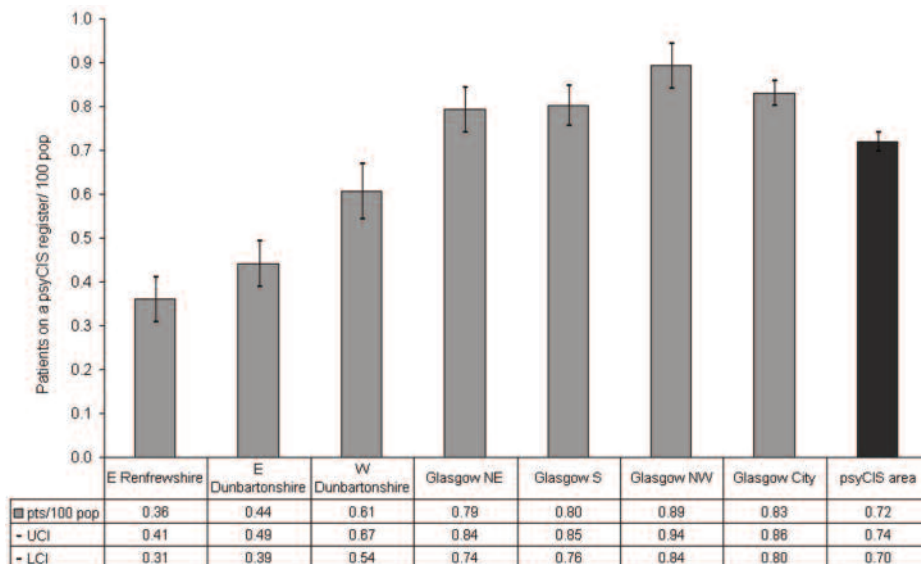
## Section 8. Mental health problems domain

**Figure 10.1.1: PSYCHOSIS (PsyCIS register) per 100 pop<sup>1</sup>**  
PsyCIS Area<sup>2</sup>, 2005-10



1: age 18-64, 2009 population used as denominator; 2: PsyCIS area = East Dun., East Ren., West Dun., Glasgow City

**Figure 10.1.2: PSYCHOSIS (PsyCIS register) per 100 pop<sup>1</sup>**  
By local authority, 2005-10



1: age 18-64, 2009 population used as denominator; UCI: upper confidence limit; LCI: lower confidence limit

### Interpretation points

These data represent those individuals who are actively managed in a tertiary care setting. The PsyCIS register, being a cumulative record of all those managed by mental health teams, will reflect the cumulative prevalence not the incidence of psychosis.

## Section 8. Mental health problems domain

### 10.2 Psychosis or related disorder (QOF mental health register)

<b>Definition</b>	Percentage of all those registered with a GP who are on the QOF mental health primary care register <sup>i</sup> .
<b>Source</b>	Quality and Outcomes Framework mental health register from QMAS database, 2006-2007 to 2008-2009
<b>GG&amp;C estimate</b>	1% of the population <sup>ii</sup> were diagnosed with a psychotic or related disorder in a primary care setting, 2008-2009
<b>Summary</b>	<ul style="list-style-type: none"> <li>• In GG&amp;C approximately 1% of the population<sup>ii</sup> were diagnosed with psychosis or a related disorder, this is consistent with the estimate produced from the PsyCIS register (indicator 10.1).</li> <li>• Those in GG&amp;C were 20% more likely to have psychosis or a related disorder than those in the rest of Scotland.</li> <li>• The size of the QOF mental health register has been stable since 2006-2007, although it is recognised this is a short time period.</li> </ul>

#### Inequalities in % of population<sup>ii</sup> diagnosed with psychosis or related disorder: GG&C

Region	GG&C		Rest of Scotland				Ratio
	1						
							1.2 [ \$ ]
Local authorities	East Dun.	East Ren.	Ren.	Inver.	West Dun.	Gla City	
	0.7	0.6	0.9	1.1	0.8	1.0	
Time trends	2006/7	2007/8	2008/9				
	1.0	1.0	1.0				

Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories

**[\$]**: Statistically significantly different from 1

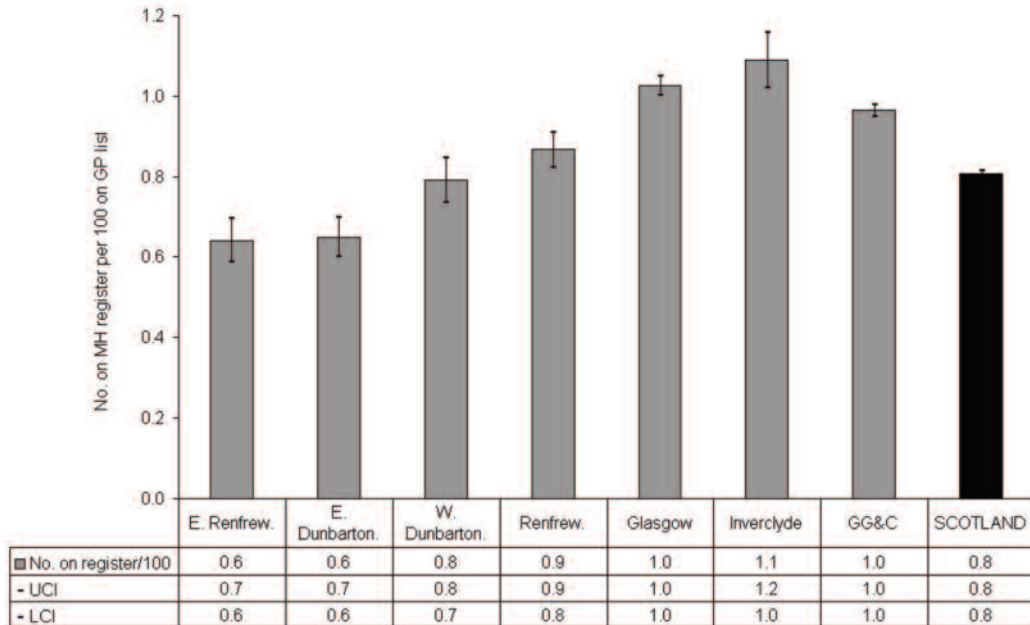
**[NS]**: Meaningful difference but not statistically significantly different from 1

**i**: Patients are put on the primary care register if they have a diagnosis of schizophrenia, schizotypal, delusional, manic, bipolar, paranoid disorders or other mental health conditions with psychotic elements

**ii**: Total population (0yrs+) registered with a GP

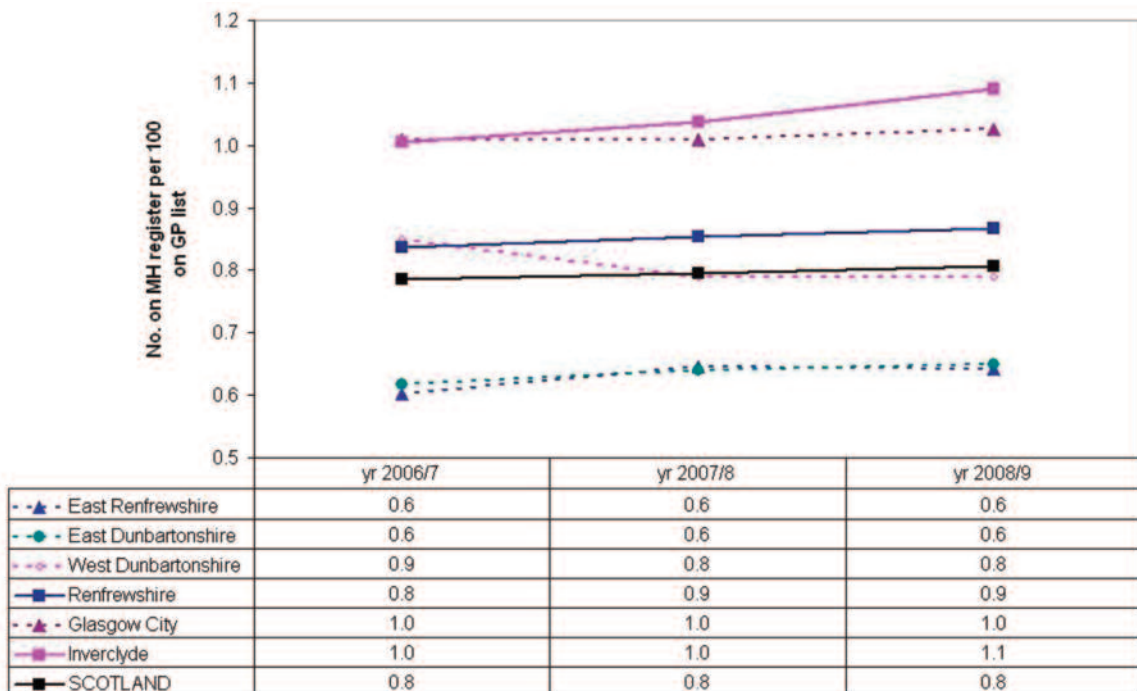
## Section 8. Mental health problems domain

**Figure 10.2.1:** PSYCHOSIS (mental health primary care register)  
By local authority, 2008-9



UCI: upper confidence limit; LCI: lower confidence limit

**Figure 10.2.2:** PSYCHOSIS (mental health primary care register)  
By local authority over TIME



## Section 8. Mental health problems domain

### Interpretation points

The size of the mental health register will not only reflect the local prevalence of psychosis and related disorders but also the local practice culture of managing the mental health register.

Across most local authorities there was a slight increase in the mental health register size from 2006-2007 to 2008-2009. This likely reflects changes to GP working practices rather than a real increase in the prevalence of psychosis and related disorders.

## Section 8. Mental health problems domain

### 11. Psychiatric inpatient discharges

#### 11.1 All psychiatric discharges

These data provide information on the number of people admitted to NHS psychiatric facilities and the main diagnosis at discharge.

This first section (11.1) describes all discharges from psychiatric facilities, with Sections 11.2 to 11.7 describing diagnosis-specific discharges.

<b>Definition</b>	Number of adults <sup>i</sup> (16yrs+) discharged from a psychiatric hospital <sup>ii,iii</sup> per 1000 population.					
<b>Source</b>	Scottish Morbidity Record 04 linked file, individuals 16 years or above on admission, 2001-2009 (ISD Scotland).					
<b>GG&amp;C estimate</b>	14 adults per 1000 were discharged from a psychiatric hospital, 2007-2009 [age and sex standardised]					
<b>Summary</b>	<ul style="list-style-type: none"> <li>• A marginally larger proportion (10%) of the population in GG&amp;C were discharged from a psychiatric hospital than in the rest of Scotland.</li> <li>• Across all diagnoses men were 20% more likely to be discharged from a psychiatric hospital than women.</li> <li>• There was no difference in psychiatric discharges across the two broad age groups examined.</li> <li>• Very large variations in psychiatric discharges were seen by area deprivation; those in the most deprived quintile were 15 times more likely to have been in a psychiatric hospital than those from the least deprived quintile.</li> <li>• A steady decrease was seen in the number of psychiatric discharges from 2001-2003 to 2007-2009 (Figure 11.1.2), reflecting the move towards community-based treatment.</li> <li>• Psychiatric discharges varied by local authority (Figure 11.1.3).</li> </ul>					
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>			Ratio	
	14	12			1.1 [£]	
<b>Inequalities in psychiatric discharges per 1000: GG&amp;C</b>						
<b>Sex</b>	<b>Female</b>	<b>Male</b>		Ratio		
	13	16		1.2 [£]		
<b>Age</b>	<b>16-44</b>	<b>45+</b>		Trend		
	14	14		None		
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	3	6	11	20	45	15 [£]
<b>Time trends</b>	<b>2001-3</b>	<b>2004-6</b>	<b>2007-9</b>			
	18	16	14			

**i:** Scottish resident **ii:** From NHS facilities only **iii:** Over the three year periods individuals are counted only once regardless of the number of times admitted to a facility, unless they were admitted to hospitals in different CH(C)Ps.

Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories.

**[£]:** Statistically significantly different from 1

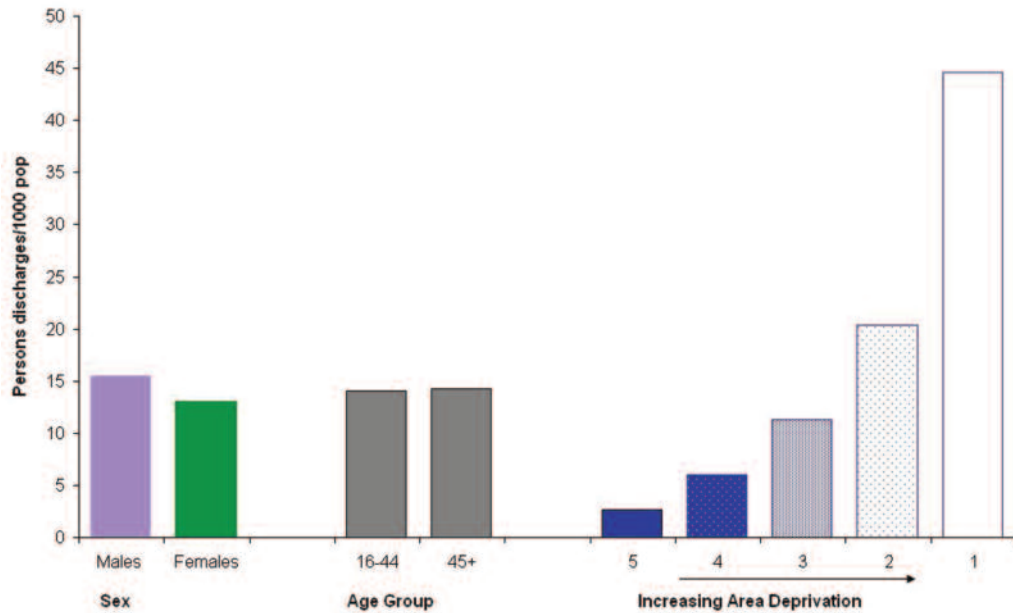
For explanation of area level deprivation see Notes and Definitions ([click here](#))



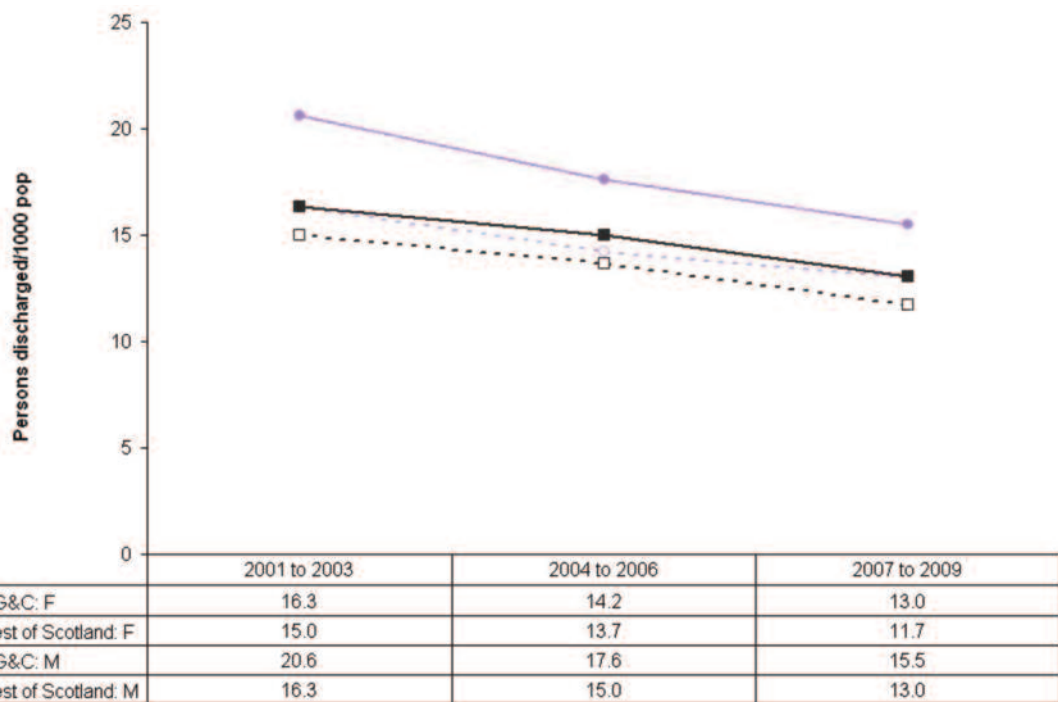
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**Figure 11.1.1: PSYCHIATRIC INPATIENT DISCHARGES**  
Greater Glasgow and Clyde, 2007-9

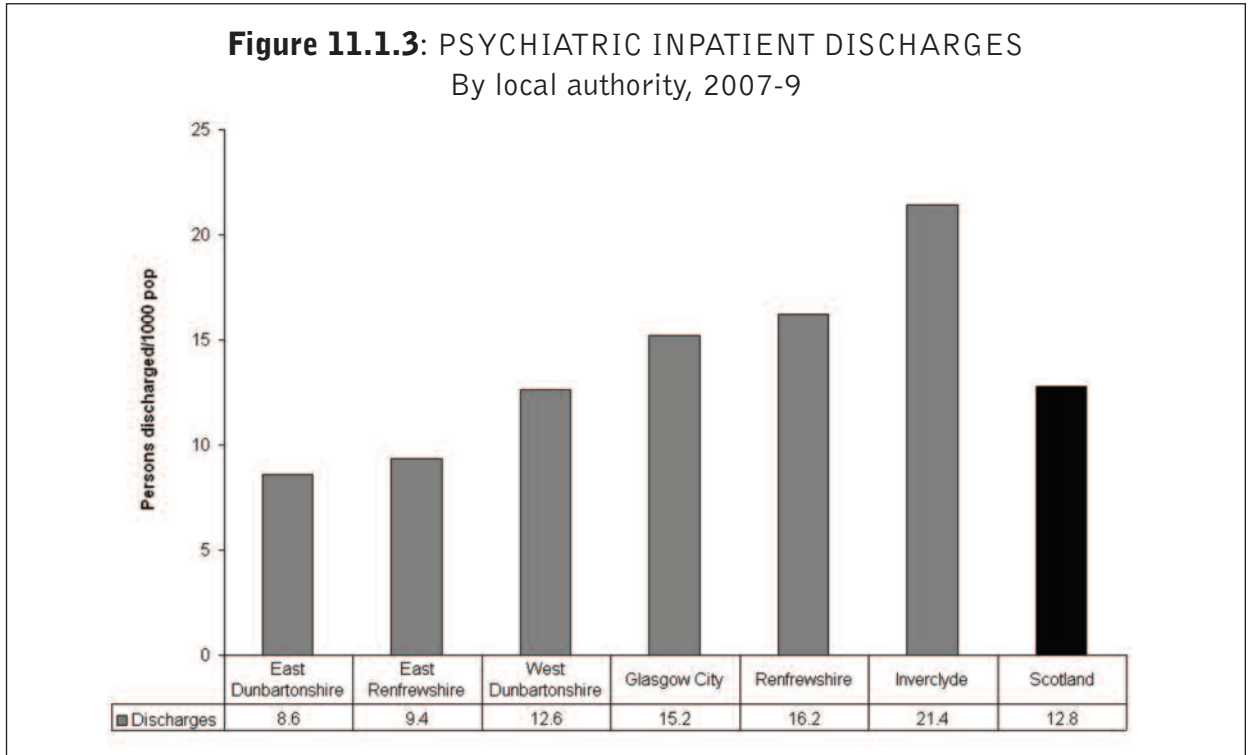


**Figure 11.1.2: PSYCHIATRIC INPATIENT DISCHARGES**  
Greater Glasgow and Clyde and the rest of Scotland by SEX over TIME



M: males; F: females

## Section 8. Mental health problems domain



Local authority estimates are age and sex standardised to the European Standard population

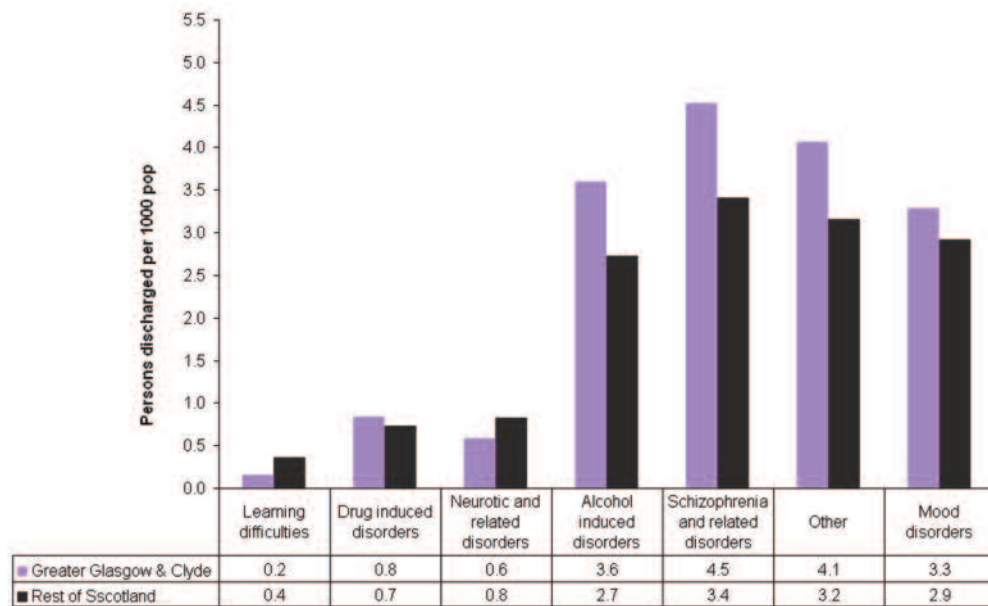
# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Mental health problems domain

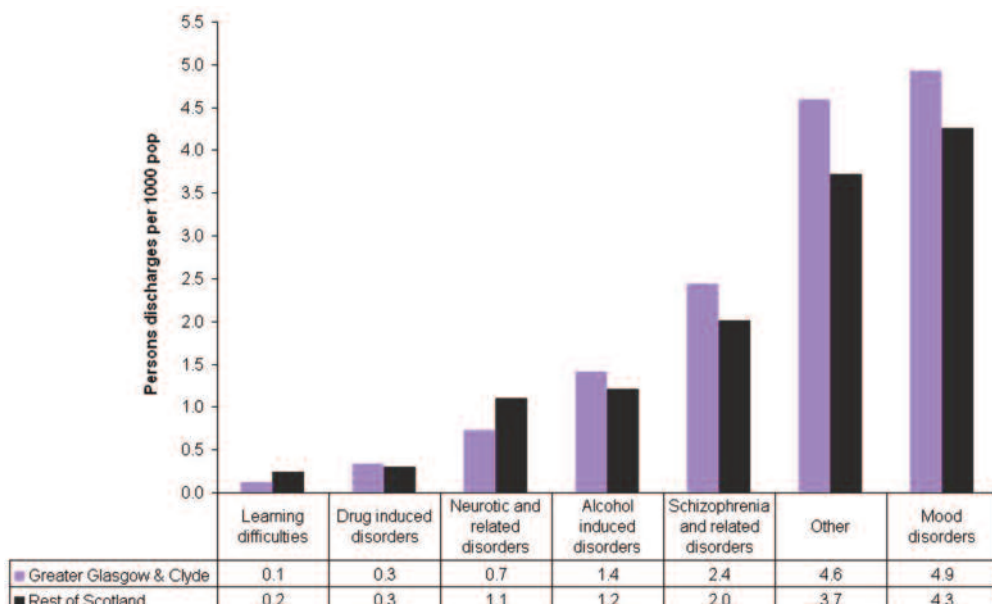
### 11.2 Diagnosis-specific discharges: Overview

Psychiatric discharges were analysed across seven broad diagnostic categories (Table M.2 in the Methods, section 9). The pattern of psychiatric discharges varied by sex – the most common psychiatric diagnosis in men was schizophrenia and related disorders, followed by alcohol-induced disorders (Figure 11.2.1), while in women the most common psychiatric diagnosis was mood disorders (Figure 11.2.2). Across all diagnostic categories discharges showed a general downward trend over time (Figure 11.2.3).

**Figure 11.2.1:** Psychiatric inpatient discharges by DIAGNOSIS:  
**Men:** Greater Glasgow & Clyde and the rest of Scotland, 2007-9

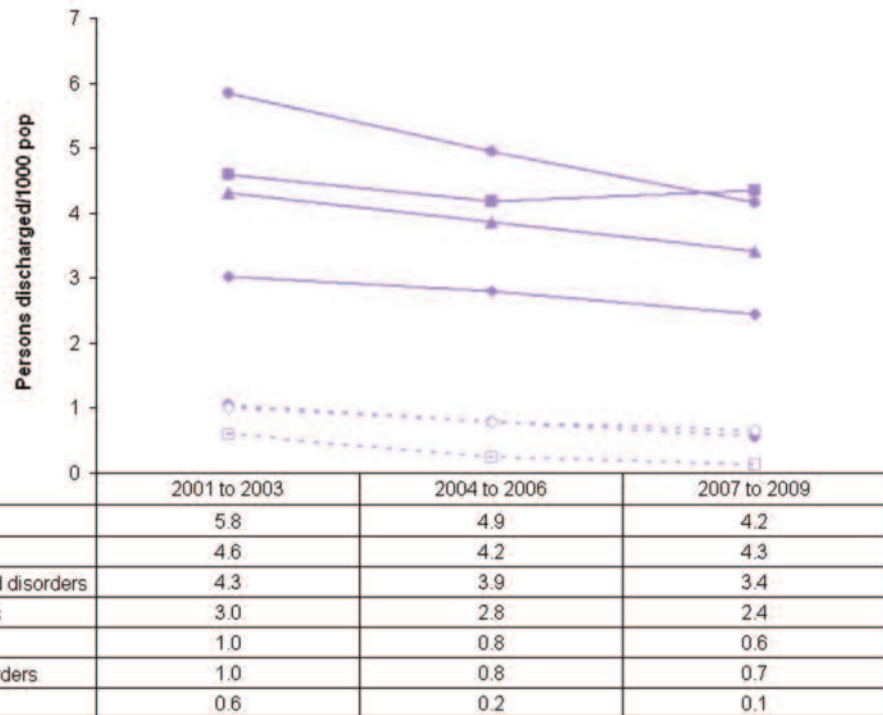


**Figure 11.2.2:** Psychiatric inpatient discharges by DIAGNOSIS:  
**Women:** Greater Glasgow & Clyde and the rest of Scotland, 2007-9



## Section 8. Mental health problems domain

**Figure 11.2.3:** Psychiatric inpatient discharges by DIAGNOSIS Greater Glasgow & Clyde over TIME



## Section 8. Mental health problems domain

### 11.3 Drug-induced psychiatric discharges

<b>Definition</b>	Number of adults <sup>i</sup> (16yrs+) discharged from a psychiatric hospital <sup>ii,iii</sup> per 1000 population with a drug-induced disorder <sup>iv</sup>		
<b>Source</b>	Scottish Morbidity Record 04 linked file, individuals 16 years or above on admission, 2001-2009 (ISD Scotland)		
<b>GG&amp;C estimate</b>	0.6 adults per 1000 were discharged from a psychiatric facility (2007-2009) with a drug-induced disorder		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Drug-induced psychiatric discharges were 20% more common in GG&amp;C than the rest of Scotland.</li> <li>• The vast majority of drug-induced psychiatric discharges were for young men, reflecting the group most likely to be taking drugs (see indicator 25).</li> <li>• Very large variations in drug-induced psychiatric discharges were seen by area deprivation; with over 20-fold differences seen between those living in the most and least deprived quintiles.</li> <li>• As with overall psychiatric discharges, a steady decrease in the number of drug-induced psychiatric discharges from 2001-2003 to 2007-2009 was seen.</li> <li>• Drug-induced psychiatric discharges varied by local authority (Figure 11.3.2).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	0.6	0.5	1.2 [£]

#### Inequalities in drug-induced psychiatric discharges per 1000: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>				Ratio
	0.3	0.8				2.6 [£]
<b>Age</b>	<b>16-44</b>	<b>45+</b>				Trend
	1.0	0.1				Strong
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	0.03	0.1	0.3	0.6	2.4	>20 [£]
<b>Time trends</b>	<b>2001-3</b>	<b>2004-6</b>	<b>2007-9</b>			
	1	0.8	0.6			

**i:** Scottish resident **ii:** From NHS facilities only **iii:** Over the three year periods individuals are counted only once regardless of the number of times admitted to a facility for drug-induced disorders, unless they were admitted to hospitals in different CH(C)Ps.

**iv:** As the main diagnosis – see Table M.2 in the Methods (section 9) for ICD-10 coded used to define the condition.

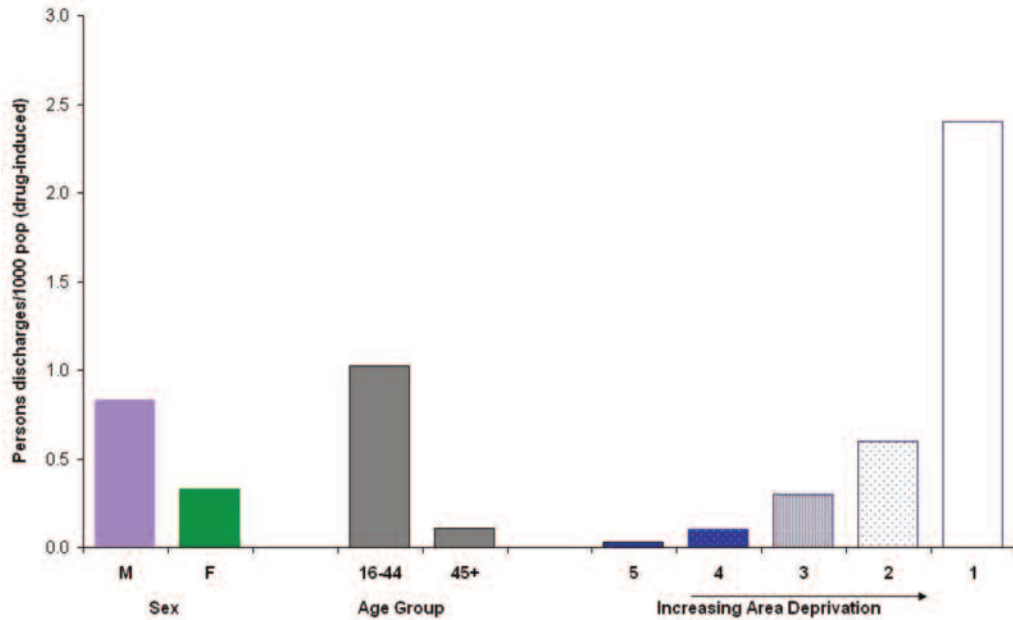
Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories

**[£]:** Statistically significantly different from 1

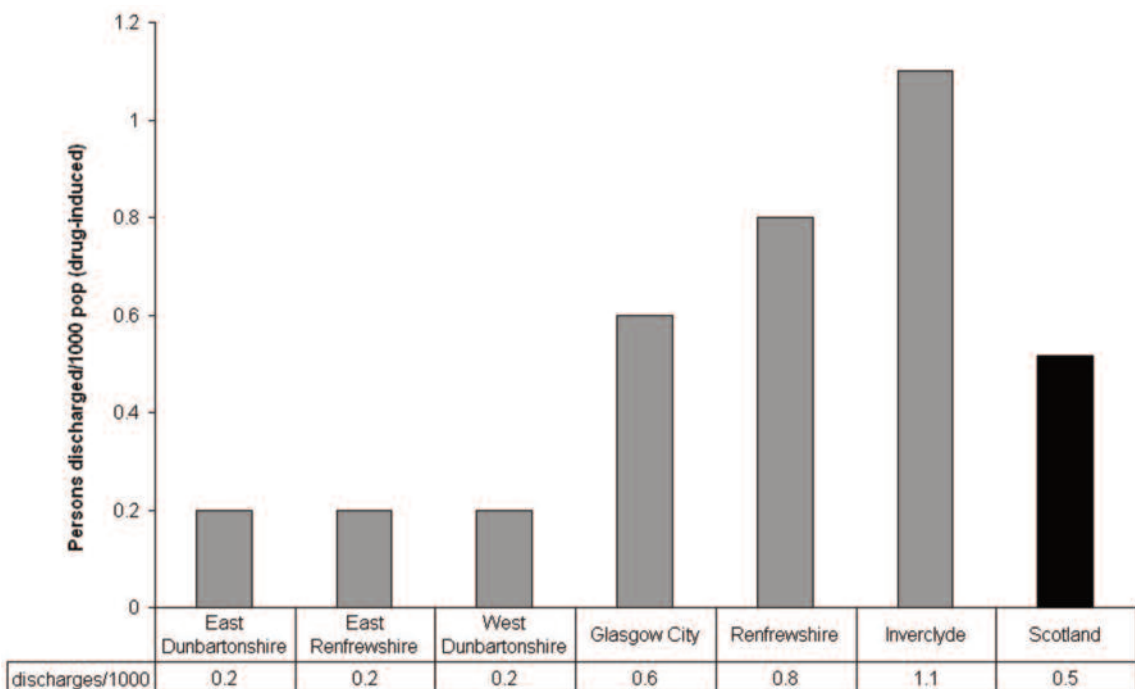
For explanation of area level deprivation see Notes and Definitions ([click here](#))

## Section 8. Mental health problems domain

**Figure 11.3.1:** Psychiatric inpatient discharges for DRUG-INDUCED DISORDERS Greater Glasgow & Clyde, 2007-9

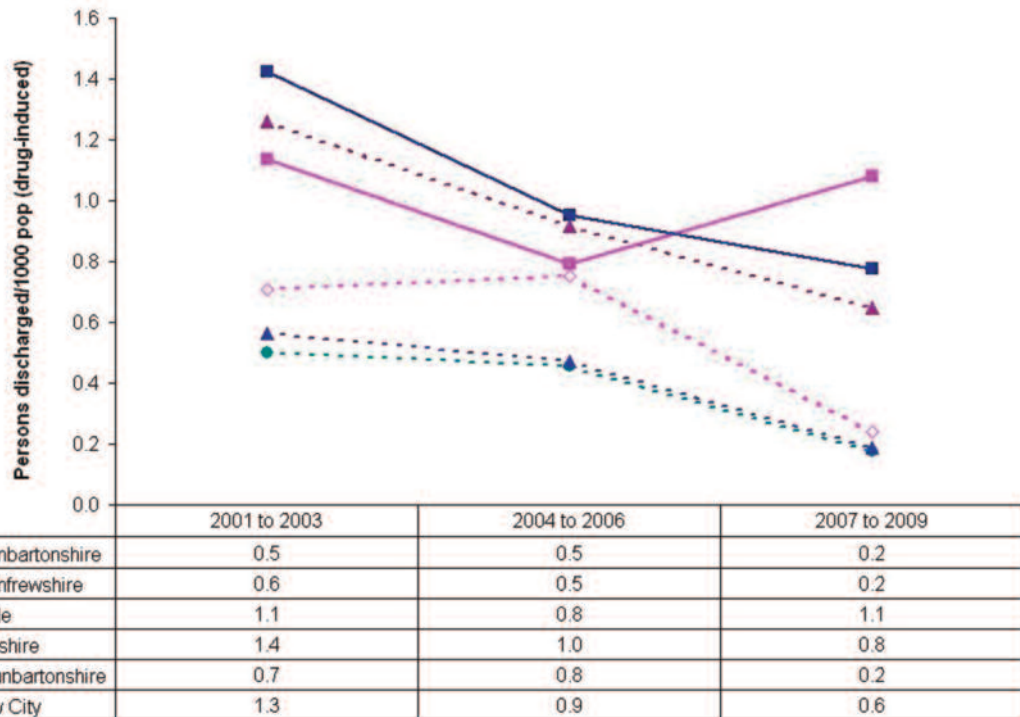


**Figure 11.3.2:** Psychiatric inpatient discharges for DRUG-INDUCED DISORDERS By local authority, 2007-9



## Section 8. Mental health problems domain

**Figure 11.3.3:** Psychiatric inpatient discharges for DRUG-INDUCED DISORDERS  
By local authority over TIME



## Section 8. Mental health problems domain

### 11.4 Alcohol-induced psychiatric discharges

<b>Definition</b>	Number of adults <sup>i</sup> (16yrs+) discharged from a psychiatric hospital <sup>ii,iii</sup> per 1000 population with an alcohol-induced disorder <sup>iv</sup>
<b>Source</b>	Scottish Morbidity Record 04 linked file, individuals 16 years or above on admission, 2001-2009 (ISD Scotland)
<b>GG&amp;C estimate</b>	2.4 adults per 1000 were discharged from a psychiatric hospital (2007-2009) with an alcohol-induced disorder
<b>Summary</b>	<ul style="list-style-type: none"> <li>• In GG&amp;C alcohol-induced psychiatric discharges were 20% more common in GG&amp;C than the rest of Scotland.</li> <li>• Men were over two times more likely to have had an alcohol-induced psychiatric discharge than women.</li> <li>• Alcohol-induced psychiatric discharges remained high across the two broad age categories examined, contrasting with the age pattern seen in the rest of Scotland (Figure 11.4.2).</li> <li>• Very large variations in alcohol-induced psychiatric discharges were seen by area deprivation; with over 20-fold differences seen between those living in the most and least deprived quintiles.</li> <li>• As with overall psychiatric discharges, a steady decrease in the number of alcohol-induced psychiatric discharges from 2001-2003 to 2007-2009 was seen (Figure 11.4.3).</li> <li>• Alcohol-induced psychiatric discharges varied by local authority (Figure 11.4.4).</li> </ul>

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	2.4	2.0	1.2 [ \$ ]

#### Inequalities in alcohol-induced psychiatric discharges per 1000: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio			
	1.4	3.6	2.6 [ \$ ]			
<b>Age</b>	<b>16-44</b>	<b>45+</b>	Trend			
	2.6	2.3	None			
<b>Area level deprivation (SIMD quintiles)</b>	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	0.2	0.6	1.6	3.2	9.1	>20 [ \$ ]
<b>Time trends</b>	<b>2001-3</b>	<b>2004-6</b>	<b>2007-9</b>			
	3.0	2.8	2.4			

**i:** Scottish resident **ii:** From NHS facilities only **iii:** Over the three year periods individuals are counted only once regardless of the number of times admitted to a facility for alcohol-induced disorders, unless they were admitted to hospitals in different CH(C)Ps

**iv:** As the main diagnosis – see table M.2 (Methods) for ICD-10 coded used to define the condition.

Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories

**[ \$ ]:** Statistically significantly different from 1

**[ NS ]:** Meaningful difference but not statistically significantly different from 1

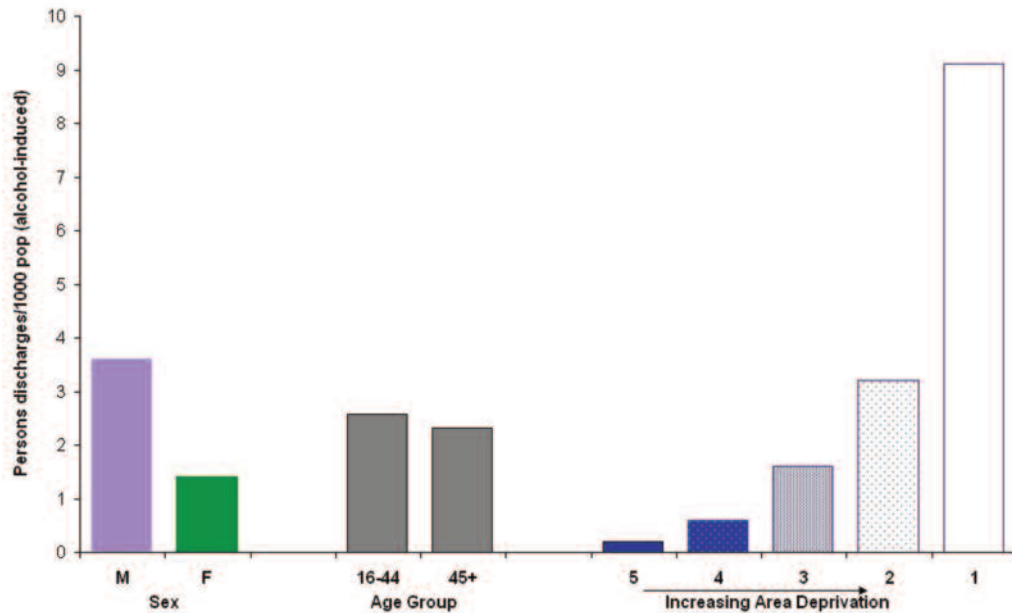
For explanation of area level deprivation see Notes and Definitions ([click here](#))



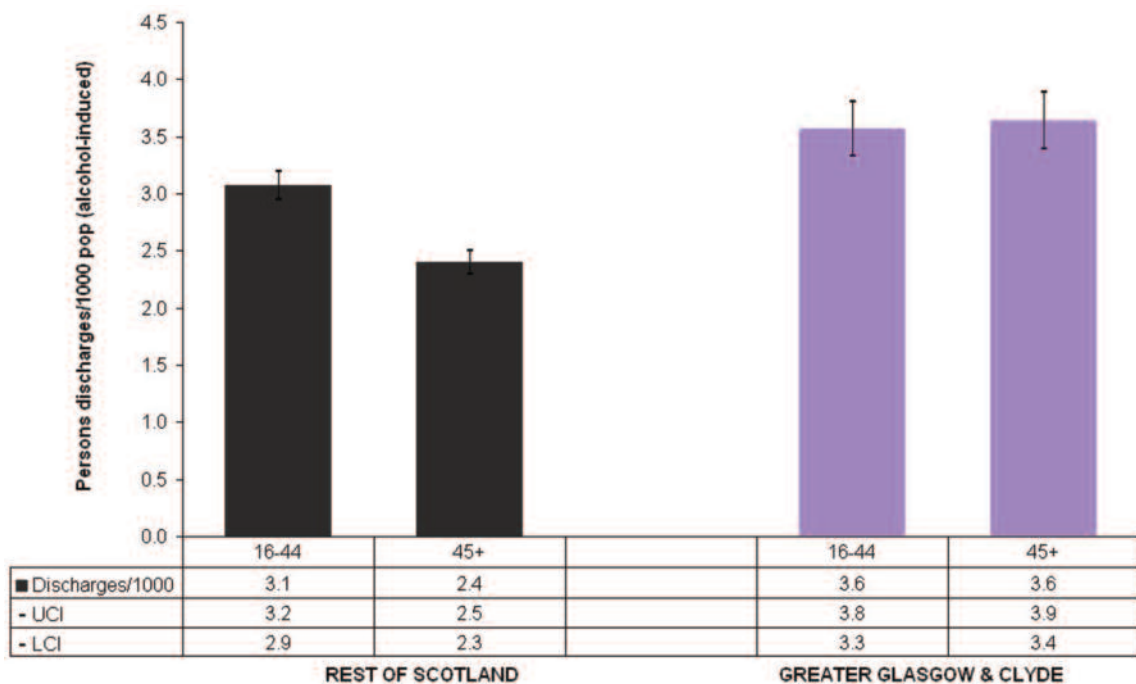
A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Mental health problems domain

**Figure 11.4.1:** Psychiatric inpatient discharges for ALCOHOL-INDUCED DISORDERS Greater Glasgow & Clyde, 2007-9



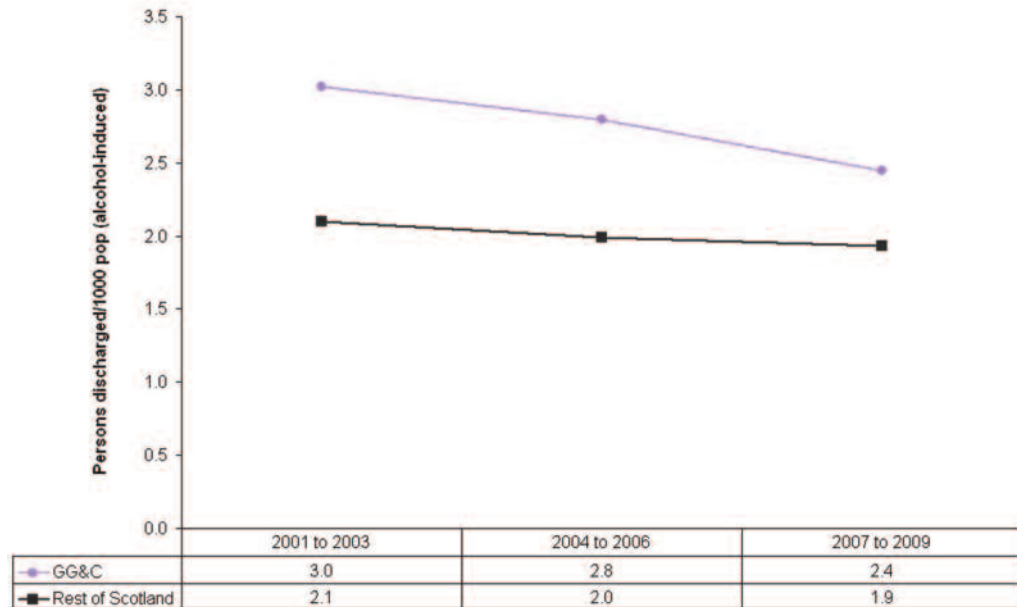
**Figure 11.4.2:** Psychiatric inpatient discharges for ALCOHOL-INDUCED DISORDERS MEN in Greater Glasgow & Clyde and the rest of Scotland, 2007-9



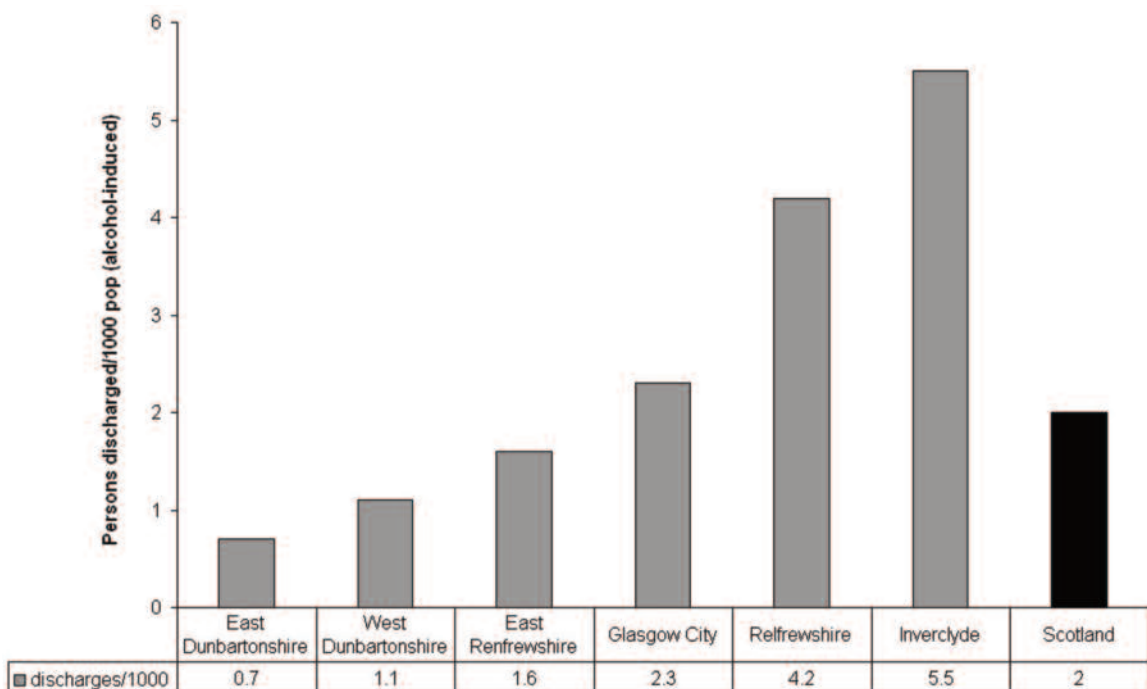
UCI: upper confidence limit; LCI: lower confidence limit

## Section 8. Mental health problems domain

**Figure 11.4.3:** Psychiatric inpatient discharges for ALCOHOL-INDUCED DISORDERS Greater Glasgow & Clyde and the rest of Scotland, over TIME

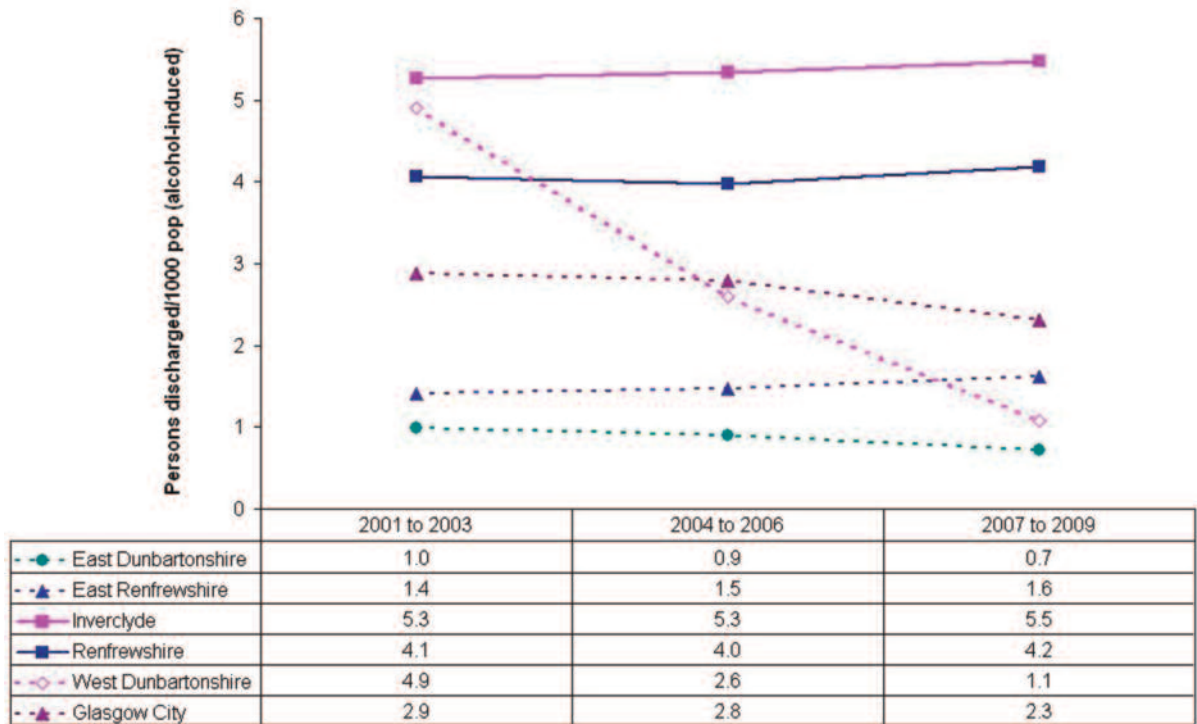


**Figure 11.4.4:** Psychiatric inpatient discharges for ALCOHOL-INDUCED DISORDERS By local authority, 2007-9



## Section 8. Mental health problems domain

**Figure 11.4.5:** Psychiatric inpatient discharges for ALCOHOL-INDUCED DISORDERS  
By local authority over TIME



## Section 8. Mental health problems domain

### 11.5 Mood-related psychiatric discharges [largely depression]

<b>Definition</b>	Number of adults <sup>i</sup> (16yrs+) discharged from a psychiatric hospital <sup>ii,iii</sup> per 1000 population with a mood-related disorder <sup>iv</sup>			
<b>Source</b>	Scottish Morbidity Record 04 linked file, individuals 16 years or above on admission, 2001-2009 (ISD Scotland)			
<b>GG&amp;C estimate</b>	4.2 adults per 1000 were discharged from a psychiatric hospital (2007-2009) with a mood-related disorder			
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Mood-related psychiatric discharges were 20% more common in GG&amp;C than the rest of Scotland.</li> <li>• Women were 50% more likely to have had a mood-related psychiatric discharge than men.</li> <li>• The likelihood of having a mood-related psychiatric discharge increased moderately, but not significantly, with age.</li> <li>• Large variations (10-fold) in mood-related psychiatric discharges were seen by area deprivation, although the magnitude of this variation was notably less than for both alcohol- and drug-induced psychiatric discharges. The patterning by area deprivation in GG&amp;C deviated from that in the rest of Scotland (Figure 11.5.4).</li> <li>• As with overall psychiatric discharges, a steady decrease in the number of mood-related psychiatric discharges from 2001-2003 to 2007-2009 was seen (Figure 11.5.3).</li> <li>• Mood-related psychiatric discharges varied by local authority (Figure 11.5.2).</li> </ul>			
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>		Ratio
	4.2	3.6		1.2 [ \$ ]

#### Inequalities in mood-related psychiatric discharges per 1000: GG&C data

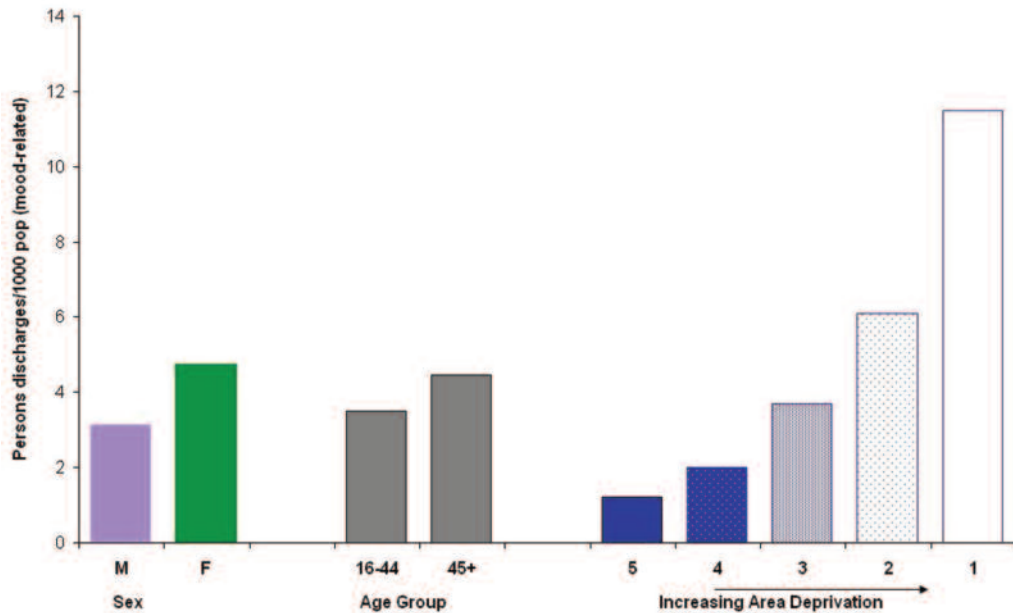
<b>Sex</b>	<b>Female</b>	<b>Male</b>			Ratio	
	4.9	3.3			1.5 [ \$ ]	
<b>Age</b>	<b>16-44</b>	<b>45+</b>			Trend	
	3.5	4.5			None	
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	1.2	2	3.7	6.1	11.5	9.6 [ \$ ]
<b>Time trends</b>	<b>2001-3</b>	<b>2004-6</b>	<b>2007-9</b>			
	5.8	4.9	4.2			

**i:** Scottish resident **ii:** From NHS facilities only **iii:** Over the three year periods individuals are counted only once regardless of the number of times admitted to a facility for mood-related disorders, unless they were admitted to hospitals in different CH(C)Ps  
**iv:** As the main diagnosis – see table M.2 (methods) for ICD-10 coded used to define the condition.  
 Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories  
**[\$]:** Statistically significantly different from 1  
**[NS]:** Meaningful difference but not statistically significantly different from 1  
 For explanation of area level deprivation see Notes and Definitions ([click here](#))

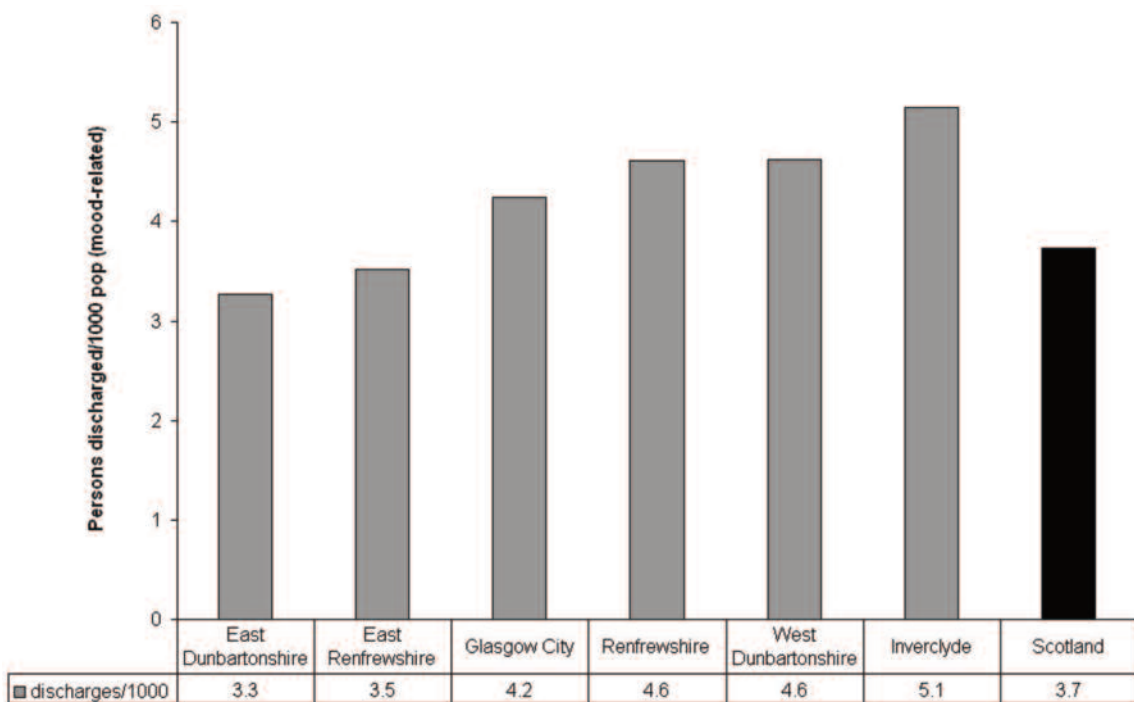
A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Mental health problems domain

**Figure 11.5.1:** Psychiatric inpatient discharges for MOOD-RELATED DISORDERS  
Greater Glasgow & Clyde, 2007-9

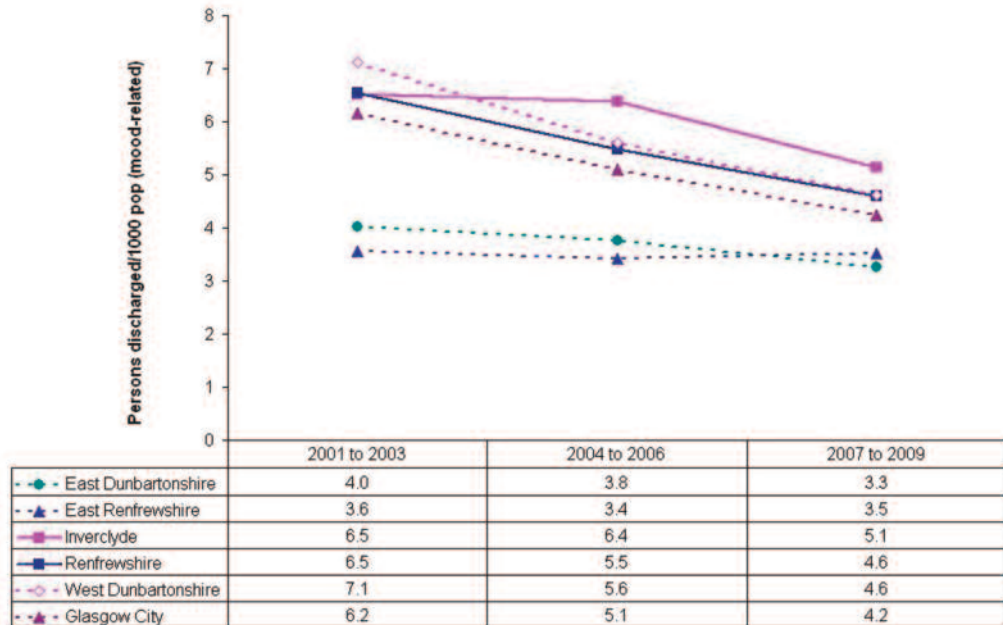


**Figure 11.5.2:** Psychiatric inpatient discharges for MOOD-RELATED DISORDERS  
By local authority, 2007-9

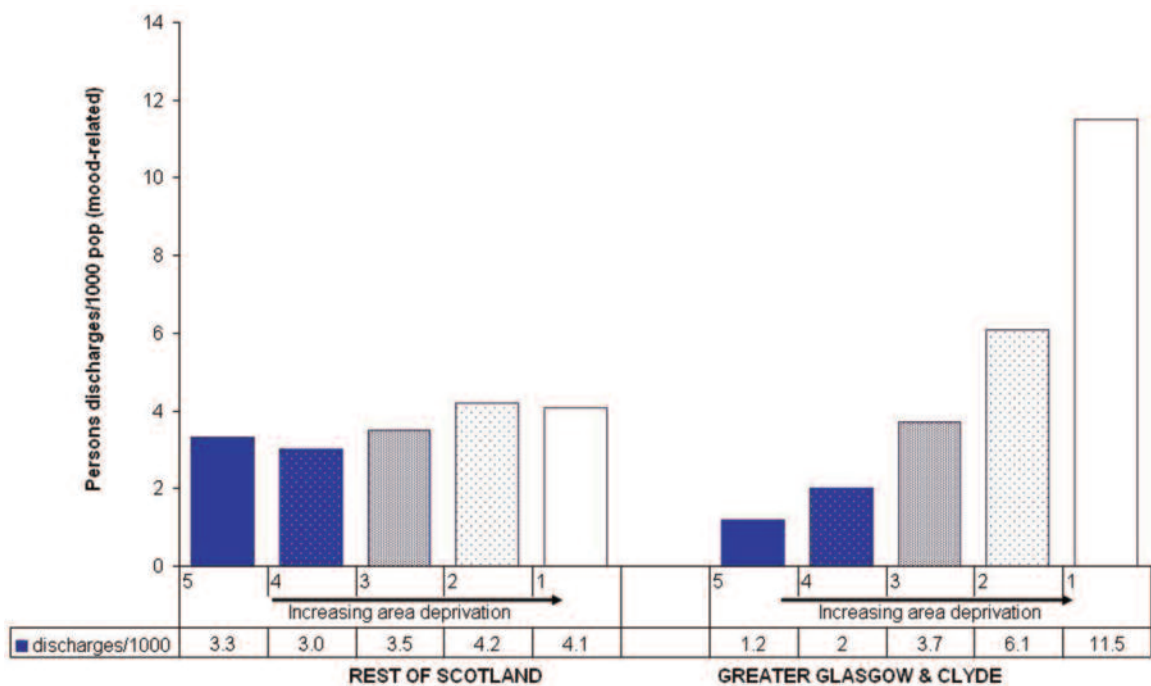


## Section 8. Mental health problems domain

**Figure 11.5.3:** Psychiatric inpatient discharges for MOOD-RELATED DISORDERS By local authority over TIME



**Figure 11.5.4:** Psychiatric inpatient discharges for MOOD-RELATED DISORDERS GG&C and the rest of Scotland by AREA DEPRIVATION, 2007-9



## Section 8. Mental health problems domain

### 11.6 Schizophrenia and related psychiatric discharges

<b>Definition</b>	Number of adults <sup>i</sup> (16yrs+) discharged from a psychiatric hospital <sup>ii,iii</sup> per 1000 population with a schizophrenia or related disorder <sup>iv</sup>					
<b>Source</b>	Scottish Morbidity Record 04 linked file, individuals 16 years or above on admission, 2001-2009 (ISD Scotland)					
<b>GG&amp;C estimate</b>	3.4 adults per 1000 were discharged from a psychiatric hospital (2007-2009) with a schizophrenia or related disorder					
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Psychiatric discharges for schizophrenia and related disorders were 30% more common in GG&amp;C than the rest of Scotland.</li> <li>• Men were nearly twice as likely to have a schizophrenia or related psychiatric discharge as women, reflecting the higher prevalence of the condition in men.</li> <li>• The likelihood of having a schizophrenia or related psychiatric discharge decreased with age, reflecting the early onset of schizophrenia.</li> <li>• Very large variations were seen in schizophrenia and related psychiatric discharges by area deprivation; with over 20-fold difference seen between the most and least deprived quintiles. The patterning by area deprivation in the rest of Scotland was less marked (Figure 11.6.4).</li> <li>• As with overall psychiatric discharges, a steady decrease in the number of schizophrenia and related psychiatric discharges from 2001-2003 to 2007-2009 was seen (Figure 11.6.3).</li> <li>• Psychiatric discharges for schizophrenia and related disorders varied by local authority (Figure 11.6.2).</li> </ul>					
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>				Ratio
	3.4	2.7				1.3 [ \$ ]
<b>Inequalities in schizophrenia and related psychiatric discharges per 1000: GG&amp;C</b>						
<b>Sex</b>	<b>Female</b>	<b>Male</b>				Ratio
	2.4	4.5				1.9 [ \$ ]
<b>Age</b>	<b>16-44</b>	<b>45+</b>				Trend
	4.3	2.5				Moderate
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	0.4	1.2	2.4	5.4	11.3	>20 [ \$ ]
<b>Time trends</b>	<b>2001-3</b>	<b>2004-6</b>	<b>2007-9</b>			
	4.3	3.9	3.4			

**i:** Scottish resident **ii:** From NHS facilities only **iii:** Over the three year periods individuals are counted only once regardless of the number of times admitted to a facility for schizophrenia & related disorders, unless they were admitted to hospitals in different CH(C)Ps

**iv:** As the main diagnosis – see table M.2 (Methods) for ICD-10 coded used to define the condition.

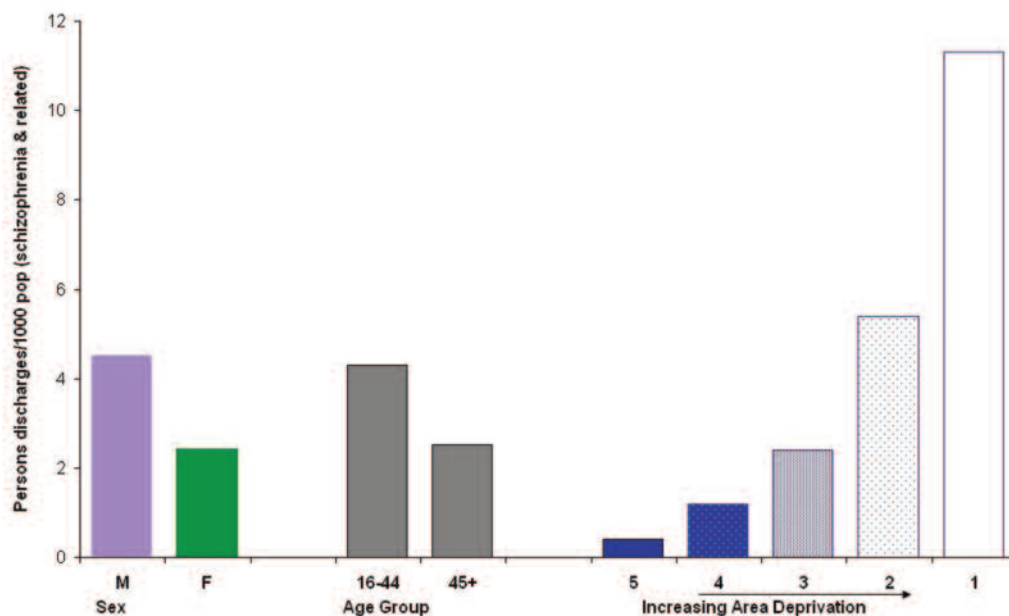
Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories.

**[ \$ ]:** Statistically significantly different from 1

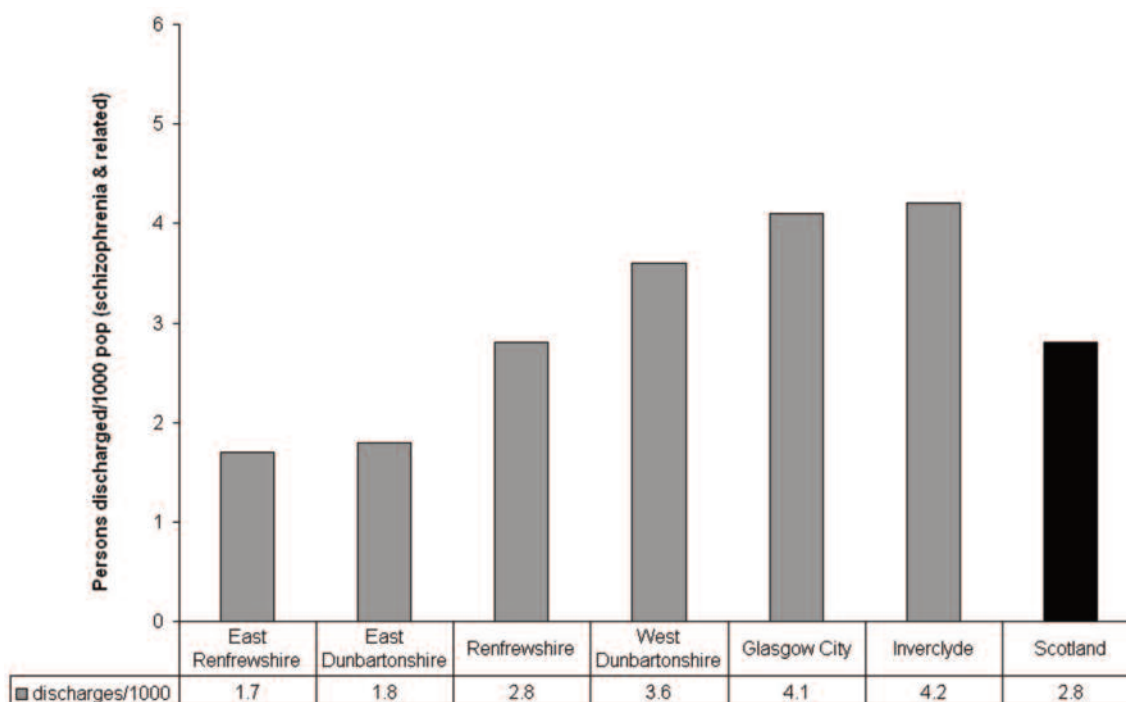
For explanation of area level deprivation see Notes and Definitions ([click here](#))

## Section 8. Mental health problems domain

**Figure 11.6.1:** Psychiatric inpatient discharges for SCHIZOPHRENIA & RELATED DISORDERS – Greater Glasgow & Clyde, 2007-9



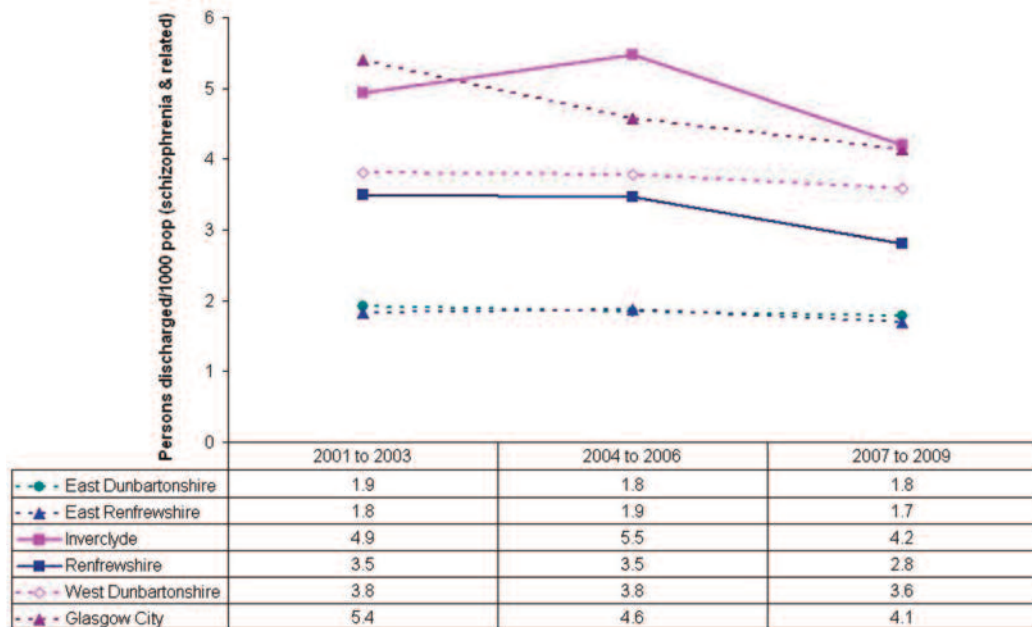
**Figure 11.6.2:** Psychiatric inpatient discharges for SCHIZOPHRENIA & RELATED DISORDERS - by local authority, 2007-9



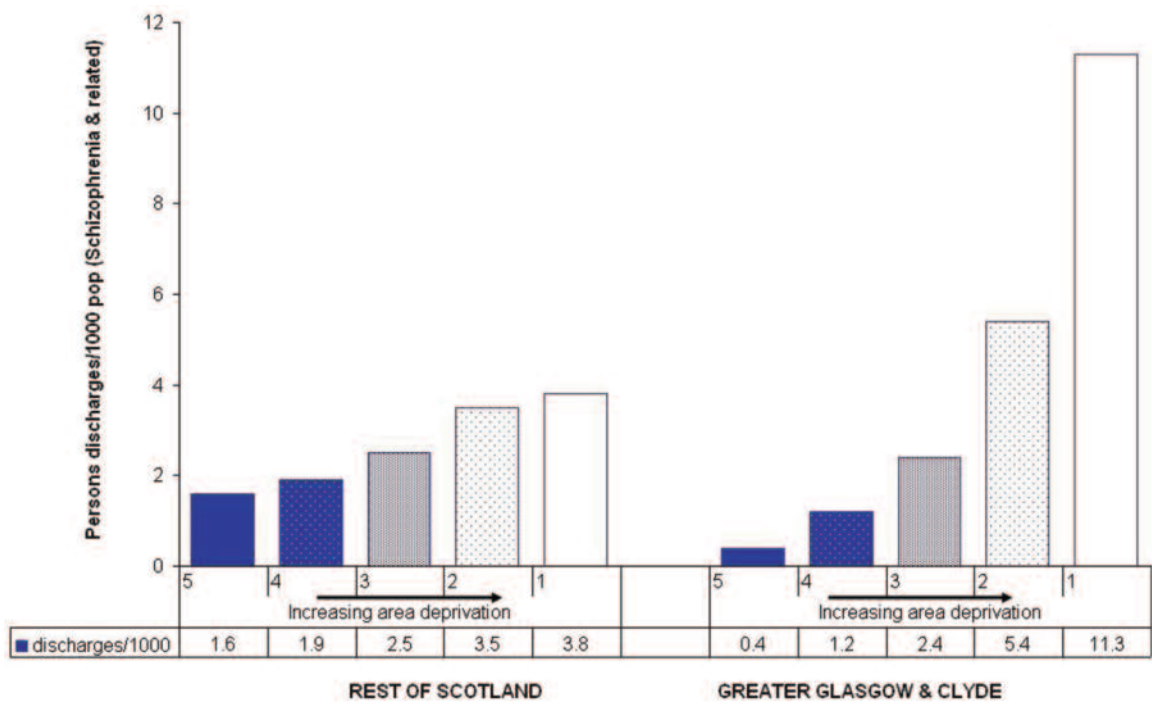


## Section 8. Mental health problems domain

**Figure 11.6.3:** Psychiatric inpatient discharges for SCHIZOPHRENIA & RELATED DISORDERS - by local authority over TIME



**Figure 11.6.4:** Psychiatric inpatient discharges for SCHIZOPHRENIA & RELATED DISORDERS - GG&C and the rest of Scotland by AREA DEPRIVATION, 2007-9



## Section 8. Mental health problems domain

### Interpretation points

The age patterning for hospital discharges for schizophrenia and related disorders differed from that for the PsyCIS register (indicator 10.1) - the latter measure showed an increase with age. This is likely to be related to differences between the data sources. Age at onset of schizophrenia is most common in the 20's and hospital events are likely to occur in the years after onset, before the condition has been fully managed. The PsyCIS register, on the other hand, is an accumulative register of those diagnosed and will contain those with longer duration psychosis.

## Section 8. Mental health problems domain

### 11.7 Neurotic and related psychiatric discharges [largely anxiety]

<b>Definition</b>	Number of adults <sup>i</sup> (16yrs+) discharged from a psychiatric hospital <sup>ii,iii</sup> per 1000 population with a neurotic & related disorder <sup>iv</sup>		
<b>Source</b>	Scottish Morbidity Record 04 linked file, individuals 16 years or above on admission, 2001-2009 (ISD Scotland)		
<b>GG&amp;C estimate</b>	0.7 adults per 1000 were discharged from a psychiatric hospital (2007-2009) with a neurotic & related disorder		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Neurotic &amp; related psychiatric discharges were 30% lower in GG&amp;C than the rest of Scotland.</li> <li>• Neurotic &amp; related psychiatric discharges were similar in men and women. The patterning by sex in GG&amp;C differed from the rest of Scotland (Figure 11.7.3).</li> <li>• Neurotic &amp; related psychiatric discharges were marginally lower in those in the oldest age group (45yrs+), contrasting with self-reported anxiety, which increased with age.</li> <li>• Very large variations were seen in neurotic &amp; related psychiatric discharges by area deprivation; with over 20-fold difference seen between the most and least deprived quintiles.</li> <li>• As with overall psychiatric discharges, a steady decrease in the number of neurotic &amp; related psychiatric discharges from 2001-2003 to 2007-2009 was seen (Figure 11.7.2).</li> <li>• Neurotic &amp; related psychiatric discharges varied by local authority (Figure 11.7.4).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	0.7	1.0	0.7 [§]

#### Inequalities in neurotic & related psychiatric discharges per 1000: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>				Ratio
	0.7	0.6				1
<b>Age</b>	<b>16-44</b>	<b>45+</b>				Trend
	0.7	0.6				Marginal
<b>Area level deprivation (SIMD quintiles)</b>	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	0.1	0.2	0.5	1.0	2.1	>20 [§]
<b>Time trends</b>	<b>2001-3</b>	<b>2004-6</b>	<b>2007-9</b>			
	1.0	0.8	0.7			

**i:** Scottish resident **ii:** From NHS facilities only **iii:** Over the three year periods individuals are counted only once regardless of the number of times admitted to a facility for neurotic and related disorders, unless they were admitted to hospitals in different CH(C)Ps

**iv:** As the main diagnosis – see table M.2 (Methods) for ICD-10 coded used to define the condition

Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories

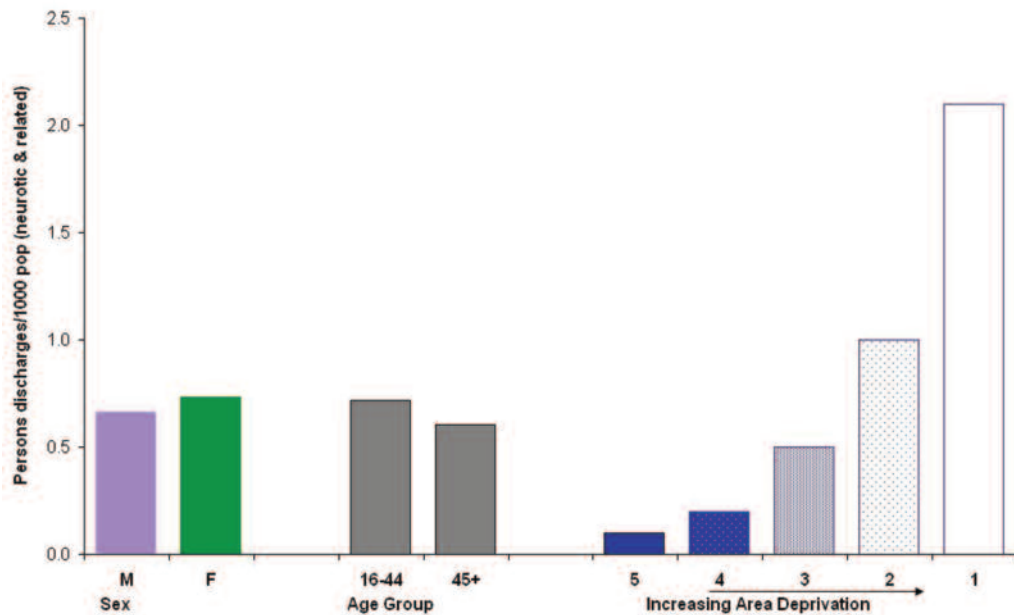
**[§]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

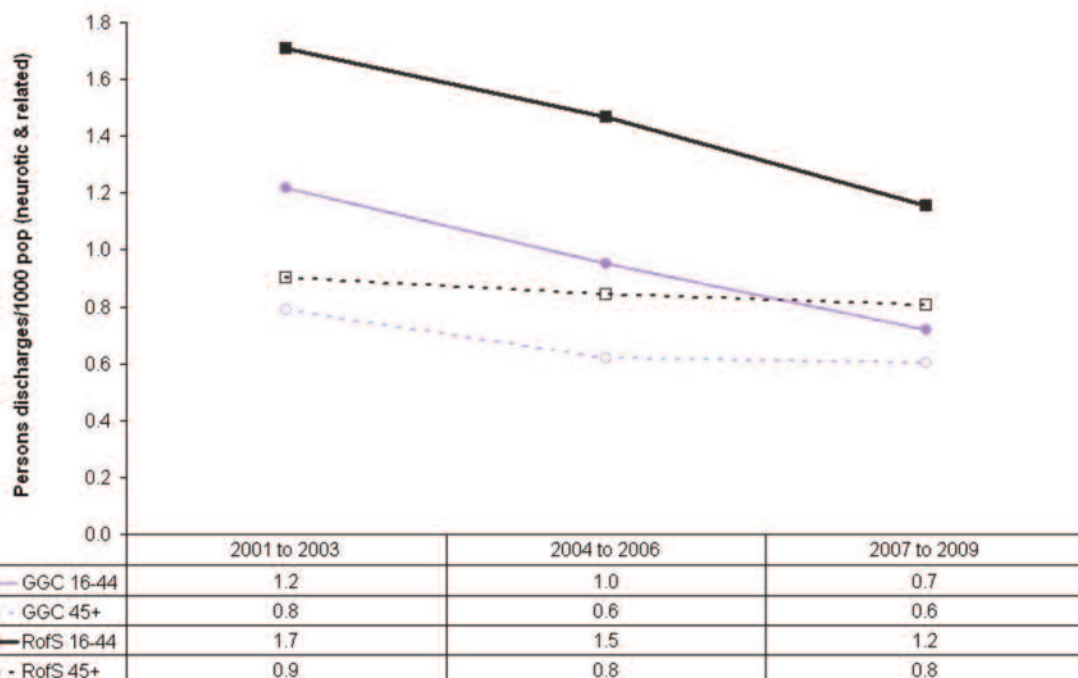
For explanation of area level deprivation see Notes and Definitions ([click here](#))

## Section 8. Mental health problems domain

**Figure 11.7.1:** Psychiatric inpatient discharges for NEUROTIC & RELATED DISORDERS: Greater Glasgow & Clyde, 2007-9



**Figure 11.7.2:** Psychiatric inpatient discharges for NEUROTIC & RELATED DISORDERS: Greater Glasgow & Clyde and the rest of Scotland by AGE over TIME

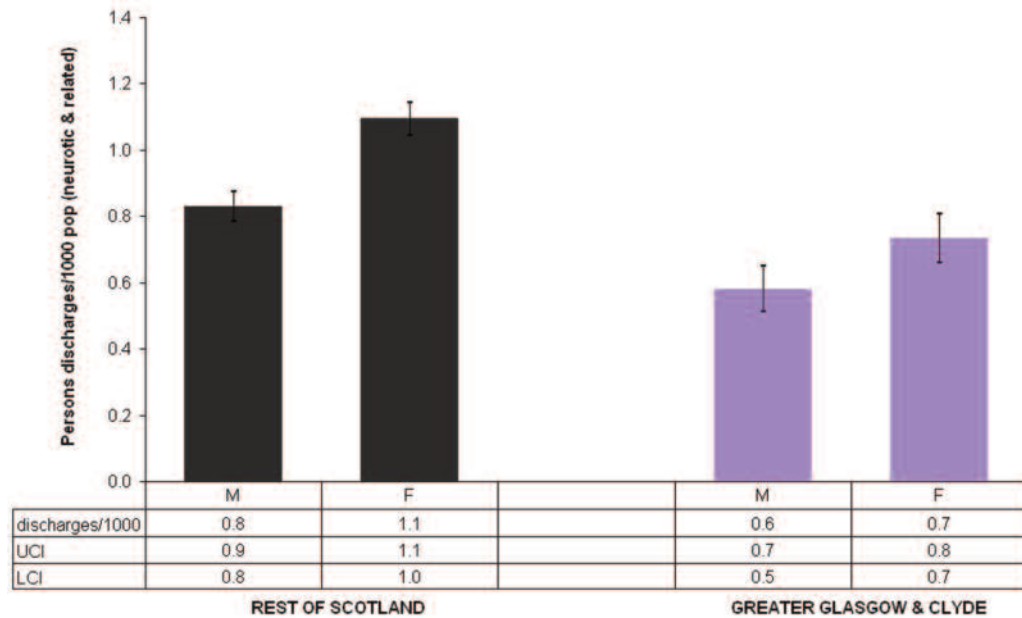


RofS: rest of Scotland

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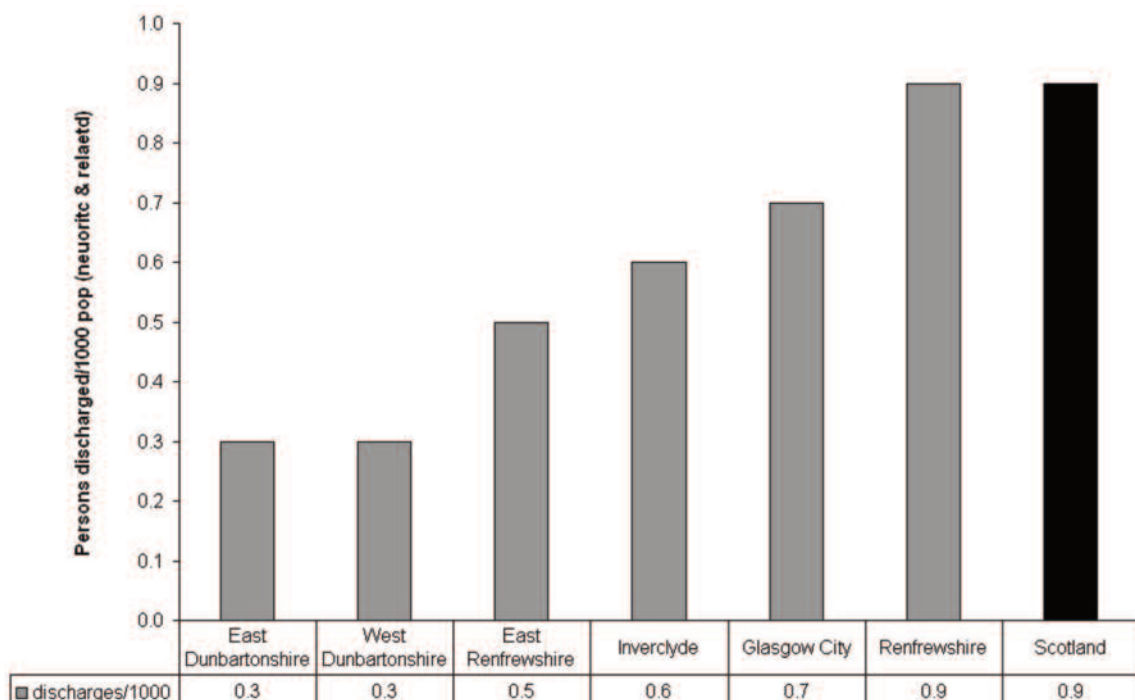
## Section 8. Mental health problems domain

**Figure 11.7.3:** Psychiatric inpatient discharges for NEUROTIC & RELATED DISORDERS: Greater Glasgow & Clyde and the rest of Scotland by SEX, 2007-9



UCI: upper confidence limit; LCI: lower confidence limit

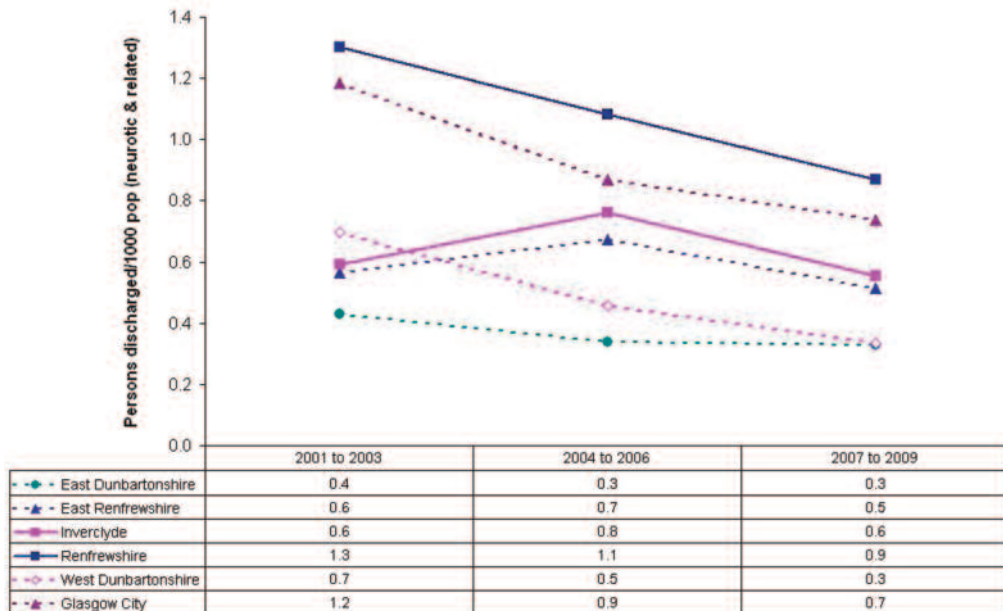
**Figure 11.7.4:** Psychiatric inpatient discharges for NEUROTIC & RELATED DISORDERS: By local authority, 2007-9



# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Mental health problems domain

**Figure 11.7.5:** Psychiatric inpatient discharges for NEUROTIC & RELATED DISORDERS: By local authority over TIME



### Interpretation points

The number of discharges from psychiatric facilities for neurotic and related disorders makes up only a small proportion (4%) of all psychiatric discharges. This is likely to reflect different healthcare utilisation patterns for different psychiatric disorders. Conditions such as schizophrenia are more likely to result in hospitalisation, while common mental health conditions, such as anxiety, are more likely to be managed mainly by primary care services.

## Section 8. Contextual factors

### CONTEXTUAL FACTORS

The following indicators describe a broad range of factors, reflecting the integral position mental health and wellbeing has in all areas of life from the individual, to the community and the wider culture. Although separated in this report into domains, these indicators will affect mental health and wellbeing, not in isolation, but in conjunction with each other.







## Learning & development domain

20. Adult learning

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Learning & development domain

### 20. Adult learning

<b>Definition</b>	Percentage of adults (16-59/64 <sup>i</sup> ) (no longer in continuous full-time education) that had participated in adult learning <sup>ii</sup> in the previous year		
<b>Source</b>	Annual Population Survey, 2009		
<b>GG&amp;C<sup>iii</sup> estimate</b>	48% of adults participated in adult learning in the previous year		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Marginally fewer adults from GG&amp;C<sup>iii</sup> participated in adult learning than from Scotland as a whole.</li> <li>• Similar percentages of men and women participated in adult learning.</li> <li>• Adult learning was moderately more common in younger individuals.</li> <li>• The percentage participating in adult learning varied by local authority (Figure 20.2).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Scotland<sup>iv</sup></b>	Ratio
	48	50	1.1 [§]
<b>Inequalities in % participating in adult learning: GG&amp;C<sup>iii</sup></b>			
<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio
	47	49	1
<b>Age</b>	<b>19-24</b>	<b>25-49</b>	<b>50-retirement</b>
	56	49	43
			Trend Moderate

Ratios represent the highest to lowest

**[§]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

**i:** 16-59 for females and 16-64 for males

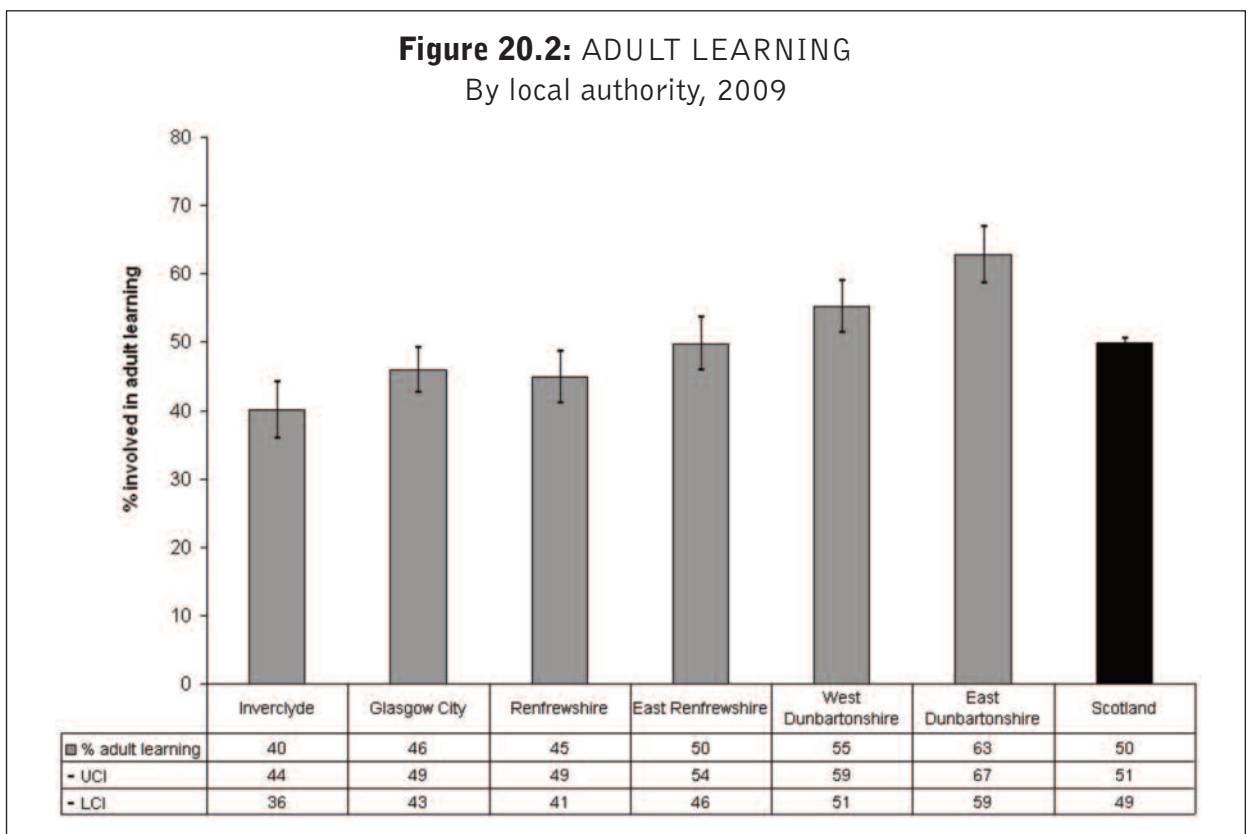
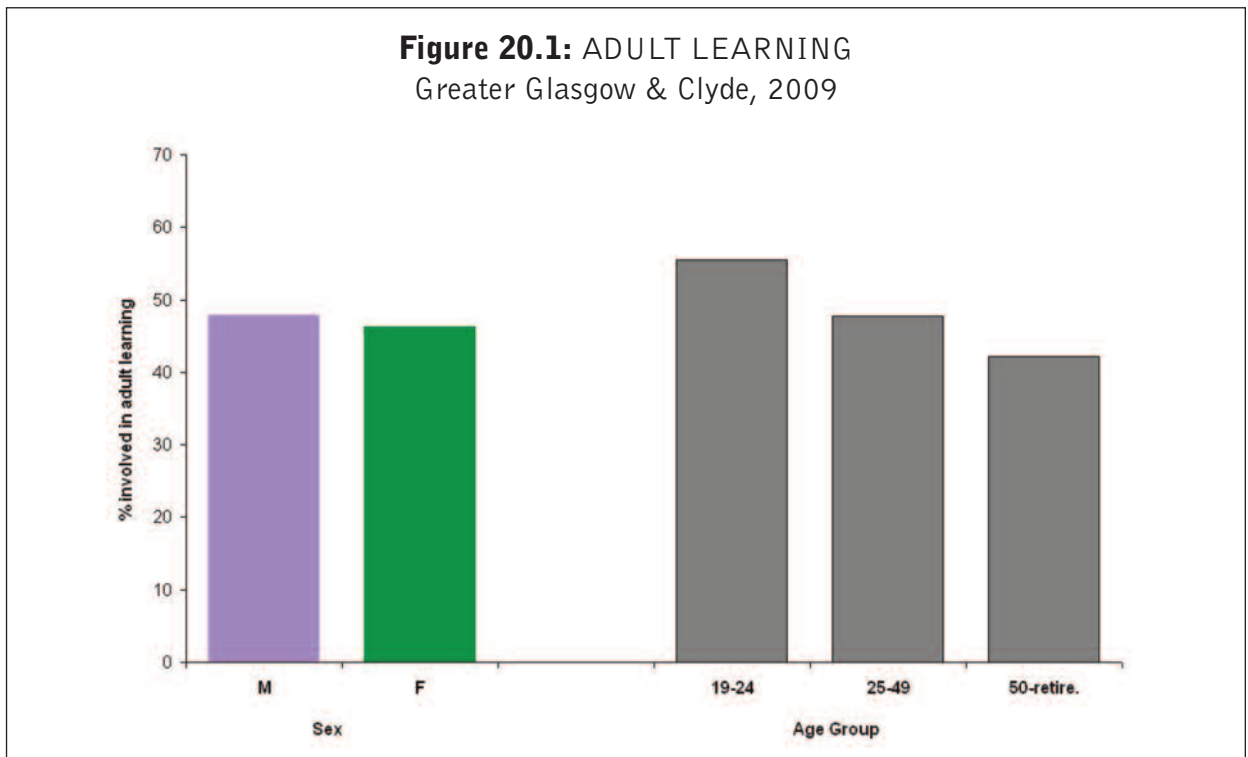
**ii:** Taught or non-taught learning, excludes those who had undertaken job related training or education in the previous three months, but may still include people who have undertaken job related training or education more than three months ago.

**iii:** GG&C excluding North and South Lanarkshire

**iv:** Note the comparison population for this indicator is Scotland and not the rest of Scotland.

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Learning & development domain



UCI: upper confidence limit; LCI: lower confidence limit





## Healthy living domain

- 21. *Physical activity*
- 22. *Healthy eating*
- 23. *Alcohol consumption - within recommended weekly levels*
- 24. *Alcohol consumption - units drunk on heaviest drinking day in previous week*
- 25. *Drug use*

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Health living domain

**Additional indicators:** In addition to the alcohol indicator used in the national mental health indicators (*drinking within recommended weekly limits*) a second alcohol consumption indicator was included here (*units drunk on heaviest drinking day in previous week*) to enable those engaged in more harmful drinking to be described.

### Summary

#### Healthy living – in the minority

It is striking that only a minority of adults in either GG&C or the rest of Scotland achieved the recommended targets for healthy eating, physical exercise or alcohol consumption (as measured by units drunk on heaviest drinking day, indicator 24).

#### Positives

It was encouraging that the proportion taking the recommended levels of physical activity increased in the past decade, possibly increasing faster in GG&C compared to the rest of Scotland (Figure 21.2). That said, the increase was small, and across most population groups only a minority engaged in the recommended levels of physical activity.

#### Inequalities

Those living in the most deprived area were the least likely to achieve a healthy lifestyle, with deprivation posing a particular challenge in relation to drug use.

Women were generally more likely to be making healthy living choices than men, with the exception of taking physical exercise.

Older individuals were overall more likely to be making healthy living choices than younger individuals.

#### Greater Glasgow & Clyde

Overall, the population in GG&C were less likely to achieve a healthy lifestyle than their counterparts in the rest of Scotland, consistent with the greater concentration of deprivation in the region. Additionally, within the health board area some groups were less likely to engage in healthy living:

- In both GG&C and the rest of Scotland young men tended to drink above recommended levels. While men in the rest of Scotland drink more moderately in their 30s and 40s, men of this age group in GG&C continued to drink above the recommended limits (Figure 23.2). This pattern was also seen for other alcohol indicators (see Emerging trends in Section 3).
- While men in the rest of Scotland tended to increase healthy eating behaviour with age, healthy eating in men in GG&C fell with age (Figure 22.2).
- Young women in GG&C had particularly poor healthy eating behaviour compared to young women in the rest of Scotland (Figure 22.2).

## Section 8. Health living domain

### 21. Physical activity

<b>Definition</b>	Percentage of adults (16-74yrs) who reported taking the recommended levels <sup>i</sup> of physical activity in the previous 4 weeks (includes work-related physical activity)
<b>Source</b>	Scottish Health Survey, 2008
<b>GG&amp;C estimate</b>	41% of adults reported taking the recommended levels physical activity in the previous four weeks
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Less than half of individuals reported taking the recommended levels of physical activity.</li> <li>• There was no difference in the physical activity levels between GG&amp;C and the rest of Scotland.</li> <li>• Men were 30% more likely to take the recommended levels of physical activity compared to women.</li> <li>• Younger individuals were over twice as likely to take the recommended levels of physical activity compared to their older counterparts.</li> <li>• Unlike most other indicators, this indicator did not vary consistently or significantly by area deprivation.</li> <li>• The proportion taking the recommended levels of physical activity increased across successive survey waves in both GG&amp;C and the rest of Scotland; increases were greater in GG&amp;C such that by 2008 the levels in both regions were similar (Figure 21.2).</li> </ul>

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	41	41	1

#### Inequalities in % taking the recommended levels of physical activity: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio			
	35	47	1.3 [ \$ ]			
<b>Age</b>	<b>16-34</b>	<b>35-54</b>	<b>55-74</b>	Trend		
	54	41	23	Strong		
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	43	42	47	45	34	1.3 [NS]
<b>Time trends</b>	<b>1998</b>	<b>2003</b>	<b>2008</b>			
	31	35	41			

**i:** recommended levels defined as participation in 30 minutes or more of moderate to vigorous physical activity on at least five days per week, includes all work-related activity

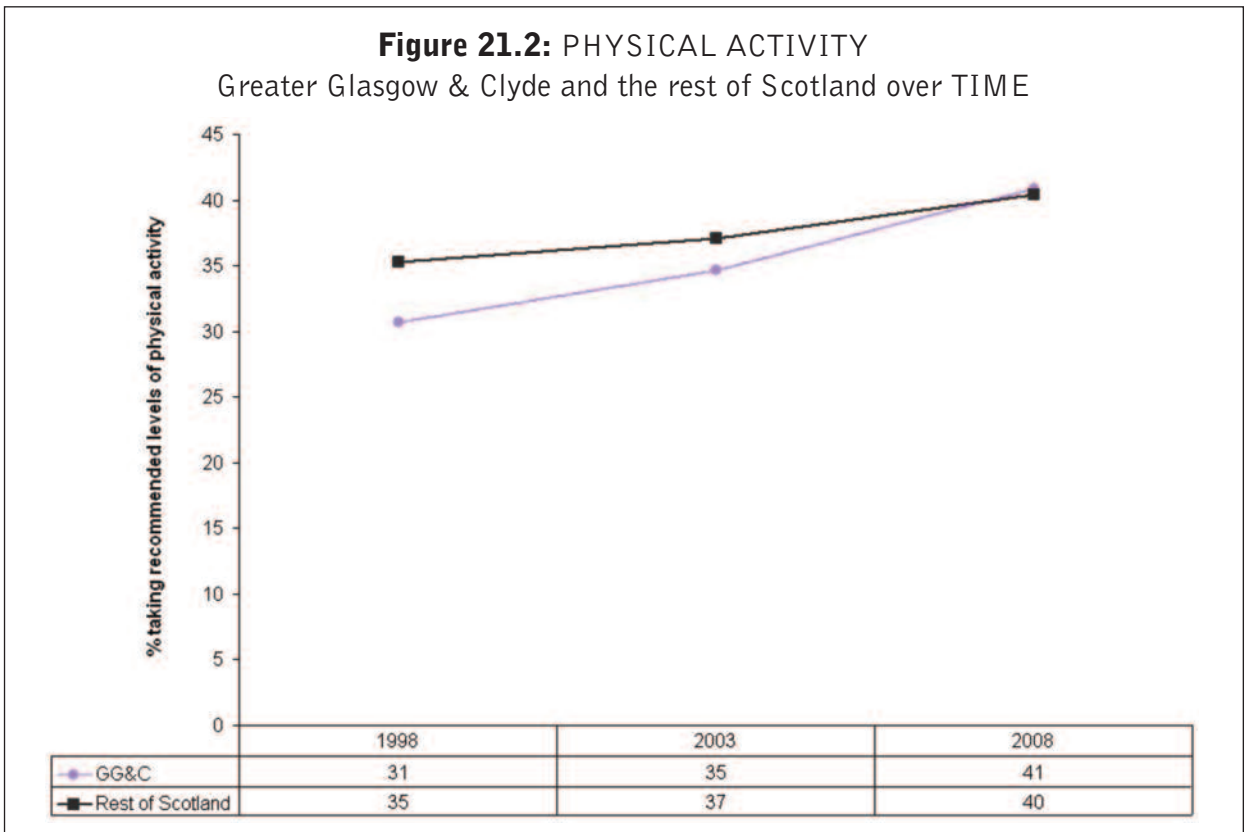
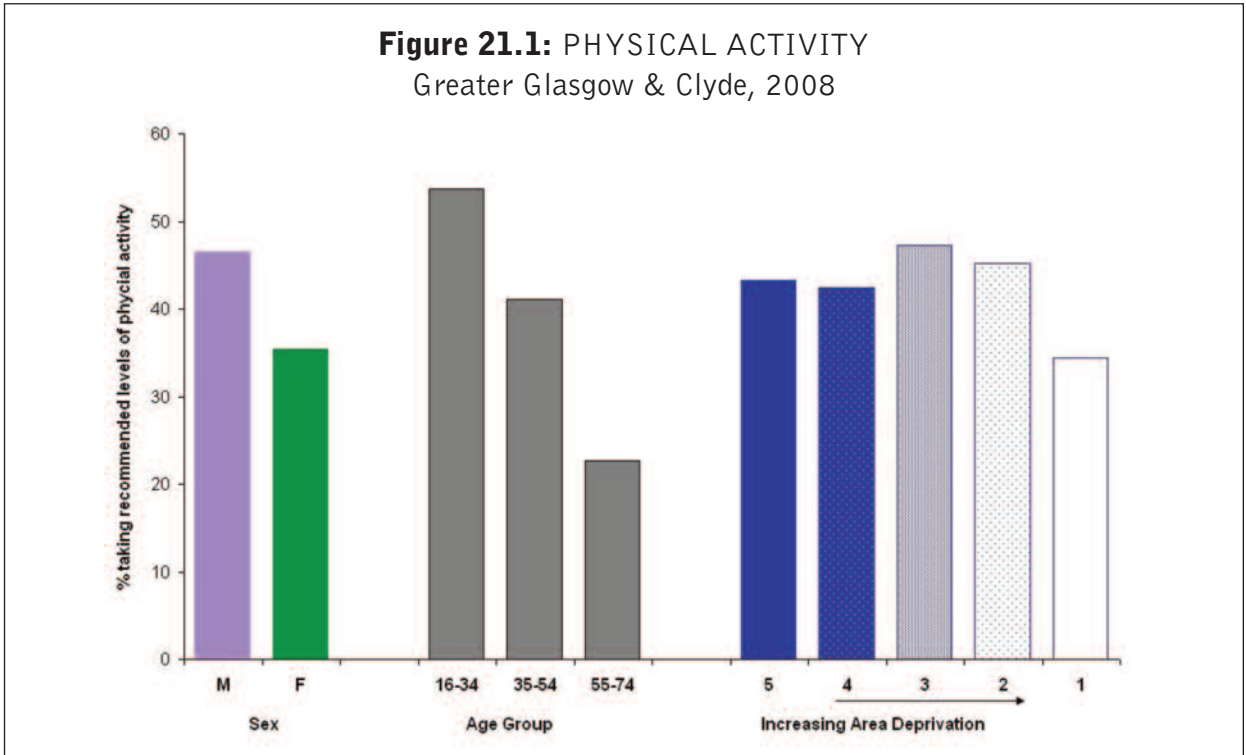
Ratios represent the highest to lowest, for deprivation the ratios were based on the first and last categories

**[ \$ ]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Health living domain**



Statistically significant difference seen between GG&C and the rest of Scotland in 1998, with no significant differences seen in 2003 or 2008. The estimates for 1998 and 2003 both represent the old NHS Greater Glasgow health board area, while the estimates for 2008 represent the current NHS Greater Glasgow & Clyde health board area



## Section 8. Health living domain

### 22. Healthy eating

<b>Definition</b>	Percentage of adults (16yrs+) reporting eating at least five portions of fruit or vegetables in the previous day
<b>Source</b>	Scottish Health Survey, 2008
<b>GG&amp;C estimate</b>	Only 20% of adults reported consuming at least five portions of fruit or vegetables the previous day
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The vast majority of both the Scottish and GG&amp;C populations did not eat the recommended portions of fruit or vegetables.</li> <li>• Those in GG&amp;C were marginally less likely to eat the recommended portions compared to the rest of Scotland.</li> <li>• Women were 20% more likely than men to eat the recommended portions, but this did not reach statistical significance.</li> <li>• Although there was no significant trend in fruit and vegetable intake by age, when men and women were analysed separately there were notable differences in healthy eating across age groups (Figure 22.2).</li> <li>• Fruit and vegetable intake varied notably by both area deprivation and occupational group; the least deprived and those in professional and managerial occupations were 70-80% more likely to eat the recommended levels compared to the most deprived and those in routine and manual occupations.</li> </ul>

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	20	23	1.2 [ \$ ]

#### Inequalities in % eating 5+ portions of fruit or vegetable: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio				
	21	18	1.2 [NS]				
<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65+</b>	Trend
	10	21	21	24	23	19	None
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio	
	22	35	23	16	12	1.8 [ \$ ]	
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio			
	26	23	15	1.7 [ \$ ]			

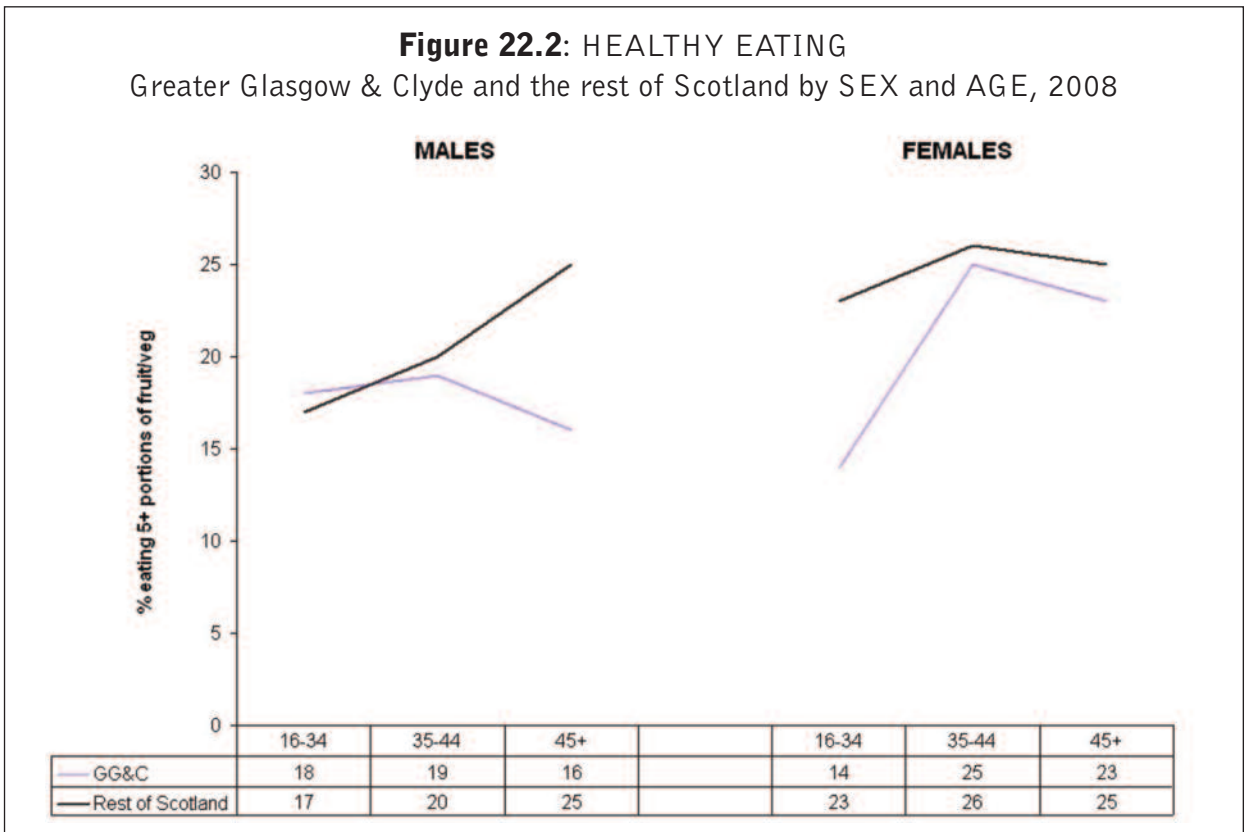
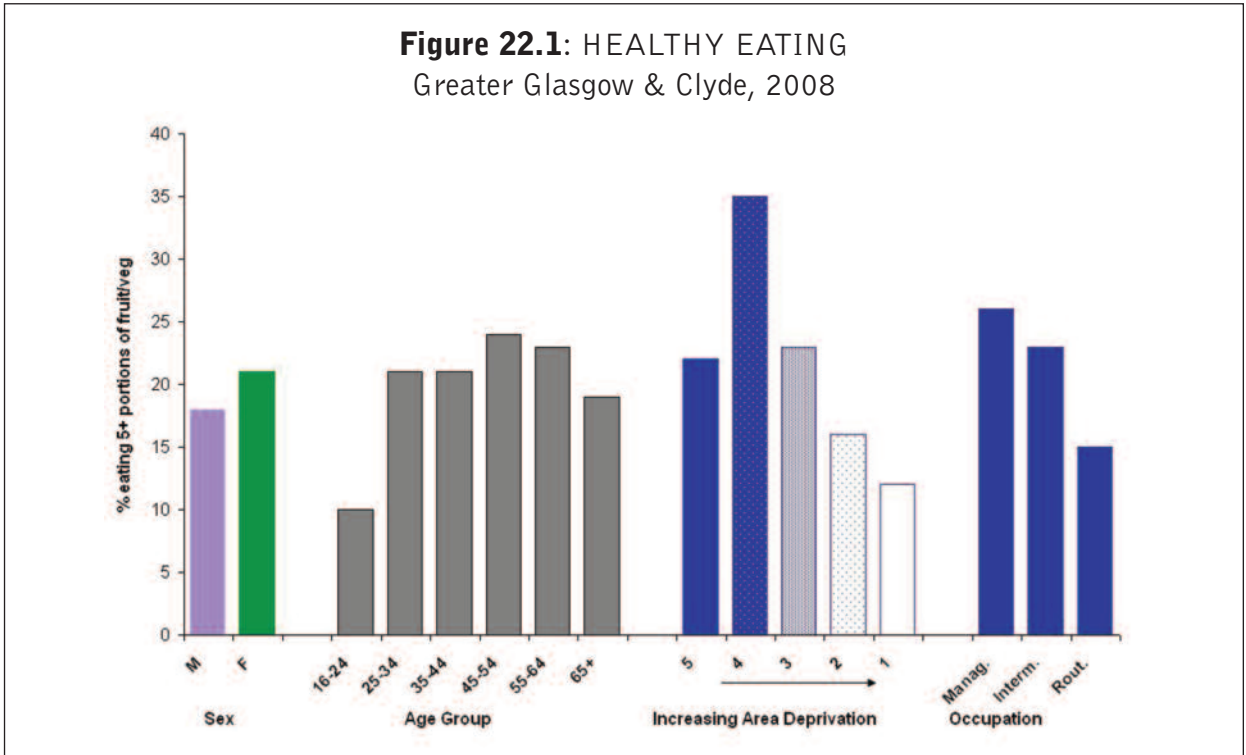
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[ \$ ]**: Statistically significantly different from 1

**[NS]**: Meaningful difference but not statistically significantly different from 1

For explanation of area deprivation or occupational groups see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Health living domain**



Statistically significant difference between GG&C and the rest of Scotland in (i) males aged 45+ , (ii) females aged 16-34

## Section 8. Health living domain

### 23. Alcohol consumption – weekly drinking within recommended limits

<b>Definition</b>	Percentage of adults (16yrs+) whose usual weekly alcohol consumption in the previous 12 months was within the recommended weekly limits <sup>i</sup>			
<b>Source</b>	Scottish Health Survey, 2008			
<b>GG&amp;C estimate</b>	75% of adults reported consuming alcohol within the recommended weekly limits <sup>i</sup> in the previous 12 months			
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The majority of adults reported drinking alcohol within the recommended limits.</li> <li>• There was no difference between GG&amp;C and the rest of Scotland in the percentage of respondents who reported drinking within the recommended limits.</li> <li>• The percentage of those drinking within recommended limits was marginally higher (10%) among women, and increased moderately with age. When stratified by age and sex, men in GG&amp;C behaved differently to men in the rest of Scotland (Figure 23.2).</li> <li>• In GG&amp;C, the percentage of those who reported drinking within recommended limits was not significantly related to either area deprivation or occupational group, contrasting with the large inequalities in alcohol-related harm seen across both deprivation and occupational groups.<sup>ii</sup></li> </ul>			
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>		Ratio
	75	75		1

#### Inequalities in % who reported consuming within recommended alcohol limits: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>		Ratio			
	80	70		1.1 [£]			
<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65+</b>	Trend
	62	78	70	70	78	90	Moderate
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio	
	75	77	73	70	78	1	
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>		<b>Intermediate</b>		<b>Routine &amp; manual</b>	Ratio	
	73		76		75	1	

**i:** The current recommended weekly limit was defined as 21 units for men and 14 units for women – this indicator includes adults with no reported alcohol consumption

**ii:** See Section 3 of the report for more information on alcohol related harm in GG&C

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

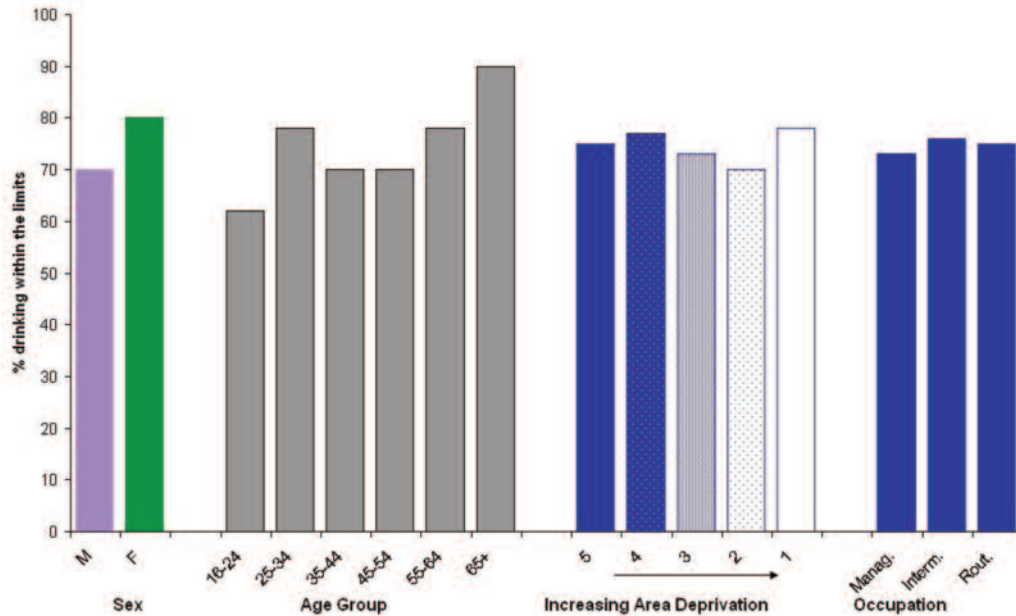
**[£]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

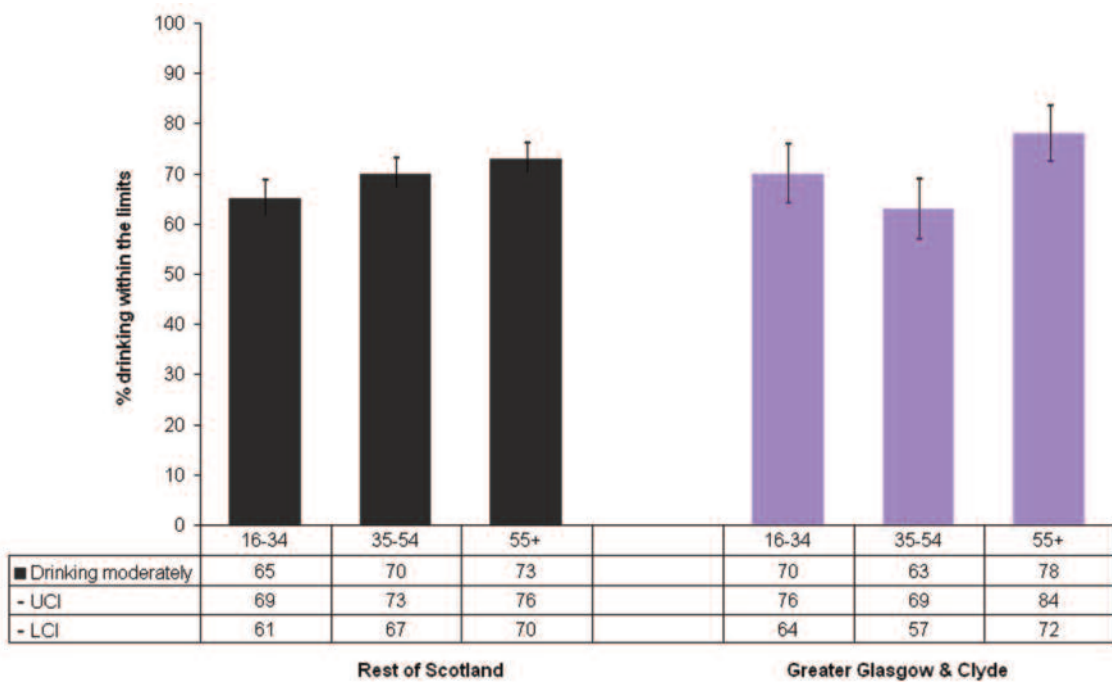
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Health living domain**

**Figure 23.1: WEEKLY ALCOHOL CONSUMPTION WITHIN RECOMMENDED LIMITS**  
 Greater Glasgow & Clyde, 2008



**Figure 23.2: WEEKLY ALCOHOL CONSUMPTION WITHIN RECOMMENDED LIMITS**  
 MEN in Greater Glasgow & Clyde and the rest of Scotland by AGE GROUP, 2008



UCI: upper confidence limit; LCI: lower confidence limit

## Section 8. Health living domain

### Interpretation points

When interpreting these data it should be acknowledged that self-reported alcohol consumption is known to be an underestimate.

This indicator measures only one aspect of alcohol consumption and represents the proportion of the population that are moderate/non-drinkers. The indicator below (units consumed on heaviest drinking day) begins to quantify those engaged in more harmful drinking.

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Health living domain

### 24. Alcohol consumption: units drunk on heaviest drinking day

<b>Definition</b>	Mean number of units of alcohol consumed by adults (16yrs+) on the heaviest drinking day in the previous seven days [for adults who reported at least some alcohol consumption in the previous week]		
<b>Source</b>	Scottish Health Survey, 2008		
<b>GG&amp;C estimate</b>	8.3 units of alcohol were consumed on average on the heaviest drinking day in the previous seven days		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• In GG&amp;C the average amount drunk on the heaviest day was over twice that recommended.<sup>i</sup></li> <li>• The average amount drunk on the heaviest drinking day was marginally, but significantly, higher in GG&amp;C than the rest of Scotland.</li> <li>• On their heaviest drinking day both men and women consumed on average 2.3 times the recommended daily limit.</li> <li>• There was a strong association between heavy drinking and age; the average amount drunk on the heaviest drinking day decreased markedly with age, although no age group remained within the recommended limits on their heaviest drinking day.</li> <li>• There was a moderate relationship between area deprivation, occupational group and heavy drinking; those in the most deprived quintile and in routine and manual occupations reported the highest number of average units drunk on the heaviest drinking day.</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	8	7	1.1 [\$]

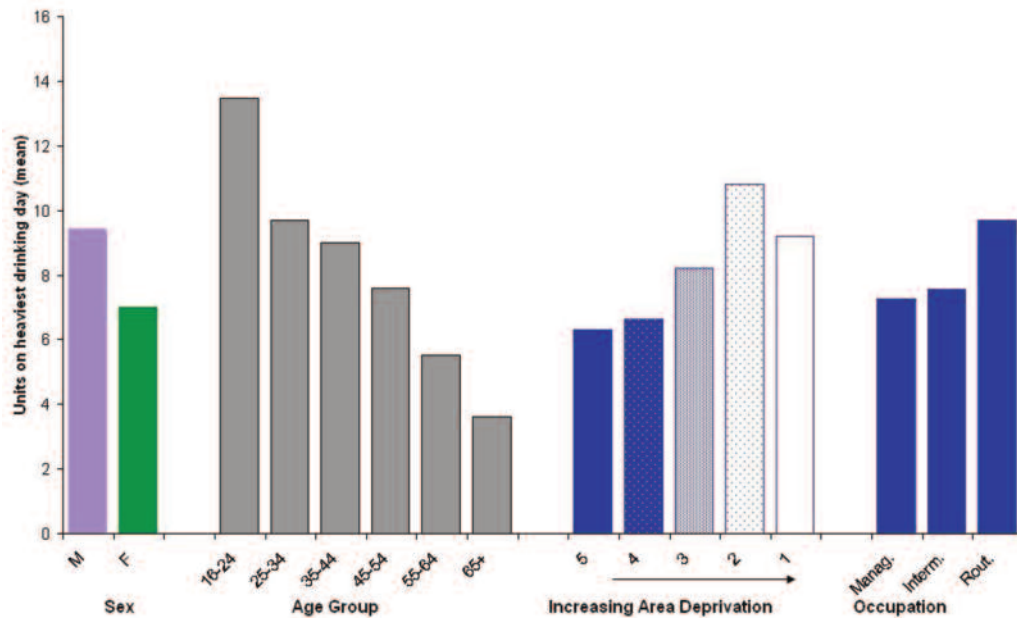
#### Inequalities in mean units drunk on heaviest drinking day: GG&C

<b>Sex</b>	<b>Female</b>			<b>Male</b>			Ratio
	7 units (2.3 x recommended levels)			9 units (2.3 x recommended levels)			1
<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65+</b>	Trend
	14	10	9	8	6	4	Strong
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio	
	6	7	8	11	9	1.5 [\$]	
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>		<b>Intermediate</b>		<b>Routine &amp; manual</b>		Ratio
	7		7		10		1.3 [\$]

**i:** Current recommended daily limits are three to four units for men and two to three units for women  
Ratio represents the highest to lowest, deprivation and occupation ratios are based on the first and last categories  
**[\$]:** Statistically significantly different from 1  
**[NS]:** Meaningful difference but not statistically significantly different from 1  
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

## Section 8. Health living domain

**Figure 24.1:** ALCOHOL CONSUMPTION - units drunk on heaviest drinking day  
Greater Glasgow & Clyde, 2008



# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Health living domain

### 25. Drug use

<b>Definition</b>	Percentage of adults (16-59 years) who reported taking illicit drugs <sup>i</sup> in the previous 12 months		
<b>Source</b>	Scottish Crime and Justice Survey, 2008		
<b>GG&amp;C estimate</b>	14% of adults reported taking illicit <sup>i</sup> drugs in the previous 12 months		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Those in GG&amp;C were 50% more likely to report recent illicit drug use than those in the rest of Scotland.</li> <li>• Men were twice as likely to report illicit drug use as women.</li> <li>• Drug taking was predominantly an issue for younger individuals.</li> <li>• Drug taking varied by area deprivation; with those in the most deprived quintile over twice as likely to report illicit drug use compared to those in the least deprived quintile.</li> <li>• There was a strong association between occupational group and drug taking; this was mainly driven by a steep increase in drug taking in those in manual and routine occupations. This patterning differed from that seen in the rest of Scotland (Figure 25.2).</li> <li>• Drug taking varied by local authority (Figure 25.3).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b> 14	<b>Rest of Scotland</b> 9	Ratio 1.5 [\$\$]

#### Inequalities in % taking illicit drugs in previous 12 months: GG&C

<b>Sex</b>	<b>Female</b> 10	<b>Male</b> 19	Ratio 2.0 [\$\$]		
<b>Age</b>	<b>16-29</b> 25	<b>30-44</b> 12	<b>45-59</b> 4 Trend Strong		
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b> 7	<b>4</b> 14	<b>3</b> 19	<b>2</b> 15	<b>1 (most deprived)</b> 15 Ratio 2.1 [\$\$]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b> 6	<b>Intermediate</b> 8	<b>Routine &amp; manual</b> 18 Ratio 3 [\$\$]		

**i:** amphetamine, cannabis, cocaine, crack, ecstasy, heroin, LSD, magic mushrooms, methadone/physeptone, temazepam, valium, anabolic steroids, poppers, crystal meth, ketamine, glues, solvents, gas or aerosols.

Ratio represents the highest to lowest, deprivation and occupation ratios are based on the first and last categories

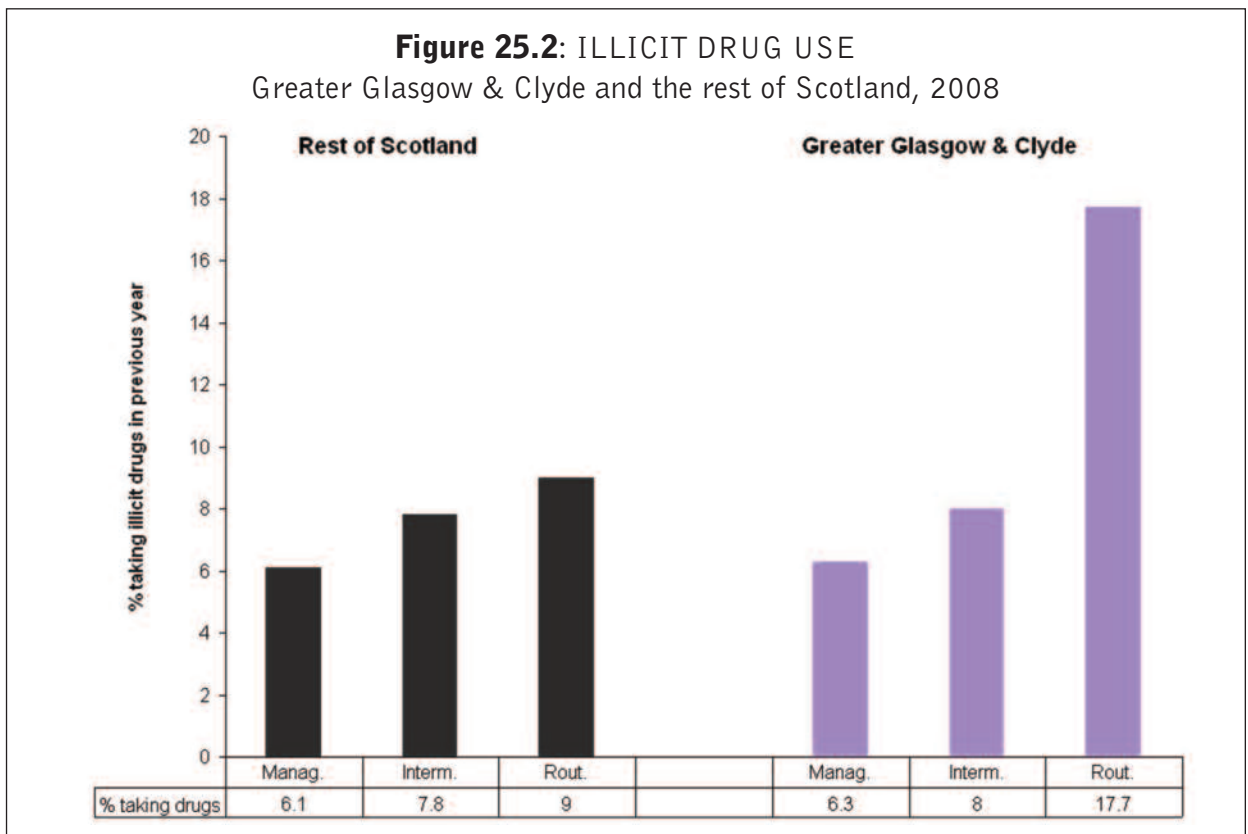
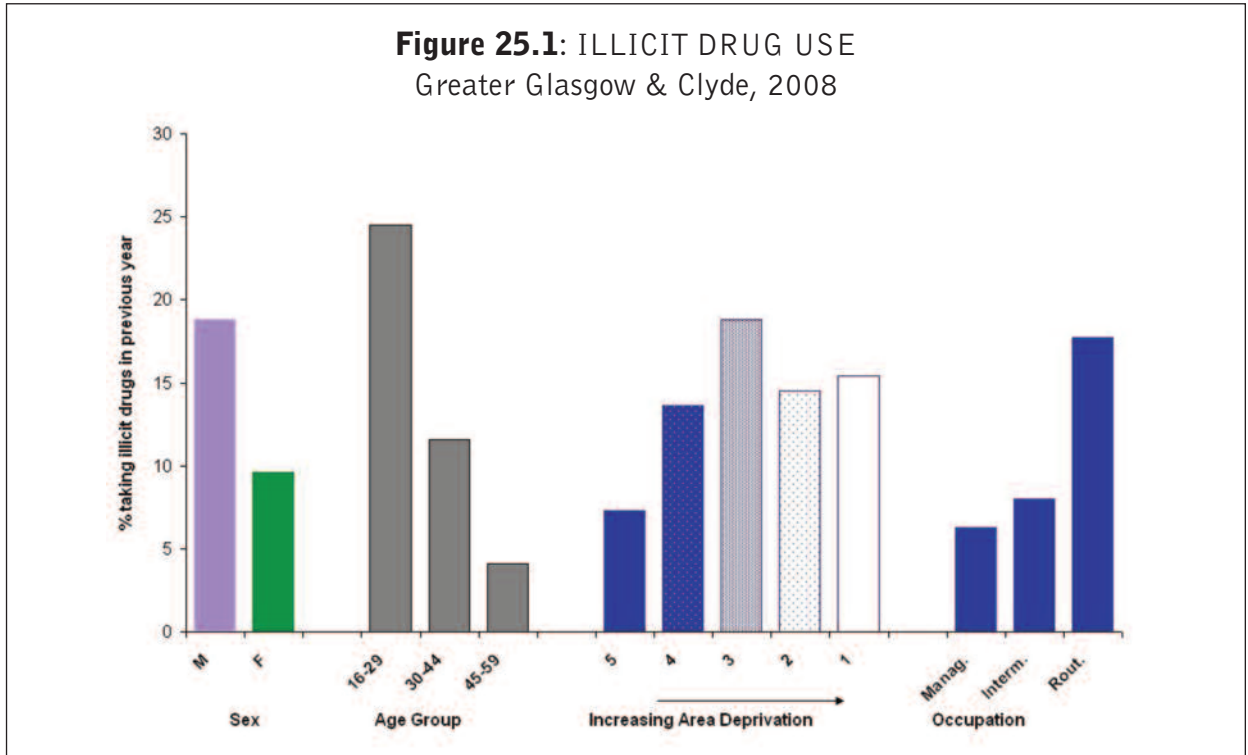
**[\$]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

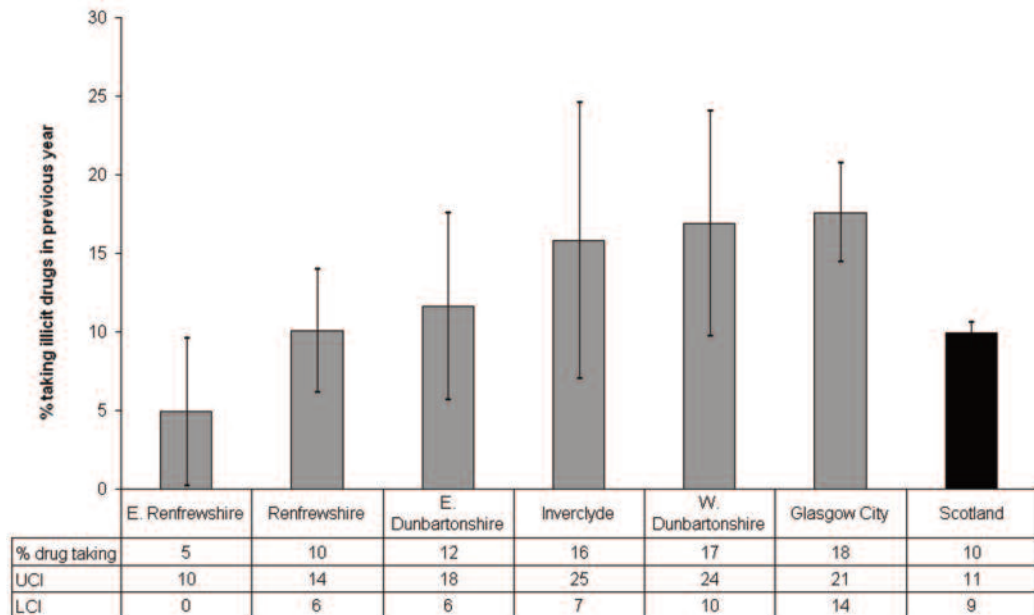


## Section 8. Health living domain



A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Health living domain**

**Figure 25.3: ILLICIT DRUG USE**  
 By local authority, 2008



**UCI:** upper confidence limit; **LCI:** lower confidence limit



## General health domain

- 26. *Self-reported health*
- 27. *Long-standing physical condition or disability*
- 28. *Limiting long-standing physical condition or disability*

## Section 8. General health domain

### Summary

#### High illness burden

There was a substantial burden of physical illness within the population. A third of the populations of both GG&C and the rest of Scotland reported having a long-standing physical condition or disability. Of those reporting a long-standing physical condition or disability, it limited the daily lives of the majority (61% of those with a long-standing physical condition or disability).

#### Expectations in GG&C

There was little or no difference in this general health domain between GG&C and the rest of Scotland. This contrasts with the wealth of data showing that physical health in GG&C is notably worse than in the rest of Scotland. These general health indicators capture subjective data, and the inconsistency shown here may be reflecting different expectations for one's health across regions in Scotland.

#### Inequalities

Those in the most deprived areas and women were consistently more likely to have worse physical health. In addition, those who reported a long-standing condition or disability were also more likely to report that their condition/disability was 'limiting' if they lived in the most deprived quintile (compared with the least deprived), were in a manual or routine occupation (compared with a managerial or professional one), or were female (Figure 28.2).

## Section 8. General health domain

### 26. Self-reported health

<b>Definition</b>	Percentage of adults (16yrs+) who perceived their health in general to be good or very good
<b>Source</b>	Scottish Health Survey, 2008
<b>GG&amp;C estimate</b>	72% of adults perceived their health to be good or very good
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The majority of people reported good general health.</li> <li>• Those living in GG&amp;C were only marginally, but significantly, less likely to report good general health than those living in the rest of Scotland.</li> <li>• Self-reported health was similar in men and women.</li> <li>• Older individuals were less likely to report good health, and in GG&amp;C their physical health deteriorated faster compared to older individuals in the rest of Scotland (Figure 26.2).</li> <li>• Those from the least deprived quintile were 50% more likely to report good health compared to those from most deprived quintile.</li> <li>• Similarly, those from managerial and professional occupations were more likely to report good health compared to those in the other occupational groups.</li> </ul>

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	72	77	1.1 [ \$ ]

#### Inequalities in % who reported good health: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio				
	70	74	1				
<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65+</b>	Trend
	81	87	80	75	61	47	Moderate
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio	
	87	80	76	74	57	1.5 [ \$ ]	
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio			
	86	75	60	1.4 [ \$ ]			

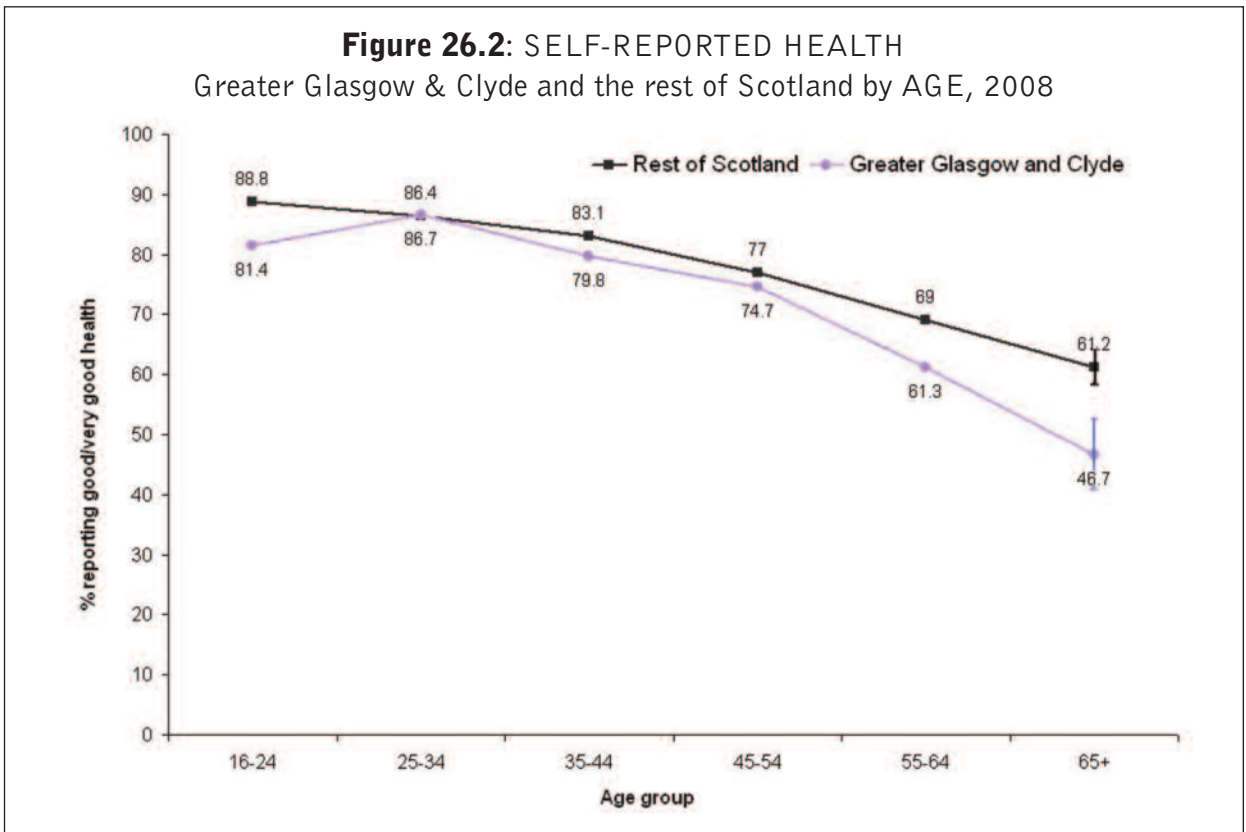
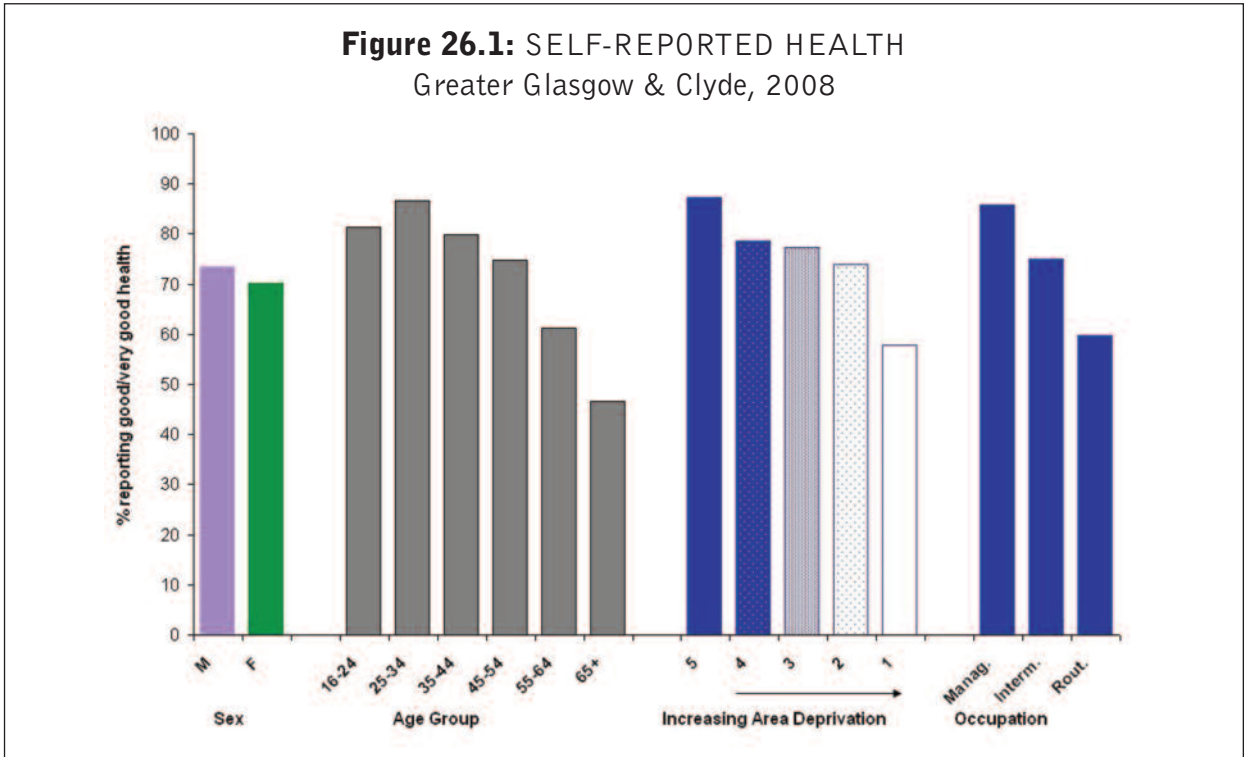
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[ \$ ]**: Statistically significantly different from 1

**[ NS ]**: Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. General health domain**



95% confidence intervals shown for 65yrs+ age group by coloured bars

## Section 8. General health domain

### 27. Long-standing physical condition or disability

<b>Definition</b>	Percentage of adults (16yrs+) who report a long-standing physical illness, disability or infirmity		
<b>Source</b>	Scottish Health Survey, 2008		
<b>GG&amp;C estimate</b>	34% of adults reported having a long-standing physical illness, disability or infirmity		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• A third of the adult population in GG&amp;C reported a long-standing physical condition or disability.</li> <li>• A similar proportion of those from GG&amp;C and the rest of Scotland reported a long-standing physical condition or disability.</li> <li>• There was little difference in the proportion of men and women reporting a long-standing physical condition or disability.</li> <li>• There was a very steep increase in the likelihood of reporting a long-standing physical condition or disability with age; this indicator showed one of the strongest relationships with age. Steep increases were seen from around 45 years of age onwards.</li> <li>• Those in the most deprived quintile were only moderately more likely to report a long-standing physical condition or disability than those in the least deprived quintile.</li> <li>• Similarly, there was only a moderate association between occupational group and long-standing physical condition or disability.</li> </ul>		

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	34	35	1

#### Inequalities in % who reported a long-standing condition or disability: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio				
	36	32	1.1 [NS]				
<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65+</b>	Trend
	15	22	19	37	49	62	Strong
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio	
	30	36	30	29	39	1.3 [\$]	
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio			
	33	27	38	1.2 [\$]			

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

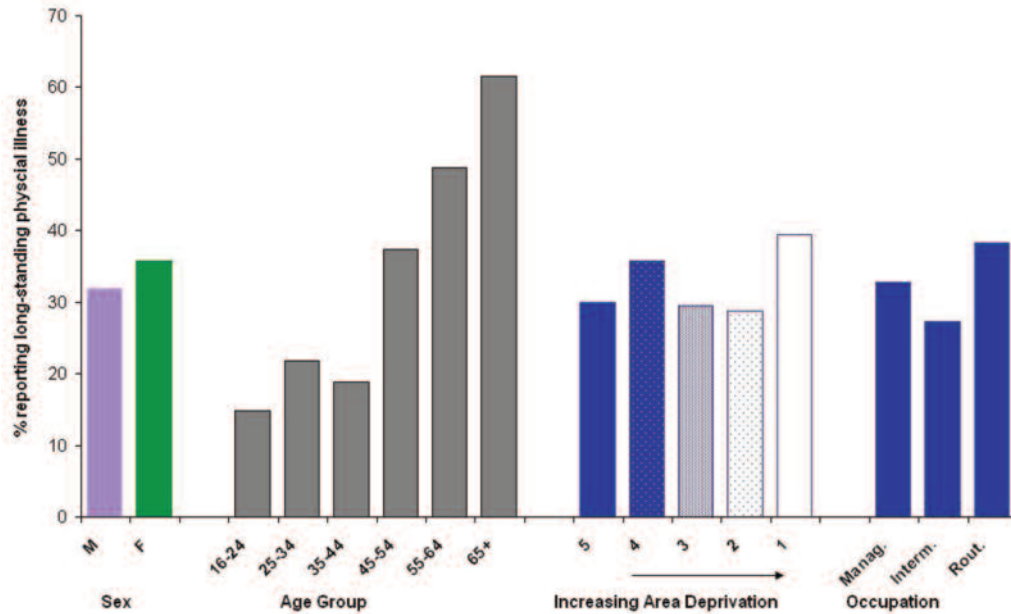
**[\$]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

## Section 8. General health domain

**Figure 27.1:** LONG-STANDING PHYSICAL CONDITION OR DISABILITY  
Greater Glasgow & Clyde, 2008



### Interpretation points

The estimate for those in the 'intermediate' occupations in GG&C deviated from the trend expected. This is most likely due to the small sample for GG&C in this category in the Scottish Health Survey dataset and possibly the miscellaneous nature of this occupational category (see Methods, section 9, for more information).



## Section 8. General health domain

### 28. Limiting long-standing physical condition or disability

<b>Definition</b>	Percentage of adults (16yrs+) who reported a long-standing physical illness, disability or infirmity which limits their daily lives			
<b>Source</b>	Scottish Health Survey, 2008			
<b>GG&amp;C estimate</b>	22% of adults reported having a <i>limiting</i> long-standing physical illness, disability or infirmity			
<b>Summary</b>	<ul style="list-style-type: none"> <li>• A similar proportion of those from GG&amp;C and the rest of Scotland reported a limiting long-standing physical condition or disability.</li> <li>• Women were more likely to report a limiting long-standing physical condition or disability than men, consistent with other data showing women tend to have worse physical health than men.</li> <li>• There was a very strong relationship between age and having a limiting long-standing physical condition or disability; sharp increases were seen from approximately 45 years of age onwards.</li> <li>• Those living in the most deprived quintile and those in manual and routine occupations were 70-80% more likely to report a limiting long-standing physical condition or disability compared (respectively) to those living in the least deprived quintile and those in professional and managerial occupations.</li> </ul>			
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>		Ratio
	22	22		1

#### Inequalities in % who reported a limiting long-standing condition or disability: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>					Ratio
	24	20					1.2 [ \$ ]
<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65+</b>	Trend
	9	10	10	19	33	48	Strong
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio	
	16	21	19	16	29	1.8 [ \$ ]	
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>		<b>Intermediate</b>		<b>Routine &amp; manual</b>		Ratio
	16		18		27		1.7 [ \$ ]

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

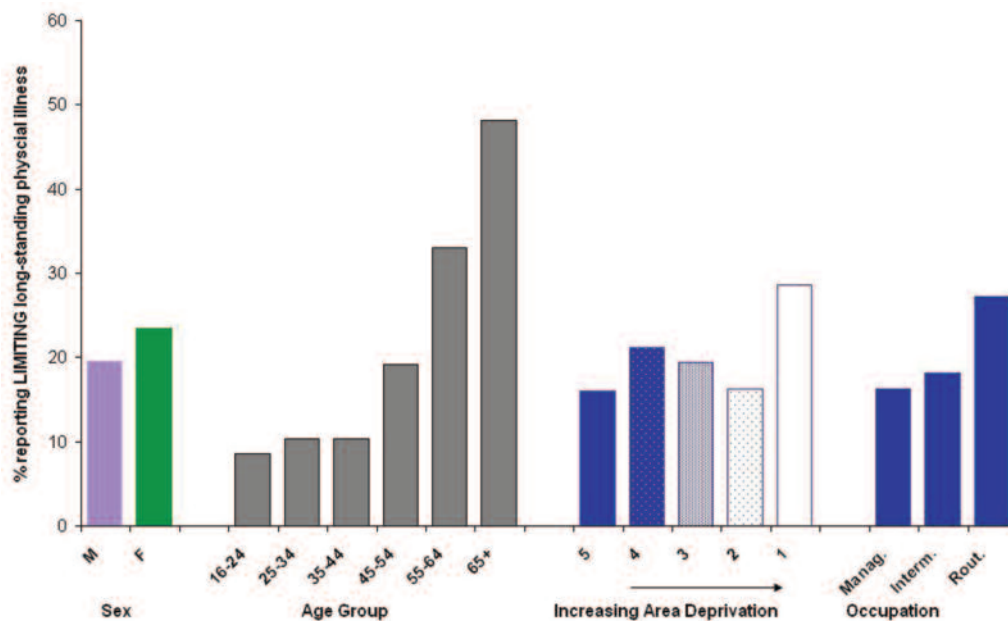
**[ \$ ]**: Statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

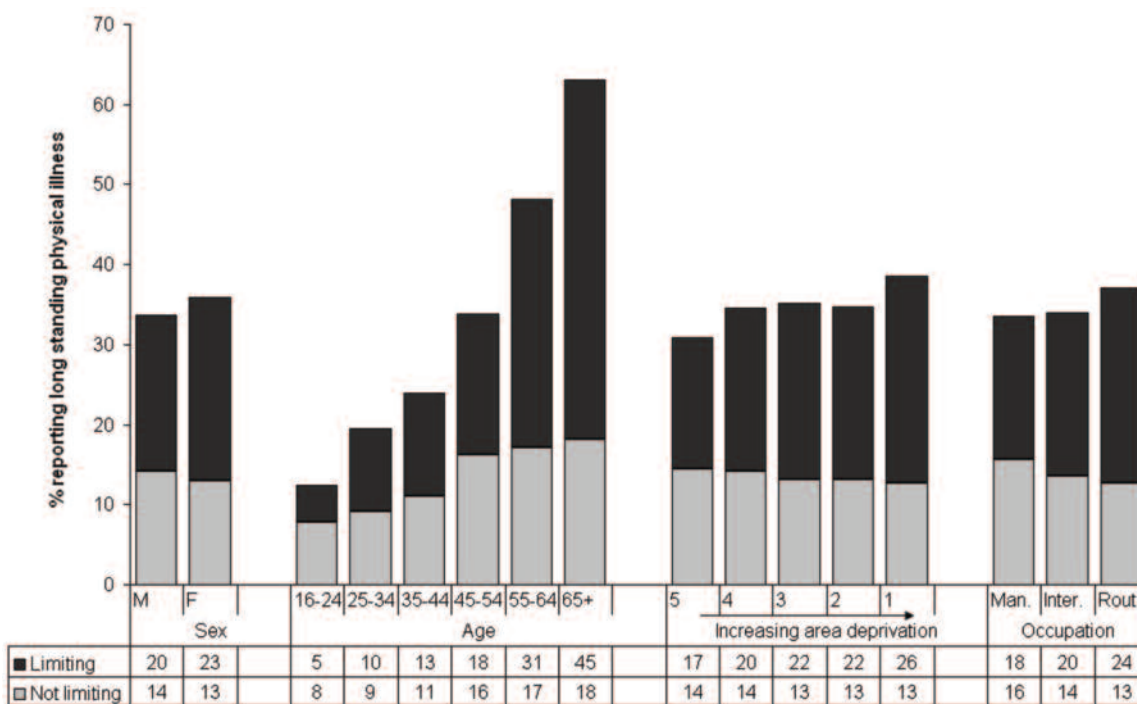
# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. General health domain

**Figure 28.1:** LIMITING LONG-STANDING PHYSICAL CONDITION OR DISABILITY  
Greater Glasgow & Clyde, 2008



**Figure 28.2:** LONG-STANDING PHYSICAL CONDITION OR DISABILITY  
Scotland, 2008



**Man:** managerial and professional occupational groups

**Inter:** intermediate occupational groups

**Rout:** routine and manual occupational groups

Data for Scotland as a whole is shown because the numbers in these sub-groups in GG&C were too small to be statistically robust.



## Community participation domain

- 30. *Volunteering*
- 31. *Involvement in local community*
- 32. *.Influencing local decisions*

## Section 8. Community participation domain

### Summary

#### Minimal community participation

Community participation, as measured here, was only enjoyed by the minority, with at best only 24% of the GG&C population reporting positively on any one of these indicators.

#### Inequalities

Women and older adults tended to enjoy slightly higher levels of community participation than men and younger adults, although participation remained low even in these populations.

#### Drivers of community participation

Indicators in this domain are likely to be driven by the attributes of both the individual and the community. For example, the lower level of volunteering seen in deprived areas is likely to be related, in part, to lower levels of motivation/resources to volunteer in the individual as well as reduced opportunities for volunteering in these areas.

The data suggest that feeling *involved* in one's community and feeling *control* over one's community have different drivers. There was a stronger association between influencing local decisions (*control*) and occupational group than there was between *control* and area deprivation. The reverse was true for feeling involved in local community: the association was stronger for area deprivation than for occupational group. One interpretation is that feeling *involved* in one's community is affected more by the resources available in the community and that feeling *control* over one community is influenced more by the resources in the individual.

#### Protective factors in GG&C

The indicators in this domain tended to be worse for those living in deprived areas, and given the high level of deprivation in GG&C it might be expected that the outcomes in this domain would be worse in GG&C than the rest of Scotland. However, this was largely not the case – the community participation outcomes for GG&C in this domain were, although low, similar to the rest of Scotland, suggesting that there may be some protective factors in GG&C that counteract the poor deprivation profile.

## Section 8. Community participation domain

### 30. Volunteering

<b>Definition</b>	Percentage of adults (16yrs+) who participated in volunteering at least five to six times in the previous year
<b>Source</b>	Scottish Household Survey, 2007-2008
<b>GG&amp;C estimate</b>	18% of adults volunteered at least five to six times in the previous year
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Less than one in five adults volunteered on a regular basis.</li> <li>• Those living in GG&amp;C were only marginally, but significantly, less likely to volunteer than those living in the rest of Scotland.</li> <li>• Women were marginally more likely to volunteer than men, although this did not reach significance in GG&amp;C.</li> <li>• With the Scottish data there was an n-shaped curve for the percentage volunteering across the age groups; the younger (&lt;35) and older (75+) adults were less likely to volunteer than those in the middle age groups (this was less apparent within GG&amp;C because of fluctuations in the data, Figure 30.2).</li> <li>• There was a moderate to strong relationship between volunteering and both area deprivation and occupational group; those in the least deprived quintile and those in managerial and professional occupations were twice as likely to volunteer than their counterparts living in the most deprived quintile or working in manual and routine occupations.</li> <li>• Volunteering levels varied by local authority (Figure 30.3).</li> </ul>

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	18	20	1.1 [\$\$]

#### Inequalities in % volunteering: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>					Ratio
	19	17					1.1 [NS]
<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-59</b>	<b>60-74</b>	<b>75+</b>	Trend
	19	14	22	19	18	9	Strong
<b>Area level deprivation (SIMD quintiles)</b>	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio	
	25	24	19	15	13	1.9 [\$\$]	
<b>Occupation (ns-sec)</b>	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>		<b>Routine &amp; manual</b>		Ratio	
	28	18		14		2.0 [\$\$]	

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

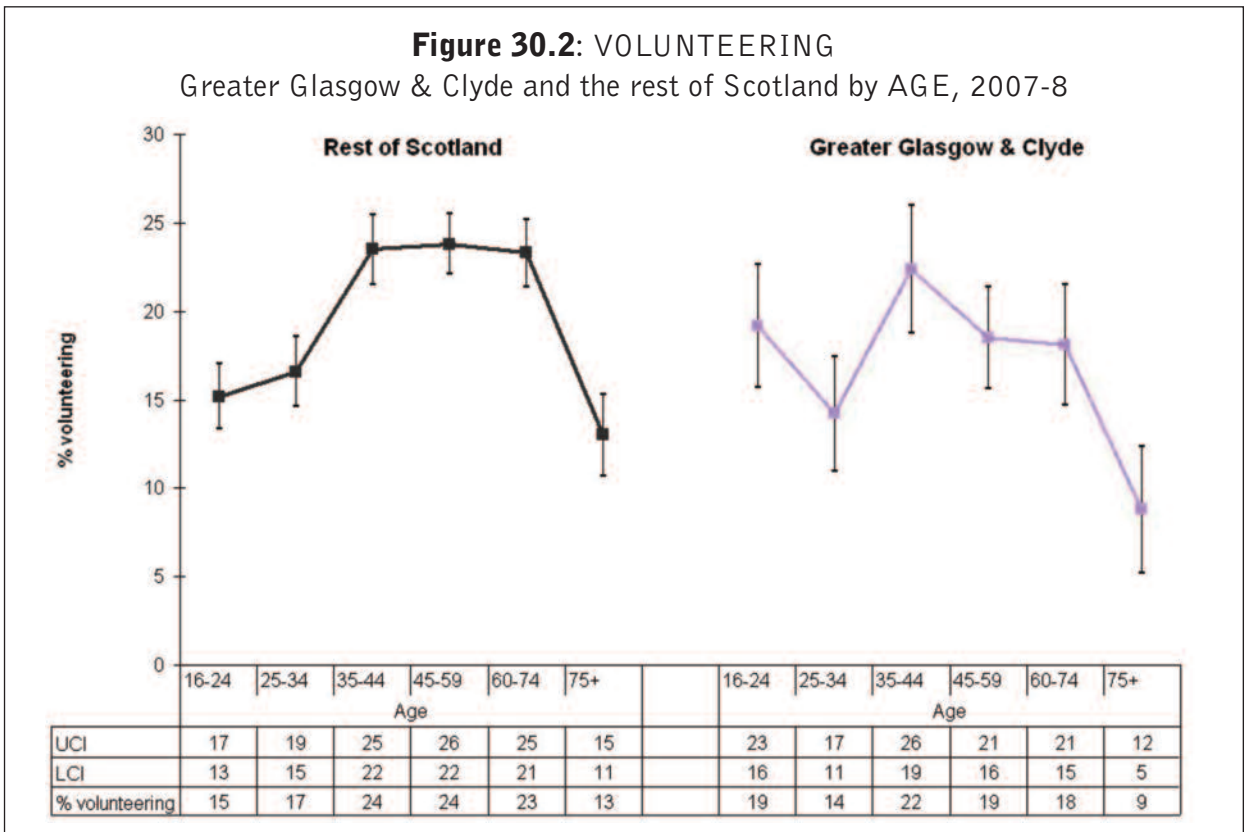
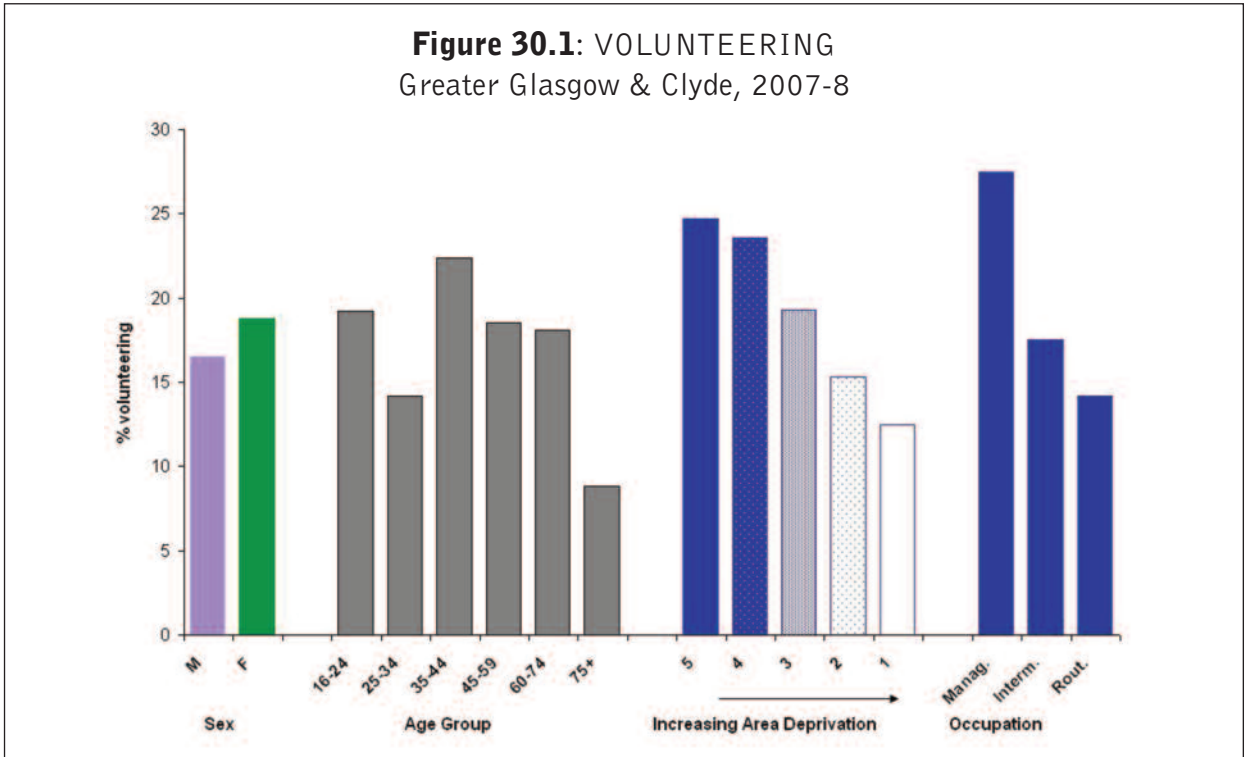
**[\$\$]**: Statistically significantly different from 1

**[NS]**: Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

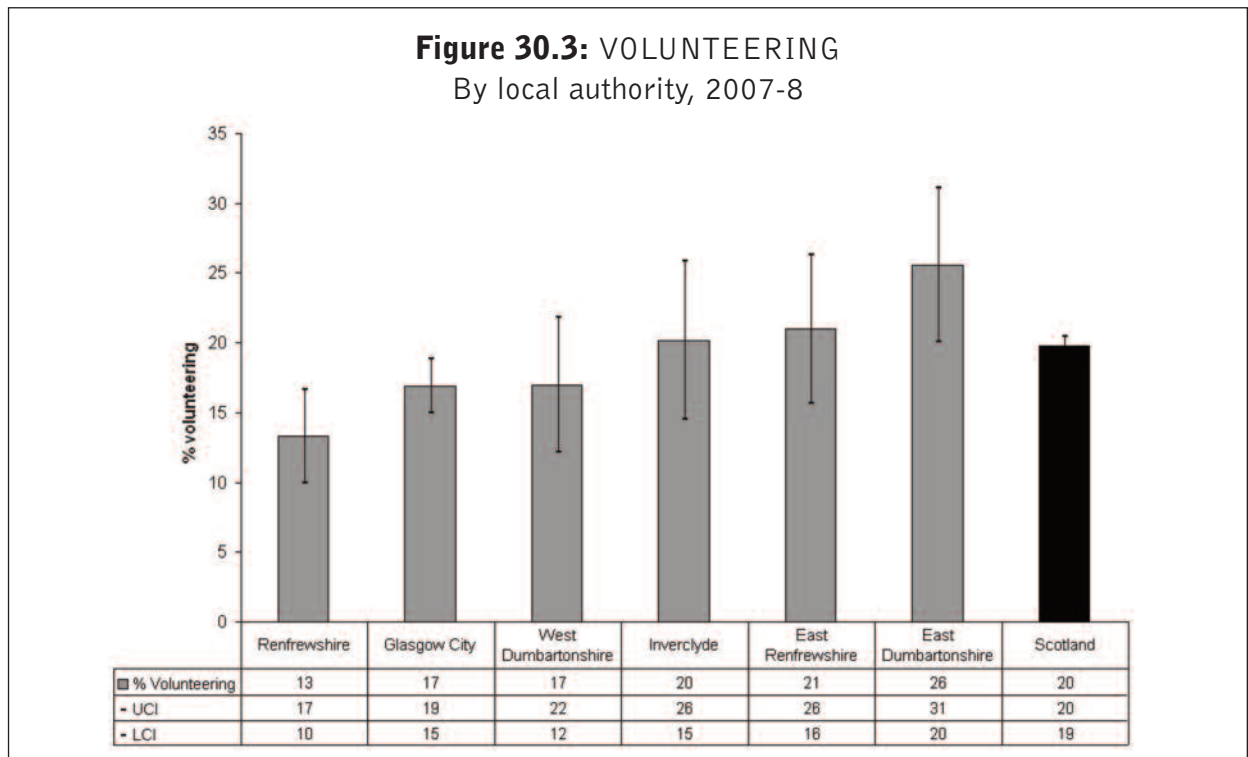
## Section 8. Community participation domain



UCI: upper confidence interval; LCI: lower confidence interval

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Community participation domain



**UCI:** upper confidence interval; **LCI:** lower confidence interval

### Interpretation points

The method used here for calculating the percentage volunteering at least five to six times in the previous year is slightly different from that used in the national mental health indicators report<sup>4</sup>, and as such the two are not directly comparable (see Methods in section 9 for further details) although similar levels of volunteering were found with the two approaches.

<sup>4</sup> Taulbut M, Parkinson J, Catto S and Gordon D. *Scotland's Mental Health and its Context: Adults 2009*. Glasgow: NHS Health Scotland, 2009.

## Section 8. Community participation domain

### 31. Involvement in local community

<b>Definition</b>	Percentage of adults (16yrs+) who feel involved in their community a great deal or a fair amount		
<b>Source</b>	Scottish Health Survey, 2009, Schedule A <sup>i</sup>		
<b>GG&amp;C estimate</b>	24% of adults felt involved in their community a great deal or a fair amount		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The majority of respondents did not feel involved in their community.</li> <li>• A slightly lower proportion in GG&amp;C felt involved in their local community compared to the rest of Scotland, although this difference was not statistically significant.</li> <li>• Community involvement was marginally higher in women and increased moderately with age, although even in these sub-populations feeling involved in the community was uncommon.</li> <li>• Feeling involved in the community was moderately related to area deprivation; those from the least deprived quintile were 50% more likely to feel involved in their local community than those from the most deprived quintile.</li> <li>• Unlike most other indicators, there was little variation across the occupational groups.</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b> 24	<b>Rest of Scotland</b> 27	Ratio 1.1 [NS]

#### Inequalities in % who felt involved in their local community: **Scotland**<sup>ii</sup>

<b>Sex</b>	<b>Female</b> 28	<b>Male</b> 25	Ratio 1.1 [£]			
<b>Age</b>	<b>16-54</b> 24	<b>55+</b> 31	Trend Moderate			
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b> 33	<b>4</b> 26	<b>3</b> 28	<b>2</b> 22	<b>1 (most deprived)</b> 22	Ratio 1.5 [£]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b> 28	<b>Intermediate</b> 27	<b>Routine &amp; manual</b> 25	Ratio 1.1 [NS]		

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[£]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

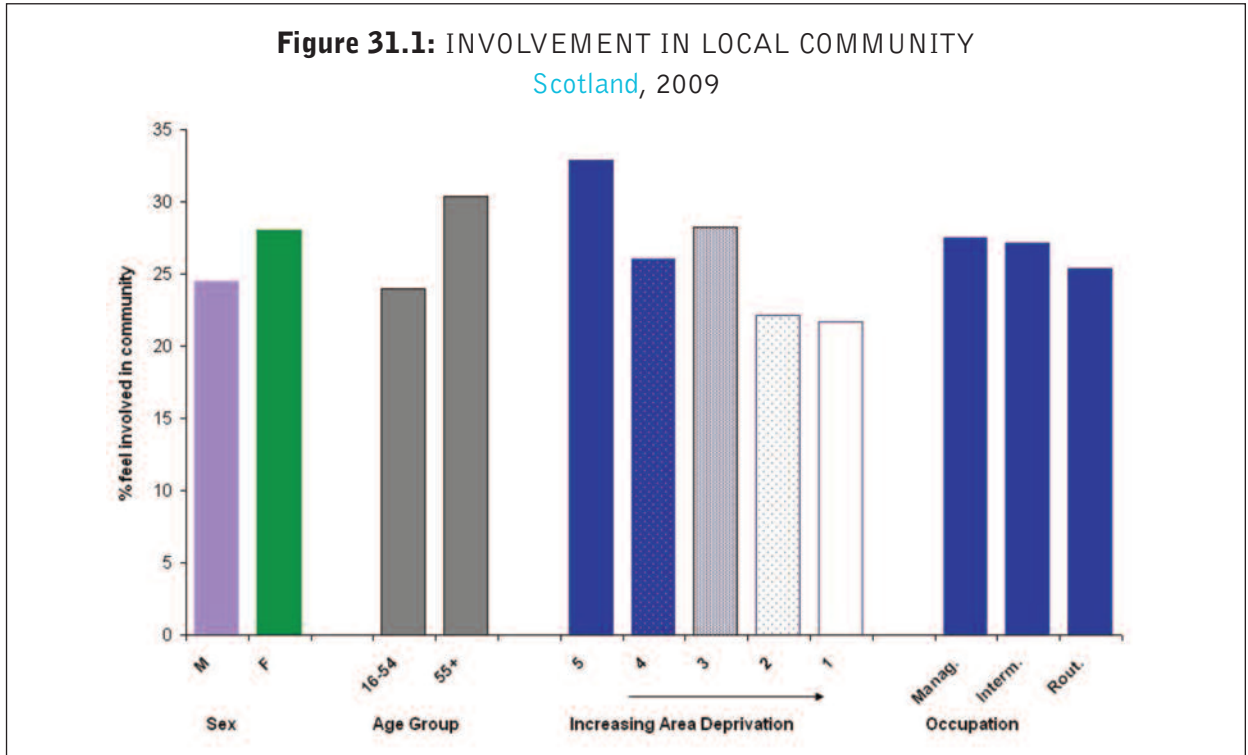
**i:** Scottish Health Survey pre-revised weights used (see Methods in section 9 for more information)

**ii:** The sample from GG&C was too small to accurately describe this indicator across the different population groups



A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Community participation domain



### Interpretation points

The question in the Scottish Health Survey used to describe this indicator was in Schedule A, which was only asked of a proportion of respondents, resulting in a relatively small GG&C sample. For this reason the inequality analysis reported here was based on the total sample (i.e. all of Scotland), and not limited to GG&C. This was to ensure that the sample was large enough to provide robust estimates.

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Community participation domain

### 32. Influencing local decisions

<b>Definition</b>	Percentage of adults (16yrs+) who agree or strongly agree they can influence decisions affecting their local area		
<b>Source</b>	Scottish Health Survey, 2009, Schedule A <sup>i</sup>		
<b>GG&amp;C estimate</b>	20% of adults agreed or strongly agreed they could influence decisions affecting their local area		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The large majority did not feel they could influence decisions in their local area, and there was no population group in which those responding in the positive rose above 26%.</li> <li>• The ability, or otherwise, to influence decisions in the community was not related to living in GG&amp;C, sex or age.</li> <li>• The proportion of the population who felt they could influence decisions in their local area was moderately related to area deprivation, but more strongly related to occupational group.</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	20	21	1

#### Inequalities in % who felt able to influence local decisions: [Scotland](#)<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>				Ratio
	21	20				1
<b>Age</b>	<b>16-54</b>	<b>55+</b>				Trend
	20	21				1
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	23	22	22	18	18	1.3 [NS]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>		<b>Routine &amp; manual</b>	Ratio	
	26	23		15	1.7 [\$]	

Ratio represents the highest to lowest, deprivation and occupation ratios are based on the first and last categories

**[\$]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

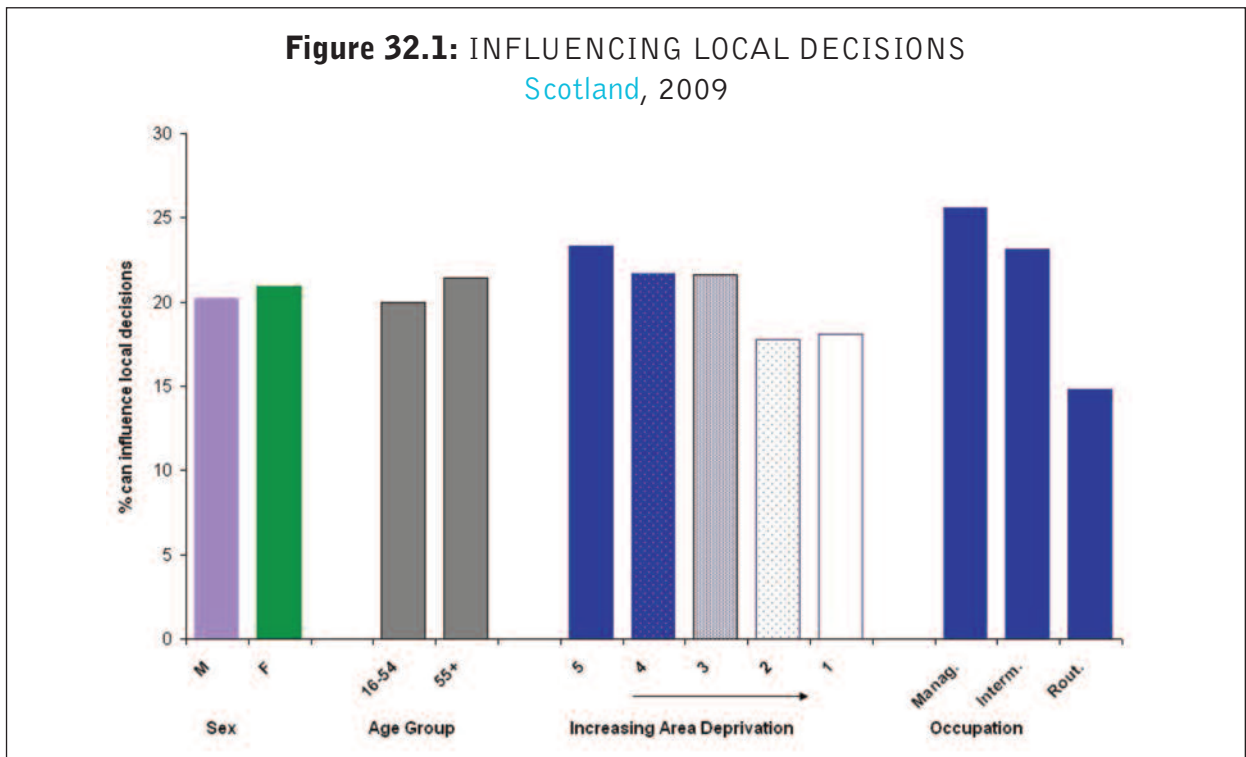
**i:** Scottish Health Survey pre-revised weights used (see Methods in section 9 for further details)

**ii:** The sample from GG&C was too small to accurately describe this indicator across the different population groups

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Community participation domain



### Interpretation points

The question in the Scottish Health Survey used to describe this indicator was in Schedule A, which was only asked of a proportion of respondents, resulting in a relatively small GG&C sample. For this reason the inequality analysis was based on the total sample (i.e. all of Scotland), and not limited to GG&C. This was to ensure that the sample was large enough to provide robust estimates.





## Social networks and social support domain

- 33. Social contact
- 34. Social support
- 35. Caring



A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Social networks and social support domain

### Summary

#### **Good social support networks**

Most individuals reported good social contacts and support, even in the populations that performed worse in this domain, such as the elderly. However, there may be a need to develop a more stringent social contacts indicator to reflect the hierarchy of types of contacts.

#### **Greater Glasgow & Clyde**

In Scotland there were little or no inequalities across age or by area deprivation in the social support and contact indicators. However, in GG&C inequalities by age and area deprivation were evident: older adults and those living in deprived areas were less likely to report good social support (Figure 34.2).

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Social networks and social support domain

### 33. Social contact

<b>Definition</b>	Percentage of adults (16yrs+) who had contact with friends or relatives not living with them at least once a week (in person, by phone, letter, email or through the internet)
<b>Source</b>	Scottish Health Survey, 2009, Schedule A <sup>i</sup>
<b>GG&amp;C estimate</b>	93% of adults had contact with friends or relatives not living with them in the previous week
<b>Summary</b>	<ul style="list-style-type: none"> <li>The vast majority of individuals had contact with friends and family in the previous week, with little difference between GG&amp;C and rest of Scotland, by age, area deprivation or occupational groups.</li> <li>There was a difference seen between the sexes, with women marginally more likely to have had contact with friends and family in the previous week compared to men.</li> </ul>

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	93	94	1

#### Inequalities in % who had contact with friends or family in previous week: **Scotland**<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio			
	97	91	1.1 [\$\$\$]			
<b>Age</b>	<b>16-54</b>	<b>55+</b>	Trend			
	94	94	no			
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	96	92	94	93	95	1
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio		
	94	96	93	1		

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[\$]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

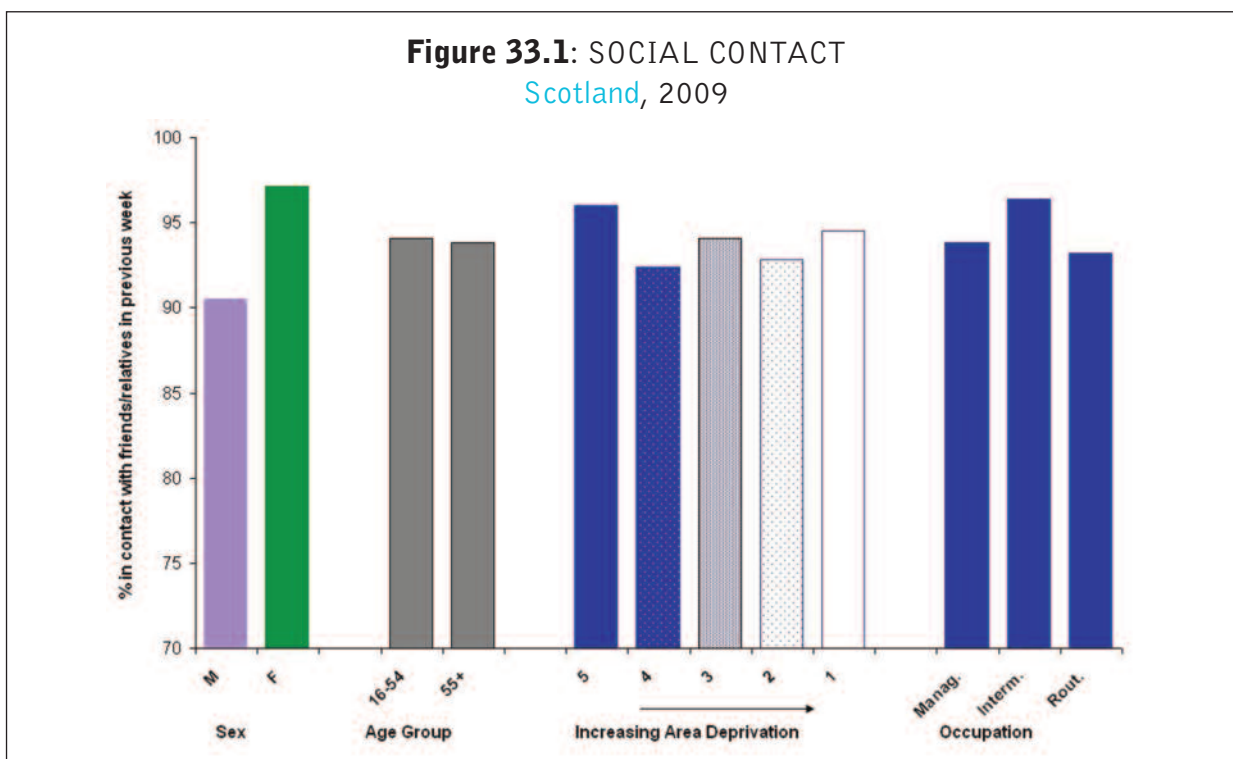
**i:** Scottish Health Survey pre-revised weights used (see Methods in section 9 for more information)

**ii:** The sample from GG&C was too small to accurately describe this indicator across the different population groups

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Social networks and social support domain



### Interpretation points

The question in the Scottish Health Survey used to describe this indicator was in Schedule A, which was only asked of a proportion of respondents, resulting in a relatively small GG&C sample. For this reason the inequality analysis was based on the total sample (i.e. all of Scotland), and not limited to GG&C. This was to ensure that the sample was large enough to provide robust estimates.

The estimate for those in the 'intermediate' occupations in GG&C deviated from the trend expected – this is most likely due to the small sample for GG&C in this category in the Scottish Health Survey dataset and possibly the miscellaneous nature of this occupational category (see Methods in section 9 for more information).



# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Social networks and social support domain

### 34. Social support

<b>Definition</b>	Percentage of adults (16yrs+) with a primary support group of three or more to rely on for comfort and support in a personal crisis			
<b>Source</b>	Scottish Health Survey, 2009, Schedule A <sup>i</sup>			
<b>GG&amp;C estimate</b>	86% of adults had a support group of three or more to rely on in a personal crisis			
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The majority of respondents had a support network of three or more. There was little variation across population groups.</li> <li>• Those in regions outside GG&amp;C were only negligibly more likely to have a support group of three or more compared to those in GG&amp;C – this was not statistically significant.</li> <li>• Similarly, women were only negligibly more likely than men to have a support network of three or more – and this was not statistically significant.</li> <li>• There was little or no variation in social support across the age groups examined, although it should be recognised that there were only two broad age groups.</li> <li>• There was a small but significant variation across area deprivation and across the occupational groups; with those in the least deprived quintile and those in managerial and professional occupations being 10% more likely to have a support group of three or more than those in the most deprived quintile and those in routine and manual occupations.</li> <li>• Inequalities by age and area deprivation in GG&amp;C deviated from those seen in Scotland (Figure 34.2).</li> </ul>			
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>		Ratio
	86	89		1

#### Inequalities in % with a good support network: **Scotland**<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>			Ratio	
	90	86			1	
<b>Age</b>	<b>16-54</b>	<b>55+</b>			Trend	
	90	87			None	
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	91	89	88	87	85	1.1 [£]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>		<b>Intermediate</b>		<b>Routine &amp; manual</b>	Ratio
	93		88		85	1.1 [£]

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[£]**: Statistically significantly different from 1

**[NS]**: Meaningful difference but not statistically significantly different from 1

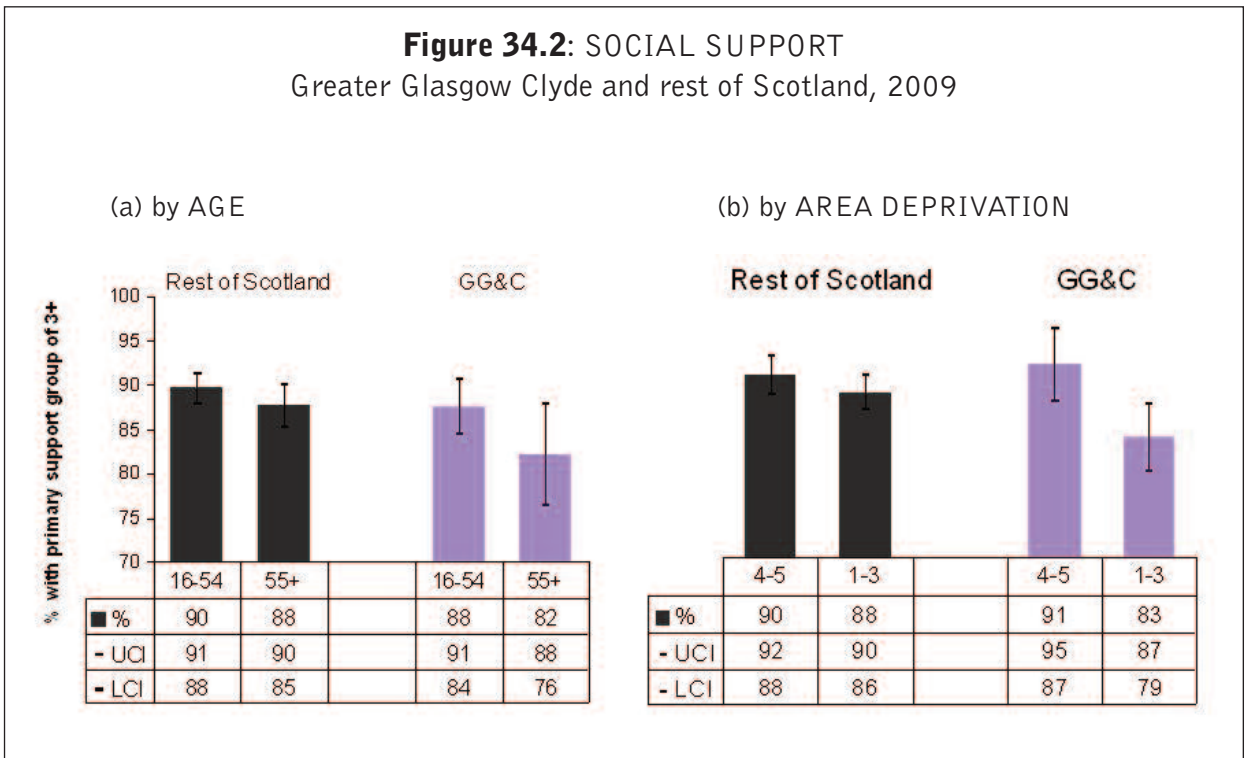
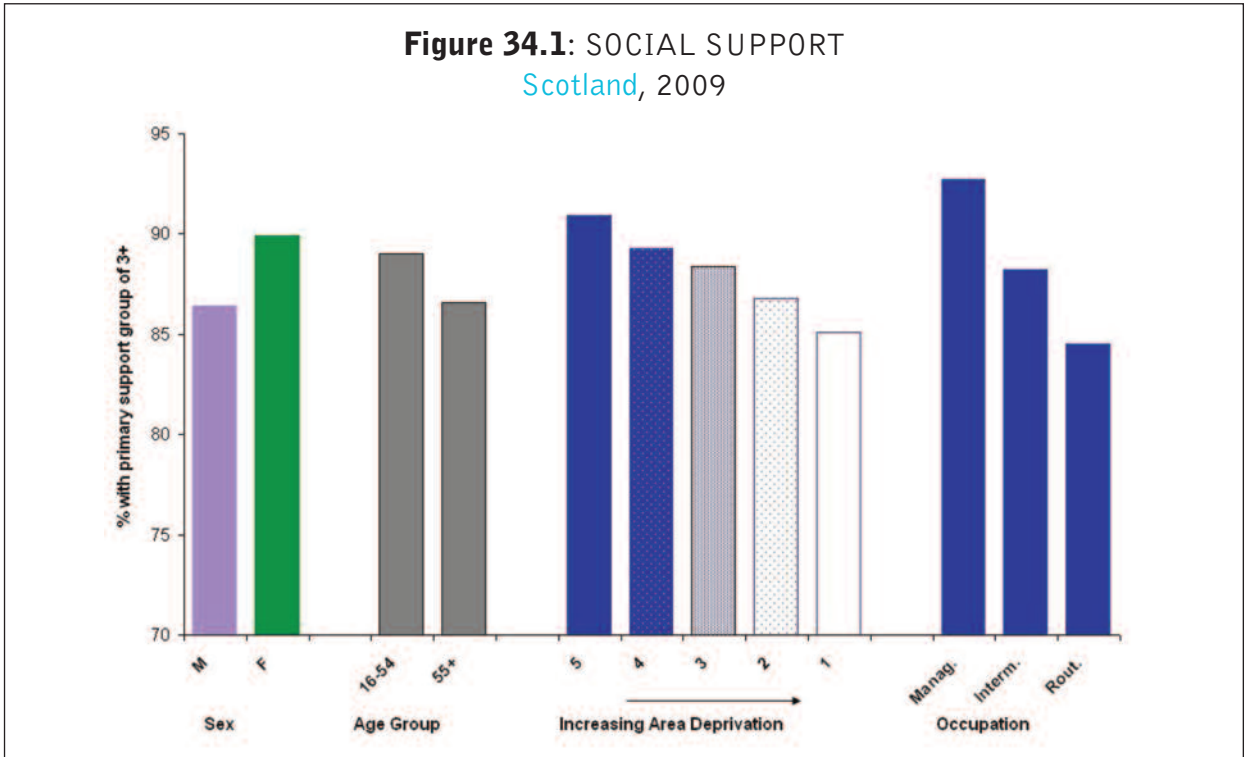
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

**i**: Scottish Health Survey pre-revised weights used (see Methods in section 9 for more information)

**ii**: The sample from GG&C was too small to accurately describe this indicator across the different population groups

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Social networks and social support domain



UCI: upper confidence interval; LCI: lower confidence interval

4-5: least deprived

1-3: most deprived

## Section 8. Social networks and social support domain

### Interpretation points

The question in the Scottish Health Survey used to describe this indicator was in Schedule A, which was only asked of a proportion of respondents, resulting in a relatively small GG&C sample. For this reason the inequality analysis was based on the total sample (i.e. all of Scotland), and not limited to GG&C. This was to ensure that the sample was large enough to provide robust estimates.

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Social networks and social support domain

### 35. Caring

<b>Definition</b>	Percentage of adults (16yrs+) who provide 20 or more hours of care per week to a member of their household or to someone not living with them (excluding help provided in the course of their employment and excluding care of own children)		
<b>Source</b>	Scottish Health Survey, 2008		
<b>GG&amp;C estimate</b>	5% of adults have significant (20 hrs+) unpaid caring responsibilities		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Significant caring responsibilities were 30% more common in GG&amp;C than the rest of Scotland.</li> <li>• Women were twice as likely to have significant caring responsibilities as men.</li> <li>• Significant caring responsibilities were uncommon in the younger age group (&lt;35 years).</li> <li>• There was a moderate to strong relationship between having significant caring responsibilities and both area deprivation and occupational group; those living in the most deprived quintile were over twice as likely to have significant caring responsibilities compared to those living in the least deprived quintile.</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	5	4	1.3 [ \$ ]

#### Inequalities in % with significant caring responsibilities: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio			
	6	3	2 [ \$ ]			
<b>Age</b>	<b>16-34</b>	<b>35-54</b>	<b>55+</b>	Trend		
	1	7	7	Strong		
<b>Area level deprivation (SIMD quintiles)</b>	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	3	5	3	4	7	2.3 [ \$ ]
<b>Occupation (ns-sec)</b>	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio		
	3	5	6	2 [ \$ ]		

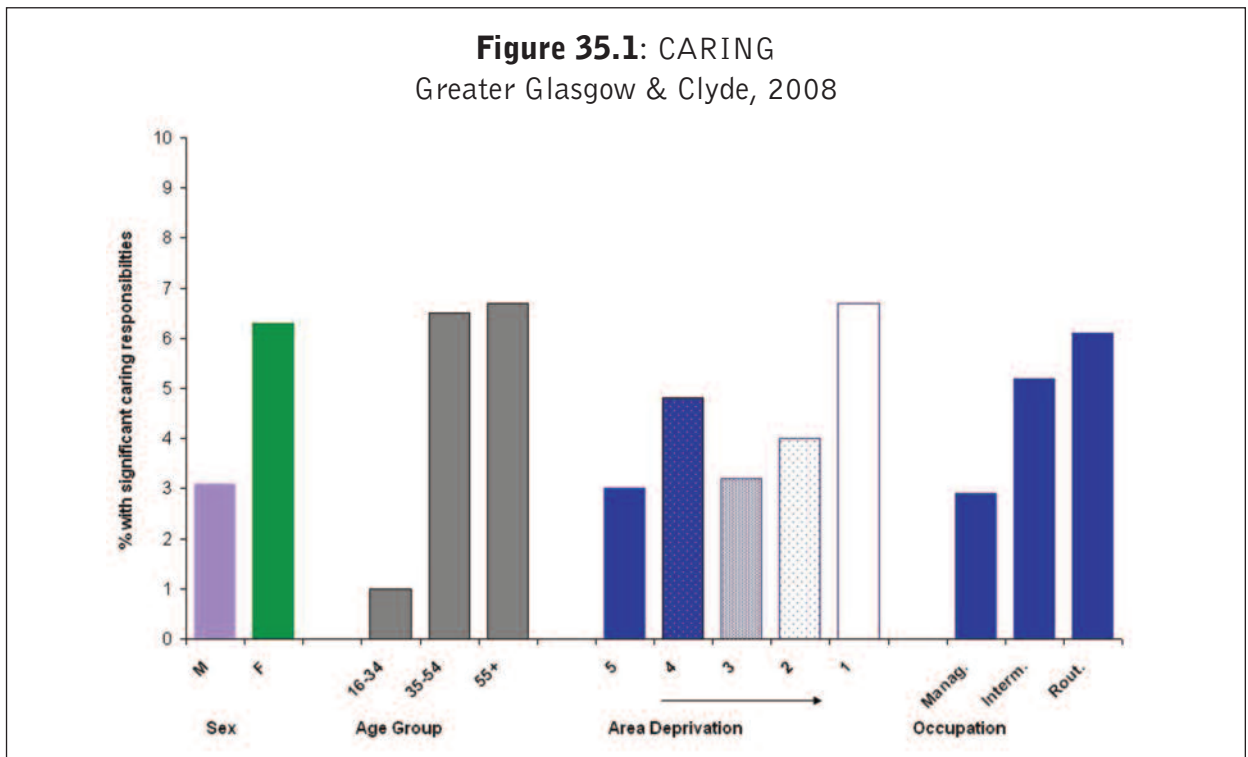
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[ \$ ]**: Statistically significantly different from 1

**[ NS ]**: Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Social networks and social support domain**



## Interpretation points

Although there are many positive aspects to having a caring role, it is framed here as a negative outcome to have significant caring responsibilities because of the strain that it can, and often does, have on the carers' physical and mental health<sup>5</sup>.

<sup>5</sup> Hirst M. *Health Inequalities and Informal Care*. York: University of York, Social Policy Research Unit, 2004.





## Community safety and trust

- 36. *General trust*
- 37. *Neighbourhood trust*
- 38. *Neighbourhood safety*
- 39. *Home safety*
- 40. *Perception of local crime*
- 41.1. *Non-violent neighbourhood crime*
- 41.2. *Acquisitive crime*

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Community safety and trust

### Summary

#### Fear of crime

The data showed that older individuals and women had a greater fear of crime, although younger people and men were generally at greater risk of crime. Older individuals were less likely to be victims of crime, perceived less crime in their neighbourhood, and scored higher on the trust indicators, but they felt less safe in their neighbourhood after dark. The same was true for women, who were as likely to be victims of neighbourhood crime as men (although less likely to be victims of violent crime than men – see the violence indicators), had similar perceptions of neighbourhood crime and trust as men, but felt less safe in their neighbourhoods after dark.

Although feeling safe in one's home (home safety) was near-ubiquitous in this population it remains important to identify and describe those who do not feel secure, given the negative impact of not feeling secure in one's home on many aspects of wellbeing.

#### Greater Glasgow & Clyde

In this domain the outcomes for older individuals and women in GG&C tended to be different to their counterparts in the rest of Scotland in several ways – although it is recognised that the sample for several indicators in this domain was small and there are wide confidence intervals around the estimates.

- Contrasting with the picture in regions outside GG&C, women in GG&C were less likely to have feeling of general trust compared to men (Figure 36.2b) but had greater neighbourhood trust than men (Figure 37.2). This suggests a different relationship between women and their neighbourhood in GG&C compared to the rest of Scotland.
- Across several indicators there was an emerging pattern for older individuals in GG&C to have disproportionately worse outcomes compared to their counterparts in the rest of Scotland. In the rest of Scotland older adults were significantly more likely to trust most people, whereas in GG&C the older age group did not express this increased level of trust (Figure 36.2a, see also Inequalities in GG&C (section 3)).



## Section 8. Community safety and trust

### 36. General trust

<b>Definition</b>	Percentage of adults (16yrs+) who trust most people		
<b>Source</b>	Scottish Health Survey, 2009, Schedule A <sup>i</sup>		
<b>GG&amp;C estimate</b>	43% of adults trust most people		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Less than half of people in GG&amp;C trusted most people, a slightly lower percentage than for those living in the rest of Scotland, although this difference did not reach statistical significance.</li> <li>• General trust was similar in men and women in Scotland, but the data suggest it was less common in women than men from GG&amp;C (Figure 36.2b).</li> <li>• In Scotland older adults were marginally more likely to trust most people than those in the younger age group (&lt;55 years), although the data suggest that older adults in GG&amp;C did not express this greater level of general trust (Figure 36.2a).</li> <li>• General trust varied moderately by both area deprivation and occupational group; general trust was less common in those from the most deprived quintile and in those from routine and manual occupations.</li> </ul>		

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	43	48	1.1 [NS]

#### Inequalities in % trusting most people: Scotland<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio			
	46	47	1			
<b>Age</b>	<b>16-54</b>	<b>55+</b>	Trend			
	45	50	Marginal			
<b>Area level deprivation (SIMD quintiles)</b>	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	54	50	51	45	33	1.6 [\$]
<b>Occupation (ns-sec)</b>	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio		
	57	47	37	1.5 [\$]		

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[\$]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

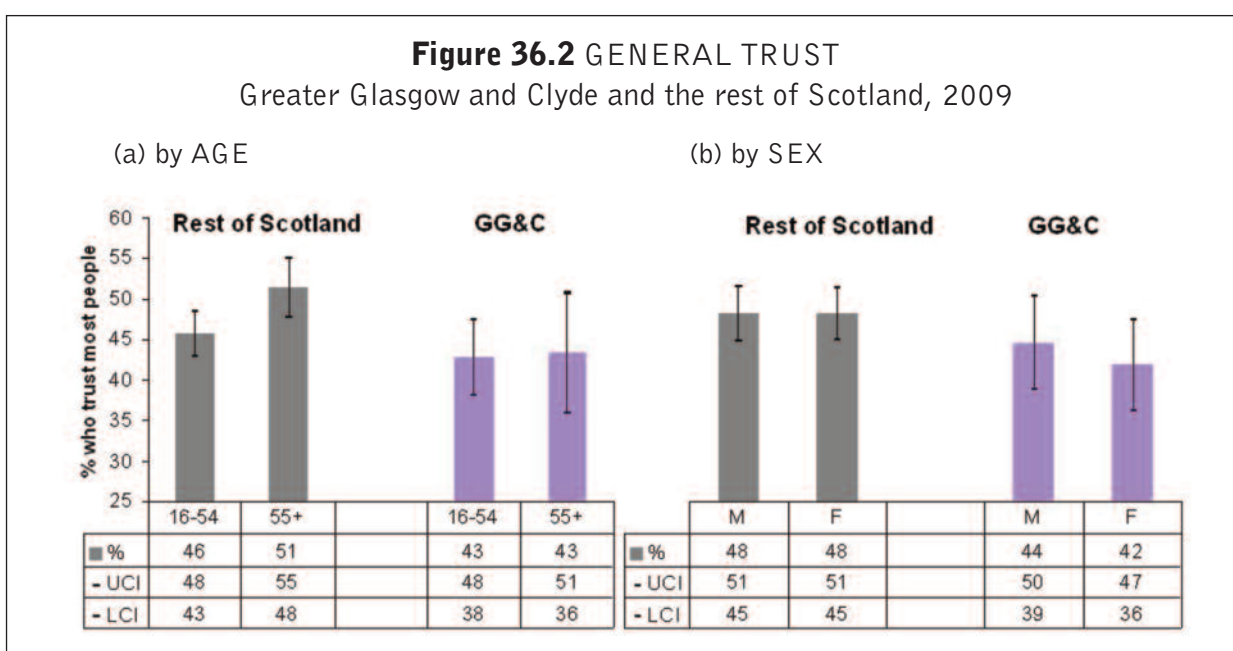
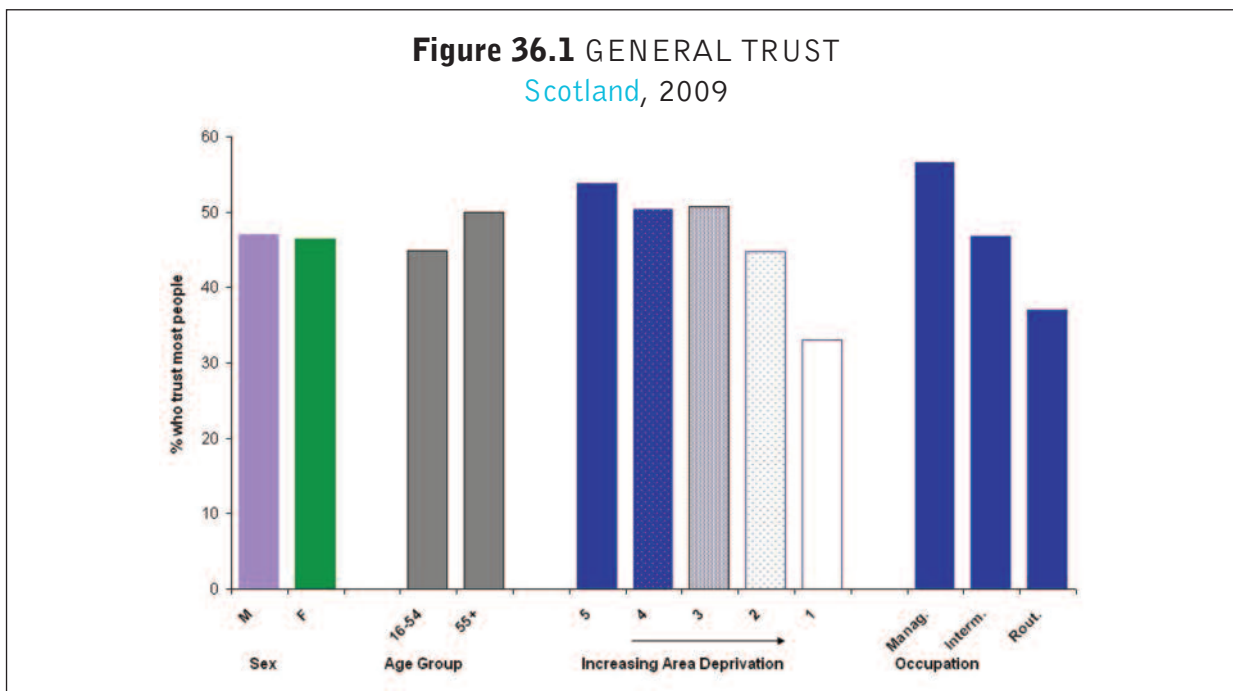
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

**i:** Scottish Health Survey pre-revised weights used (see Methods in section 9 for more information)

**ii:** The sample from GG&C was too small to accurately describe this indicator across the different population groups

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Community safety and trust



UCI: upper confidence interval; LCI: lower confidence interval

### Interpretation points

The question in the Scottish Health Survey used to describe this indicator was in Schedule A, which was only asked of a proportion of respondents, resulting in a relatively small GG&C sample. For this reason the inequality analysis was based on the total sample (i.e. all of Scotland), and not limited to GG&C. This was to ensure that the sample was large enough to provide robust estimates.

## Section 8. Community safety and trust

### 37. Neighbourhood trust

<b>Definition</b>	Percentage of adults (16yrs+) who trust most people in their neighbourhood		
<b>Source</b>	Scottish Health Survey, 2009, Schedule A <sup>i</sup>		
<b>GG&amp;C estimate</b>	45% of adults trust most people in their neighbourhood		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Less than half of individuals reported neighbourhood trust, a similar percentage as that reporting general trust.</li> <li>• Adults from GG&amp;C were moderately less likely to report neighbourhood trust than those from the rest of Scotland.</li> <li>• A similar proportion of men and women in Scotland reported neighbourhood trust, although in GG&amp;C women were more likely to report neighbourhood trust than men (Figure 37.2) – the opposite of that seen with general trust.</li> <li>• Older adults were moderately more likely to report neighbourhood trust than those in the younger age group (&lt;55 years).</li> <li>• Neighbourhood trust varied by area deprivation, with those in the least deprived quintile being over twice as likely to report neighbourhood trust as those in the most deprived quintile. The variation by occupational group was more moderate.</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	45	61	1.3 [ \$ ]

#### Inequalities in % who trust most people in their neighbourhood: **Scotland**<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio			
	58	57	1			
<b>Age</b>	<b>16-54</b>	<b>55+</b>	Trend			
	50	72	Moderate			
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	75	67	61	47	35	2.1 [ \$ ]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio		
	66	61	47	1.2 [ \$ ]		

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[ \$ ]**: Statistically significantly different from 1

**[ NS ]**: Meaningful difference but not statistically significantly different from 1

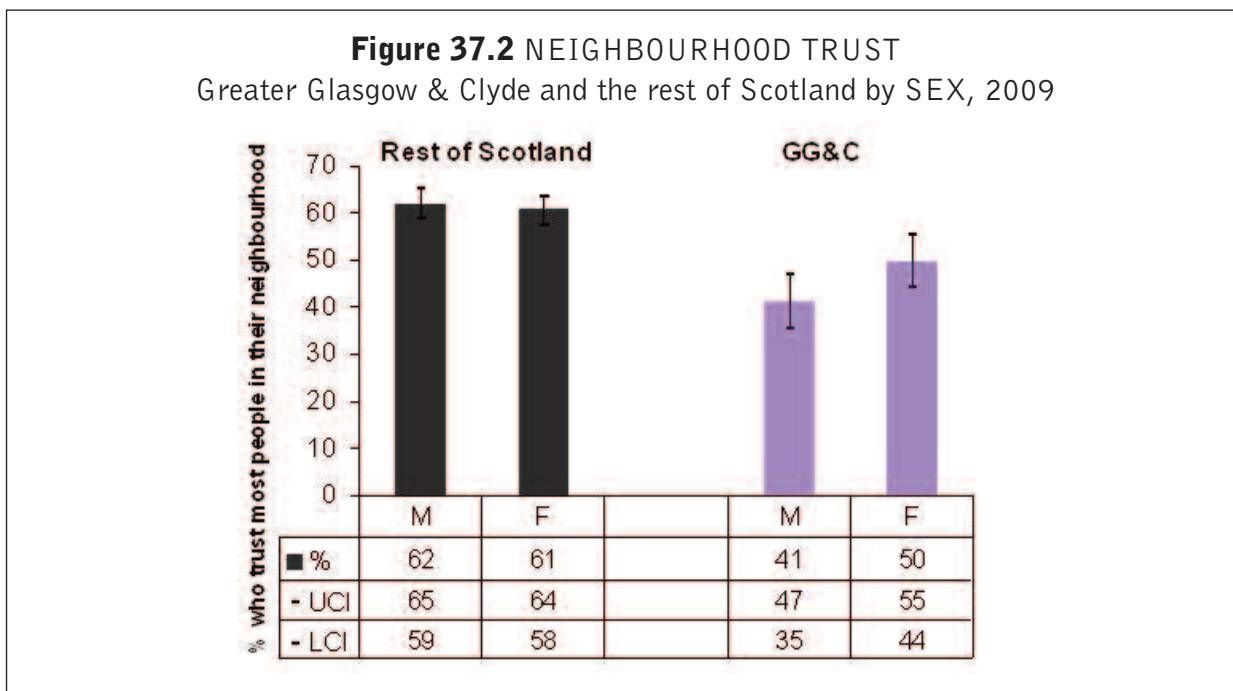
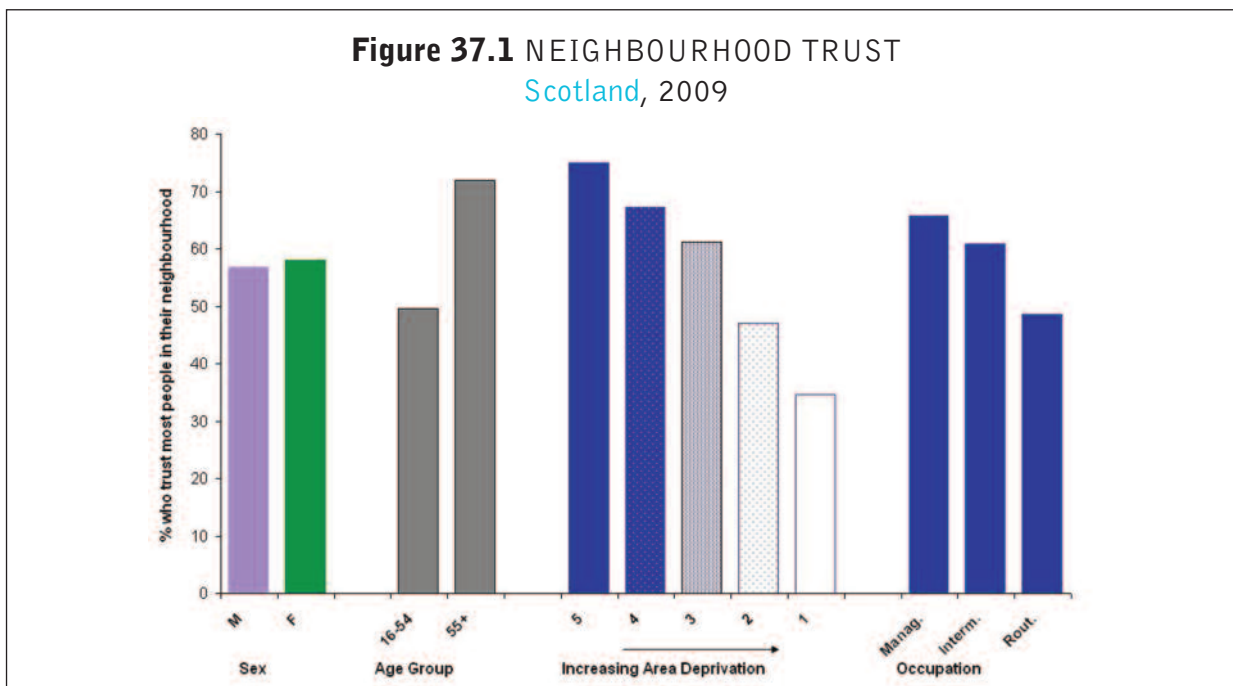
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

**i**: Scottish Health Survey pre-revised weights used (see Methods in section 9 for more information)

**ii**: The sample from GG&C was too small to accurately describe this indicator across the different population groups

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Community safety and trust



UCI: upper confidence interval; LCI: lower confidence interval

### Interpretation points

The question in the Scottish Health Survey used to describe this indicator was in Schedule A, which was only asked of a proportion of respondents, resulting in a relatively small GG&C sample. For this reason the inequality analysis was based on the total sample (i.e. all of Scotland), and not limited to GG&C. This was to ensure that the sample was large enough to provide robust estimates.

## Section 8. Community safety and trust

### 38. Neighbourhood safety

<b>Definition</b>	Percentage of adults (16yrs+) who feel very or fairly safe walking alone in their neighbourhood after dark		
<b>Source</b>	Scottish Household Survey, 2007-2008		
<b>GG&amp;C estimate</b>	69% of adults felt very or fairly safe walking alone in their neighbourhood after dark		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The majority of individuals felt safe walking in their neighbourhood after dark.</li> <li>• A marginally lower proportion in GG&amp;C felt safe in their neighbourhood after dark than those in the rest of Scotland.</li> <li>• Men were 40% more likely to feel safe after dark than women.</li> <li>• Neighbourhood safety varied by age, with older individuals feeling moderately less safe after dark than their younger counterparts.</li> <li>• Those in the least deprived quintile and those from professional and managerial occupations were 20-30% more likely to feel safe after dark than those in the most deprived quintile and those from routine and manual occupations.</li> <li>• Neighbourhood safety varied by local authority (Figure 38.2).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	69	78	1.1 [ \$ ]

#### Inequalities in % feeling safe walking home alone: GG&C

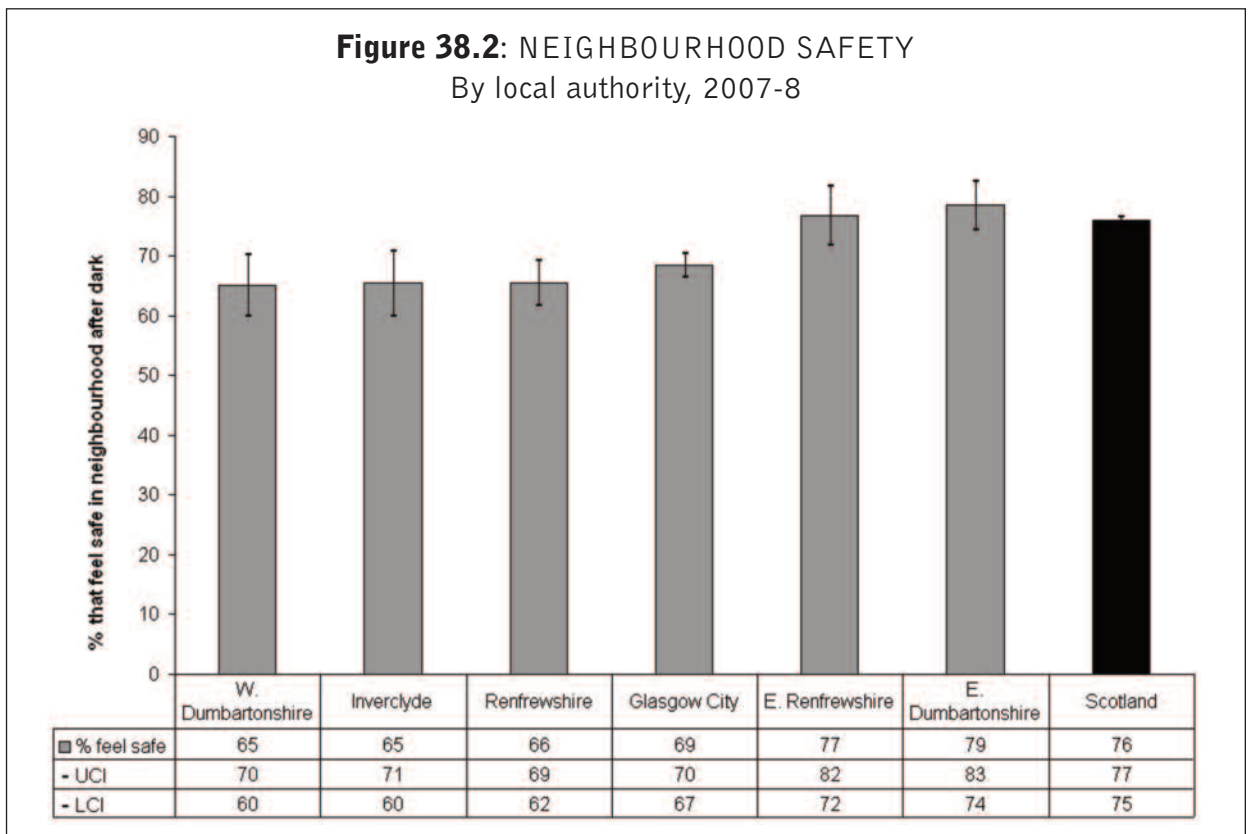
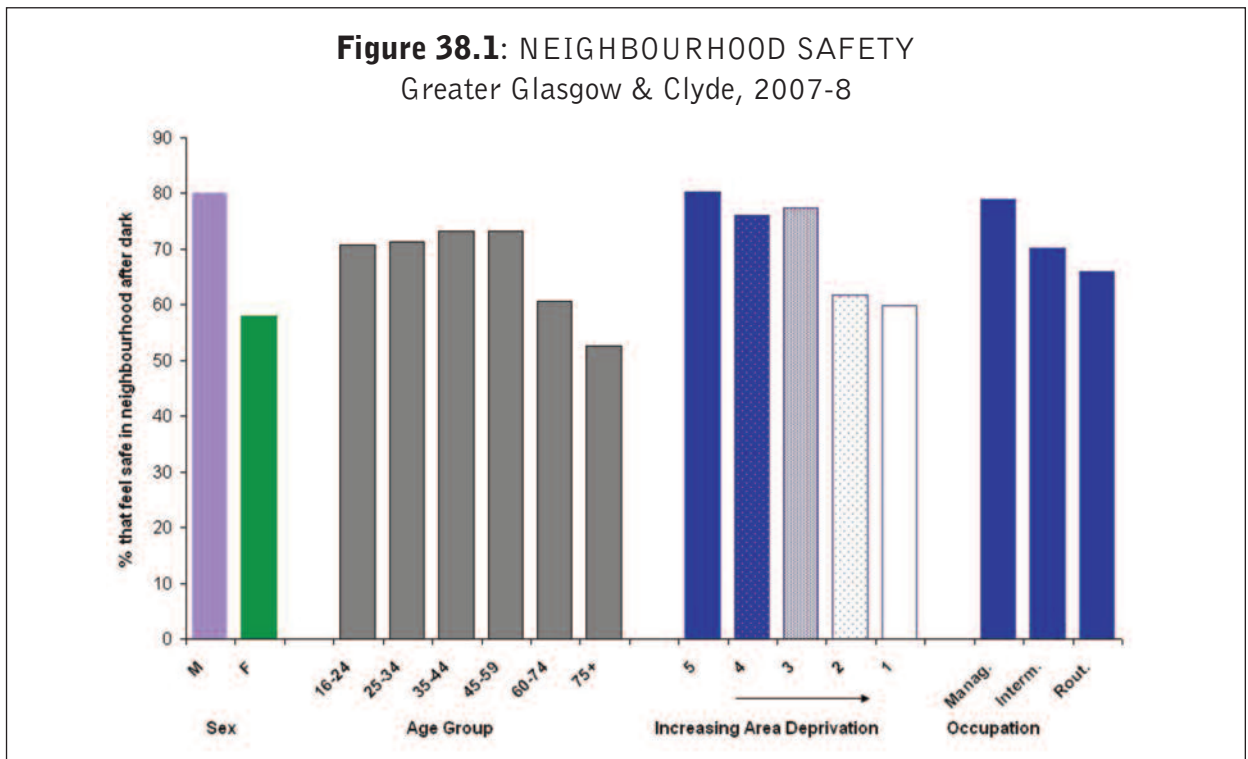
<b>Sex</b>	<b>Female</b>	<b>Male</b>					Ratio
	58	80					1.4 [ \$ ]
<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-59</b>	<b>60-74</b>	<b>75+</b>	Trend
	71	71	73	73	61	54	Moderate
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio	
	80	76	77	62	60	1.3 [ \$ ]	
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>		<b>Routine &amp; manual</b>		Ratio	
	79	70		66		1.2 [ \$ ]	

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[ \$ ]**: Statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Community safety and trust**



UCI: upper confidence interval; LCI: lower confidence interval

## Section 8. Community safety and trust

### 39. Home safety

<b>Definition</b>	Percentage of adults (16yrs+) who feel very or fairly safe when home alone at night		
<b>Source</b>	Scottish Household Survey, 2007-2008		
<b>GG&amp;C estimate</b>	96% of adults felt very or fairly safe at home alone at night		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The vast majority of individuals felt safe in their own home alone at night, with high levels seen across all the population groups.</li> <li>• Although only a small proportion of individuals did not feel safe in their own home at night, these individuals were not evenly distributed across population groups: feelings of home safety were slightly (but significantly) lower in females, the young and old.</li> <li>• Additionally feelings of home safety fell slightly with increasing area deprivation and in those from manual and routine occupations.</li> <li>• Home safety varied only marginally by local authority (Figure 39.2).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	96	97	1

#### Inequalities in % who feel safe at home alone at night: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>					Ratio
	95	98					1.03 [\$]
<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-59</b>	<b>60-74</b>	<b>75+</b>	Trend
	95	95	96	98	97	96	Marginal
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>		Ratio
	98	98	97	96	95		1.03 [\$]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>		<b>Intermediate</b>		<b>Routine &amp; manual</b>		Ratio
	98		98		96		1.02 [\$]

Ratio represents the highest to lowest, deprivation and occupation ratios are based on the first and last categories

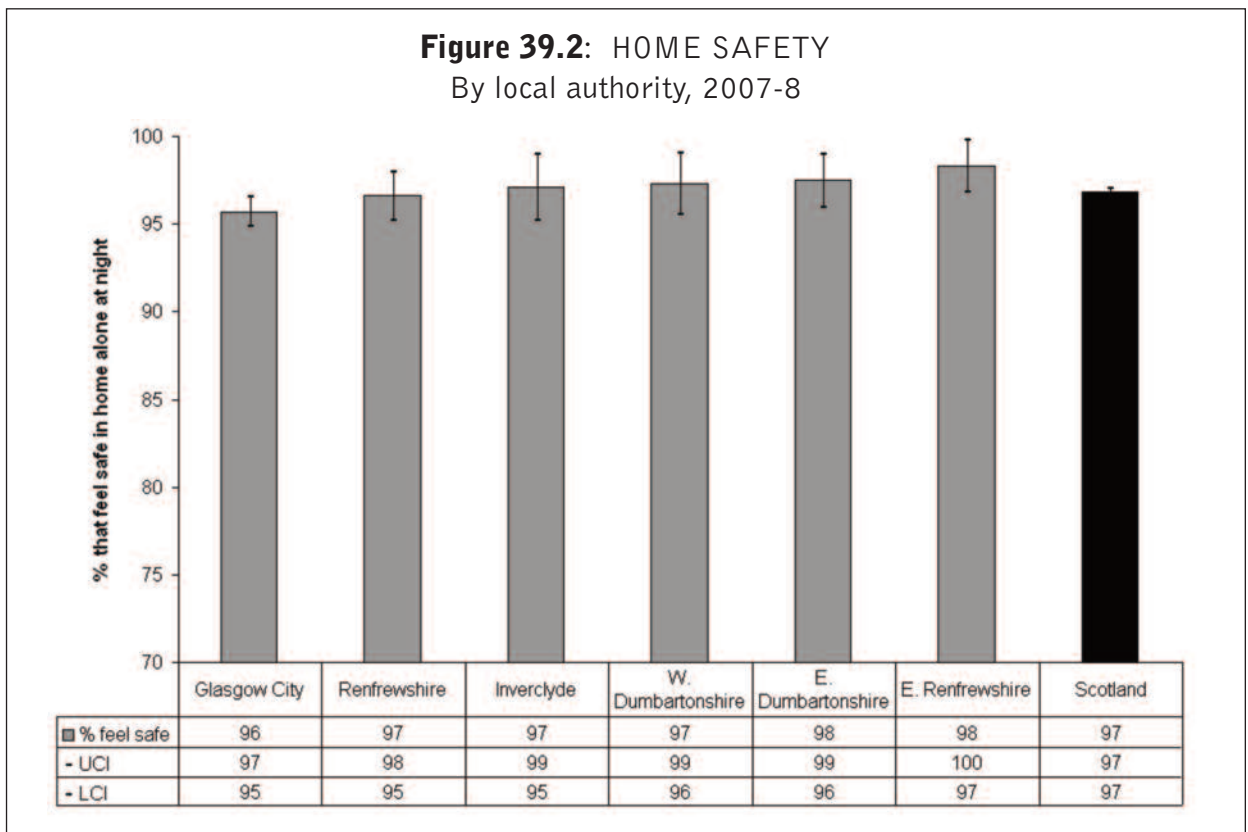
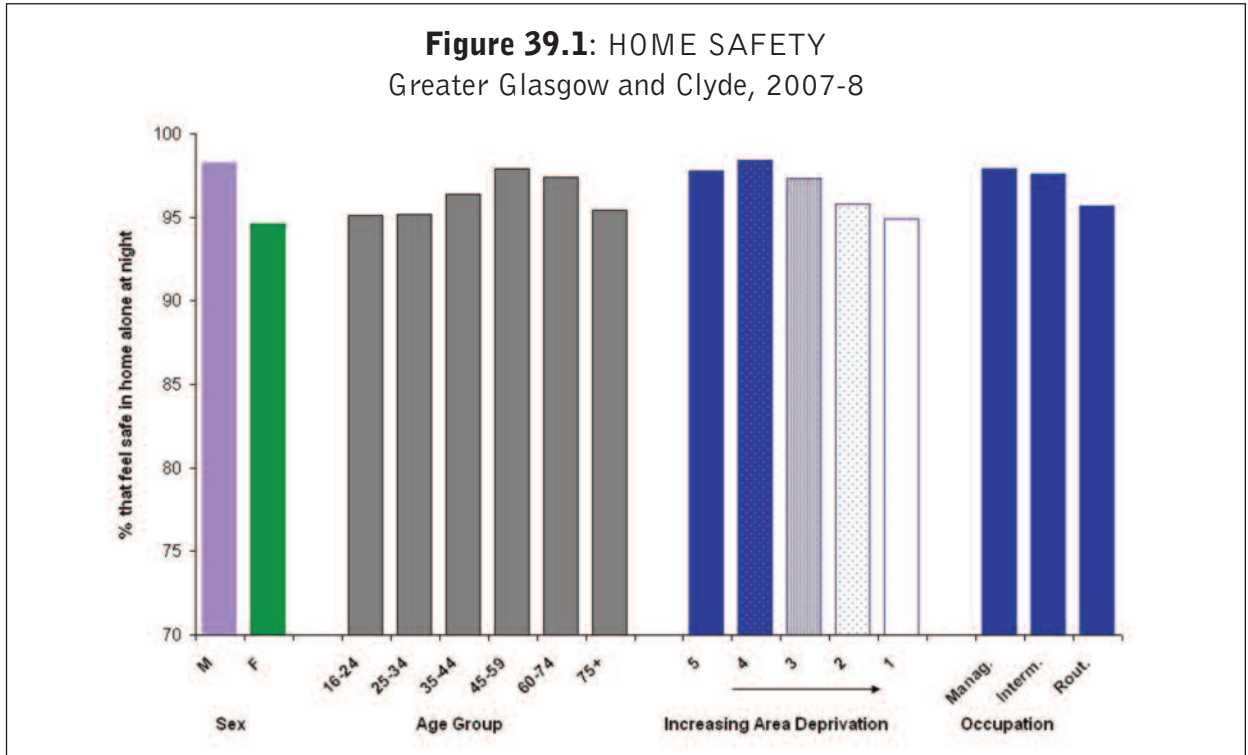
**[\$]**: Statistically significantly different from 1

**[NS]**: Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Community safety and trust



UCI: upper confidence interval; LCI: lower confidence interval



## Section 8. Community safety and trust

### 40. Perception of local crime

<b>Definition</b>	Percentage of adults (16yrs+) who perceive crime <sup>i</sup> to be very or fairly common in their local area
<b>Source</b>	Scottish Crime and Justice Survey, 2008
<b>GG&amp;C estimate</b>	65% of adults perceived crime to be very or fairly common in their local area
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The majority of individuals in GG&amp;C felt crime was common in their area.</li> <li>• Those in GG&amp;C were 20% more likely to feel that crime was common in their area compared to individuals in the rest of Scotland.</li> <li>• Men and women reported similar levels of perceived crime.</li> <li>• Younger individuals felt that crime was more common in their area than older individuals.</li> <li>• Perceived crime varied moderately by both area deprivation and occupational group; with perceived neighbourhood crime 20-30% higher in the most deprived quintile and in routine and manual occupations compared to the least deprived quintile and managerial and professional occupations.</li> <li>• Perception of local crime varied by local authority (Figure 40.2).</li> </ul>

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	65	55	1.2 [ \$ ]

#### Inequalities in % who feel local crime is very or fairly common: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio			
	65	65	1			
<b>Age</b>	<b>16-29</b>	<b>30-44</b>	<b>45-59</b>	<b>60+</b>	Trend	
	78	59	63	57	Moderate	
<b>Area level deprivation (SIMD quintiles)</b>	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	56	53	61	68	74	1.3 [ \$ ]
<b>Occupation (ns-sec)</b>	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio		
	59	73	68	1.2 [ \$ ]		

**i:** homes broken into, mugging/robbery, property or vehicle damage, theft of or theft from car or vehicle, assault/attack in public, drug dealing and drug abuse

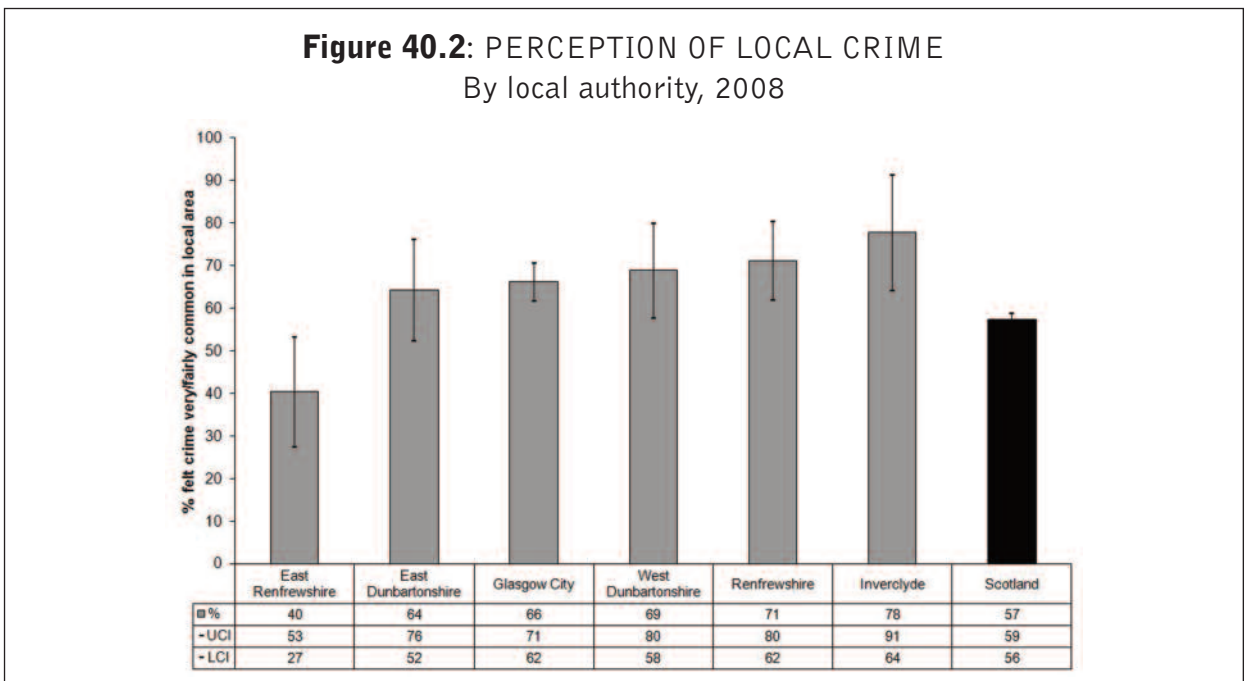
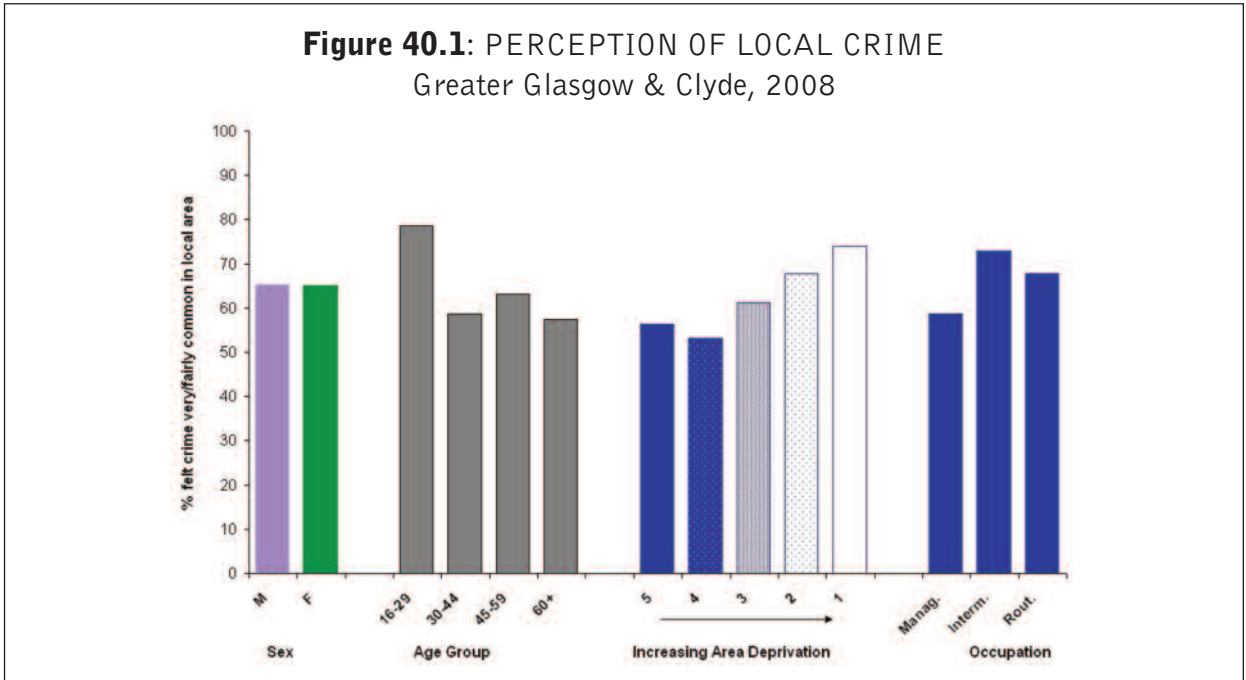
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[ \$ ]:** Statistically significantly different from 1

**[ NS ]:** Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Community safety and trust**



**UCI:** upper confidence interval; **LCI:** lower confidence interval

## Section 8. Community safety and trust

### 41. Non-violent neighbourhood crime

#### 41.1 Survey data

<b>Definition</b>	Percentage of adults (16yrs+) who have been a victim of a non-violent crime <sup>i</sup> occurring locally in the previous year			
<b>Source</b>	Scottish Crime and Justice Survey, 2008			
<b>GG&amp;C estimate</b>	13% of adults were a victim of a non-violent crime occurring locally in the previous year			
<b>Summary</b>	<ul style="list-style-type: none"> <li>Compared with the rest of Scotland, a marginally higher proportion of individuals in GG&amp;C reported being a victim of non-violent crime in their neighbourhood.</li> <li>A similar proportion of men and women were victims of non-violent neighbourhood crime.</li> <li>Younger individuals were much more likely (2.8 fold) than older individuals to be victims of non-violent neighbourhood crime</li> <li>Non-violent neighbourhood crime was moderately more common in the most deprived areas compared to the least deprived areas.</li> </ul>			
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>		Ratio
	13	12		1.1 [§]

#### Inequalities in % who were a victim of non-violent neighbourhood crime: **Scotland**<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>			Ratio
	12	12			1
<b>Age</b>	<b>16-24</b>	<b>25-44</b>	<b>45-59</b>	<b>60+</b>	Trend
	17	15	13	6	Strong
<b>Area level deprivation (SIMD scores)</b>	<b>85% least deprived</b>		<b>15% most deprived</b>		Ratio
	12		16		1.3 <sup>iii</sup>

**i:** Non-violent crimes include household crime, theft from person, and other personal theft occurring within 15 minutes walk from the victims' house

**ii:** GG&C data was not available for the different population groups

**iii:** Insufficient data available to determine statistical difference between sub-populations

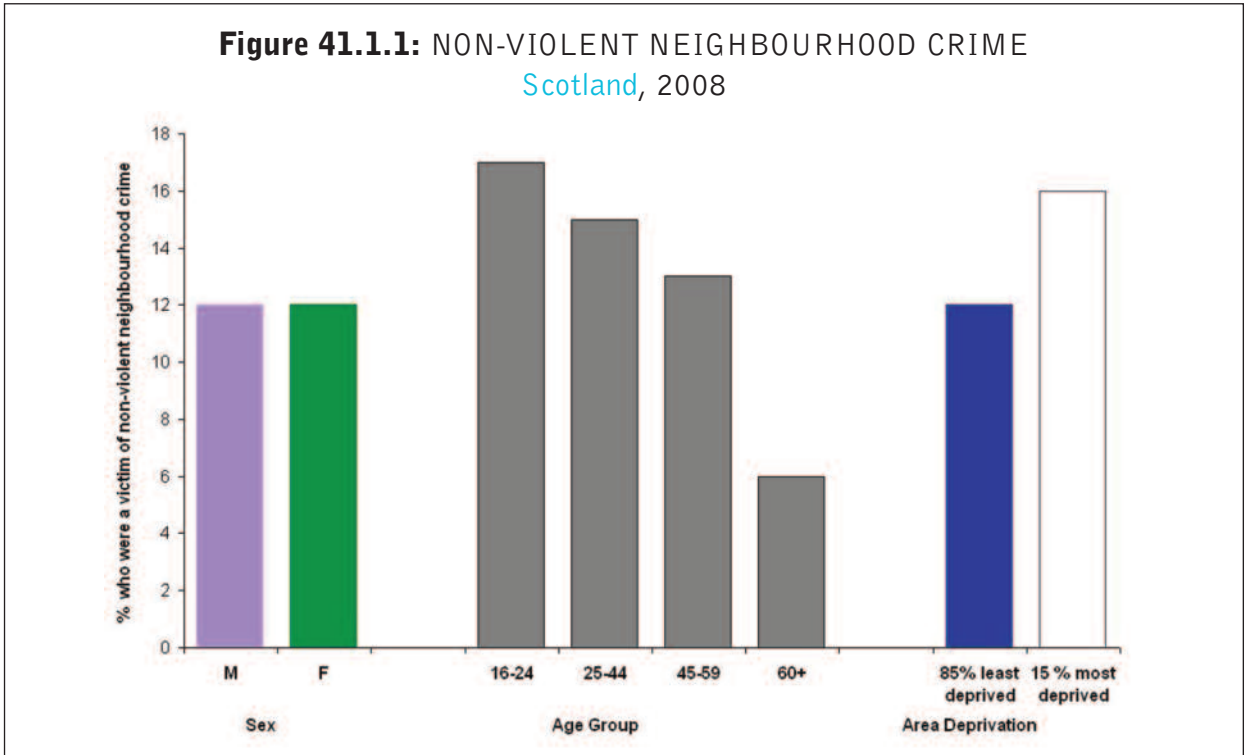
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[§]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
Section 8. Community safety and trust



## Section 8. Community safety and trust

### 41.2 Police-recorded acquisitive crime

<b>Definition</b>	Number of acquisitive crimes (i.e. theft) <sup>i</sup> recorded by the Strathclyde Police per 10,000 population	
<b>Source</b>	Violence Reduction Unit, Strathclyde Police, 2005-2009	
<b>GG&amp;C estimate</b>	232 acquisitive crimes (e.g. theft) per 10,000 population recorded, 2009	
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Non-violent crime was twice as common in the most compared to the least deprived quintile</li> <li>• Non-violent crime varied dramatically by local authority (Figure 41.2.3)</li> </ul>	
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>
	232	n/a

#### Inequalities in the number of acquisitive crimes per 10,000 pop: GG&C

Area level deprivation (SIMD quintiles)	5 (least deprived)	4	3	2	1 (most deprived)	Ratio
	128	169	211	295	282	2.2 [§]

Total population (0yrs+) used as denominator

**i:** Acquisitive crime includes theft from and theft of vehicles, theft from houses and other locked places. It does not include fraud, shoplifting, theft from a person (i.e. mugging, etc) or violent crime

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[§]:** Statistically significantly different from 1

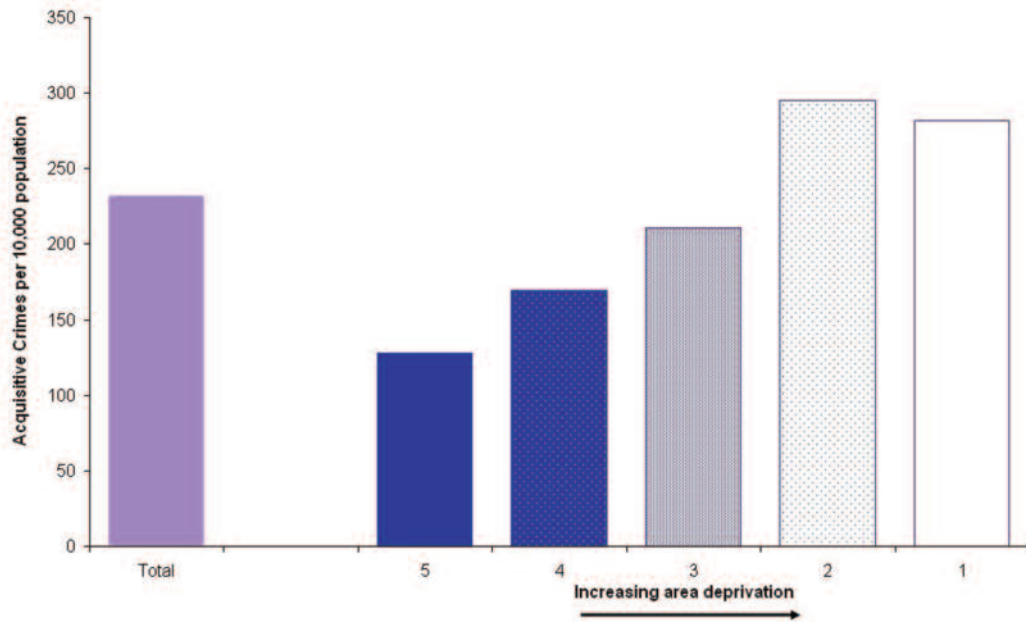
For explanation of area level deprivation see Notes and Definitions ([click here](#))

Data was not available for areas outside the Strathclyde Police Area

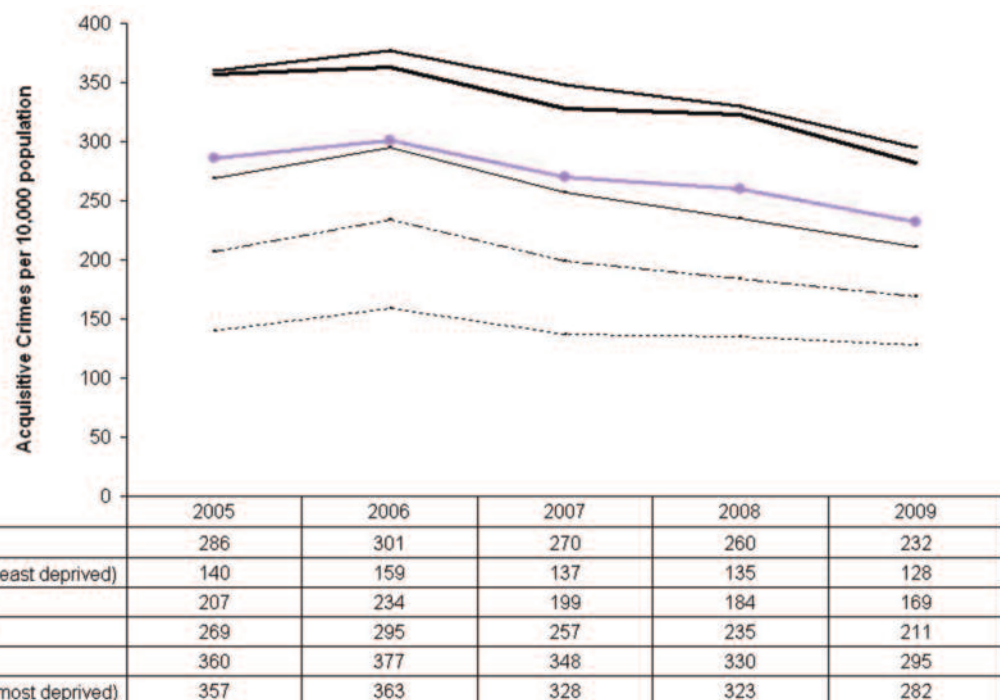
A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Community safety and trust

**Figure 41.2.1: POLICE-RECORDED ACQUISITIVE CRIME**  
Greater Glasgow & Clyde, 2009

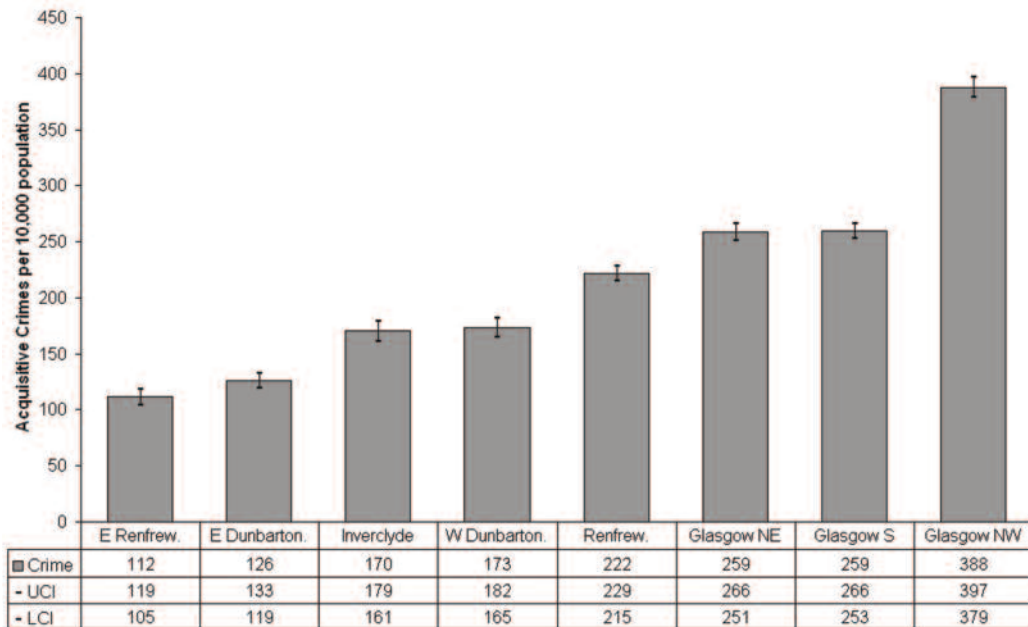


**Figure 41.2.2: POLICE-RECORDED ACQUISITIVE CRIME**  
In Greater Glasgow & Clyde by AREA DEPRIVATION and over TIME



## Section 8. Community safety and trust

**Figure 41.2.3: POLICE-RECORDED ACQUISITIVE CRIME**  
by local authority, 2009



**UCI:** upper confidence limit; **LCI:** lower confidence limit

### Interpretation points

Police-recorded crime is known to be an underestimate of total crime, with non-violent acquisitive crime more likely to go unreported than other types of crime, such as violent crime.

The numerator is crimes by incident location and the denominator is the total resident population.

Interpretation of trends in police-recorded crime is complicated by changes in police procedures and priorities, which can affect recorded crime figures over time. The downward trend in these crimes was consistent across the local authorities (data not shown) and across area deprivation quintiles (Figure 41.2.2).







## Social inclusion domain

42. *Worklessness*

43. *Education*

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Social inclusion domain

### Summary

#### Area deprivation

Large inequalities in the number of workless adults were identified across area deprivation with the survey data (indicator 42.1) and more so for the Job Seekers Allowance (JSA) claimants (indicator 42.2): 18% of those in the most deprived quintile reported being workless and 8.6% were claiming JSA (4 to 5 fold higher than in the least deprived quintile).

#### Older adults

A larger burden of worklessness was seen in young adults, but older adults were much more likely to be claiming incapacity benefit (IB) – this was true for all IB claimants and also for those claiming for a mental health reason. The pattern of claiming IB for older adults (between 50 years of age and retirement) differed from that for their younger counterparts in several ways. While the proportion of the younger age group (16-24 years) making mental health related IB claims decreased over the previous decade, the proportion of the older age group (50 years+) making mental health related claims increased (Figure 42.3.4). Although the proportion of the working age population claiming IB for mental health reasons rose with age, in GG&C the increase was markedly greater than in the rest of Scotland (Figure 42.3.5).

#### Diagnosis for incapacity benefit claimants

The majority of the IB mental health-related claims were for mood-related disorders (largely depression) or neurotic and related disorders (largely anxiety).

#### Trends across time

Where data were available over time, the early effects of the economic downturn were detected. An increase in the proportion out of work and wanting to work (indicator 42.1) was evident from 2008, as was an increase in the proportion claiming JSA (indicator 42.2).

## Section 8. Social inclusion domain

### Additional indicators

The worklessness indicator used in the national mental health indicators<sup>6</sup> captures information on working age adults who are unemployed or economically inactive but who want to work. These data are not available for areas smaller than GG&C. For this reason the worklessness indicator was augmented by data on Job Seekers Allowance (JSA) claimants (indicator 42.2), allowing the number of individuals out of employment to be described for smaller geographical areas, although it is recognised that Job Seekers Allowance is an underestimate of the workless population and therefore not a true reflection of 'worklessness'. In addition, Job Seekers Allowance is means-tested and therefore does not include unemployed individuals who are not eligible to claim.

The number of individuals claiming incapacity benefit for mental health reasons (indicator 42.3) is included in this domain, allowing more specific exploration of those out of work for mental health reasons.

### Interpreting social inclusion

The worklessness indicator focuses on social inclusion of the working age population, and is not able to reflect social inclusion in the retired population. In addition, the education indicator is likely to reflect cohort differences as much as social inclusion, because of the large changes in access to education that have occurred over the previous few generations.

Lastly, the worklessness indicator does not discriminate between the employed and the underemployed, i.e. those in part-time employment but seeking full-time employment.

<sup>6</sup> Parkinson J. *Establishing a core set of national, sustainable mental health indicators for adults in Scotland: Final report*. Glasgow: NHS Health Scotland, 2007.

## Section 8. Social inclusion domain

### 42. Worklessness

#### 42.1 Worklessness – workless adults who want to work

<b>Definition</b>	Percentage of working age adults <sup>i</sup> who are unemployed or economically inactive and who want to work (excluding students)					
<b>Source</b>	Annual Population Survey, 2004-2009					
<b>GG&amp;C estimate</b>	11% of adults were workless and wanted to work, 2009					
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The proportion of workless adults in GG&amp;C was only marginally higher than in Scotland as a whole.</li> <li>• Men were more likely to be workless than women.</li> <li>• Worklessness was moderately more common in younger than older working age adults.</li> <li>• There was a strong association between worklessness and area deprivation, largely driven by a steep increase in worklessness in the most deprived quintile.</li> <li>• There was very little change over the previous five years in the level of worklessness, with evidence of an increase in 2009.</li> </ul>					
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>			<b>Ratio</b>	
	11	10			1.1 [ \$ ]	
<b>Inequalities in % of workless adults: GG&amp;C</b>						
<b>Sex</b>	<b>Female</b>	<b>Male</b>			<b>Ratio</b>	
	10	13			1.3 [ \$ ]	
<b>Age</b>	<b>16-24</b>	<b>25-49</b>	<b>50-retirement</b>		<b>Trend</b>	
	15	11	10		Moderate	
<b>Area level deprivation (SIMD quintiles)</b>	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	<b>Ratio</b>
	5	6	11	11	18	3.6 [ \$ ]
<b>Time trends</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
	12	12	11	10	10	11

**i:** women aged 16-59 and men aged 16-64

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

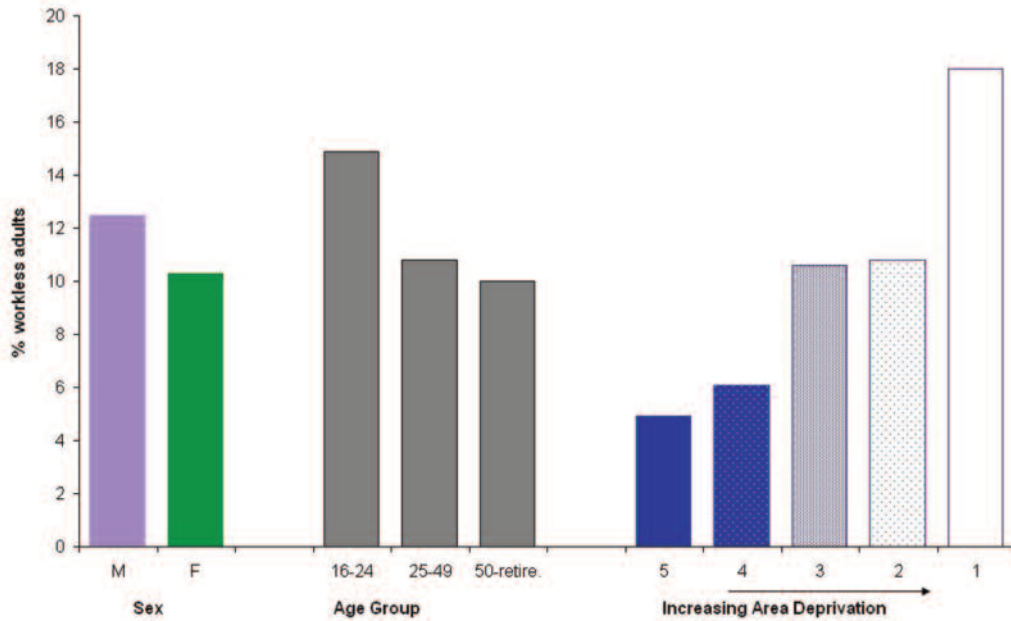
**[ \$ ]:** Statistically significantly different from 1

**[ NS ]:** Meaningful difference but not statistically significantly different from 1

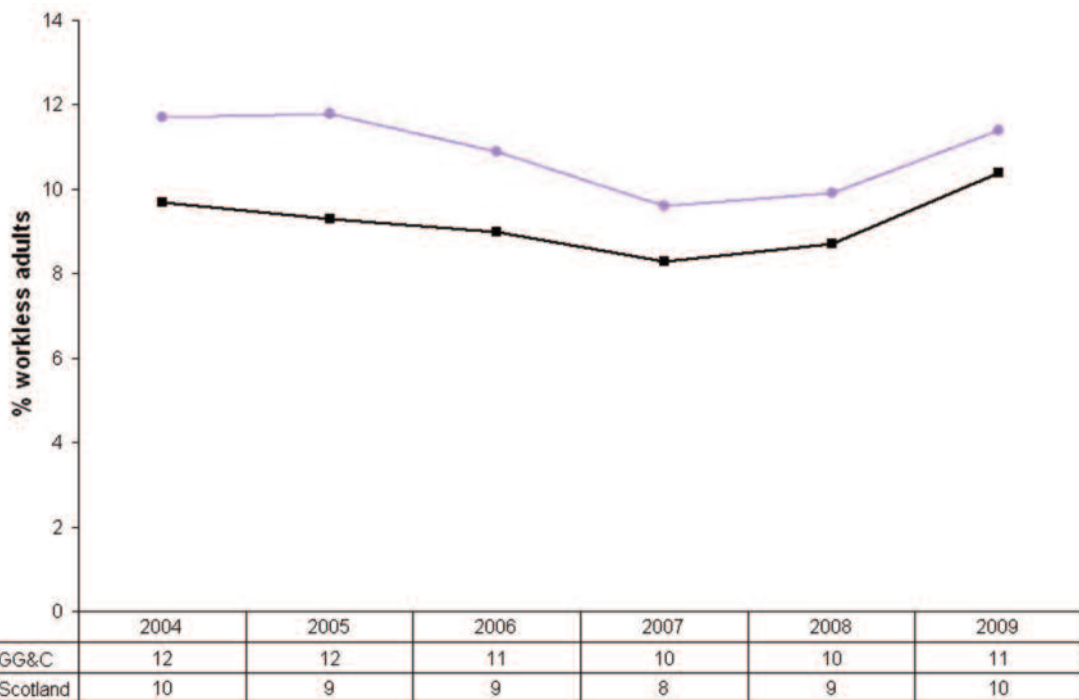
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

## Section 8. Social inclusion domain

**Figure 42.1.1:** Workless adults who want to work  
Greater Glasgow & Clyde, 2009



**Figure 42.1.2:** Workless adults who want to work  
Greater Glasgow & Clyde and Scotland over TIME



# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Social inclusion domain

### 42.2 Worklessness – Job Seekers Allowance (JSA) claims

<b>Definition</b>	Percentage of the working age population <sup>i</sup> claiming JSA		
<b>Source</b>	Office for National Statistics (accessed through NOMIS), 2002-2010		
<b>GG&amp;C estimate<sup>ii</sup></b>	5.3% of the working age population <sup>i</sup> claimed JSA in July-Sept, 2010		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The proportion of working age adults claiming JSA was 30% higher in GG&amp;C than in Scotland as a whole.</li> <li>• The proportion claiming JSA was nearly three times higher in men than women; even with more women than men engaged in non paid work this represents a large excess in men.</li> <li>• There was a strong association between area deprivation and the number of JSA claimants; those in the most deprived quintile were five times more likely to be claiming JSA than those in the least deprived quintile.</li> <li>• The data over time show a steady fall in the number of JSA claimants until 2009 where the data suggest a rise, consistent with the recent economic downturn.</li> <li>• The proportion claiming JSA varied by local authority (Figure 42.2.3 to 42.2.4).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	5.3	4.0	1.3 [ \$ ]

#### Inequalities in % claiming Job Seekers Allowance: GG&C<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>				Ratio			
	2.9	7.8				2.7 [ \$ ]			
<b>Area level deprivation (SIMD quintiles)</b>	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio			
	1.7	2.6	3.6	5.0	8.6	5.0 [ \$ ]			
<b>Time trends:</b>	<b>'02</b>	<b>'03</b>	<b>'04</b>	<b>'05</b>	<b>'06</b>	<b>'07</b>	<b>'08</b>	<b>'09</b>	<b>'10</b>
	4.1	4.0	4.0	3.5	3.4	3.4	2.9	4.0	5.3

**i:** defined by NOMIS as 16-64 for both sexes;

**ii:** excludes areas in North and South Lanarkshire

Ratio represents the highest to lowest, deprivation ratios are based on the first and last categories

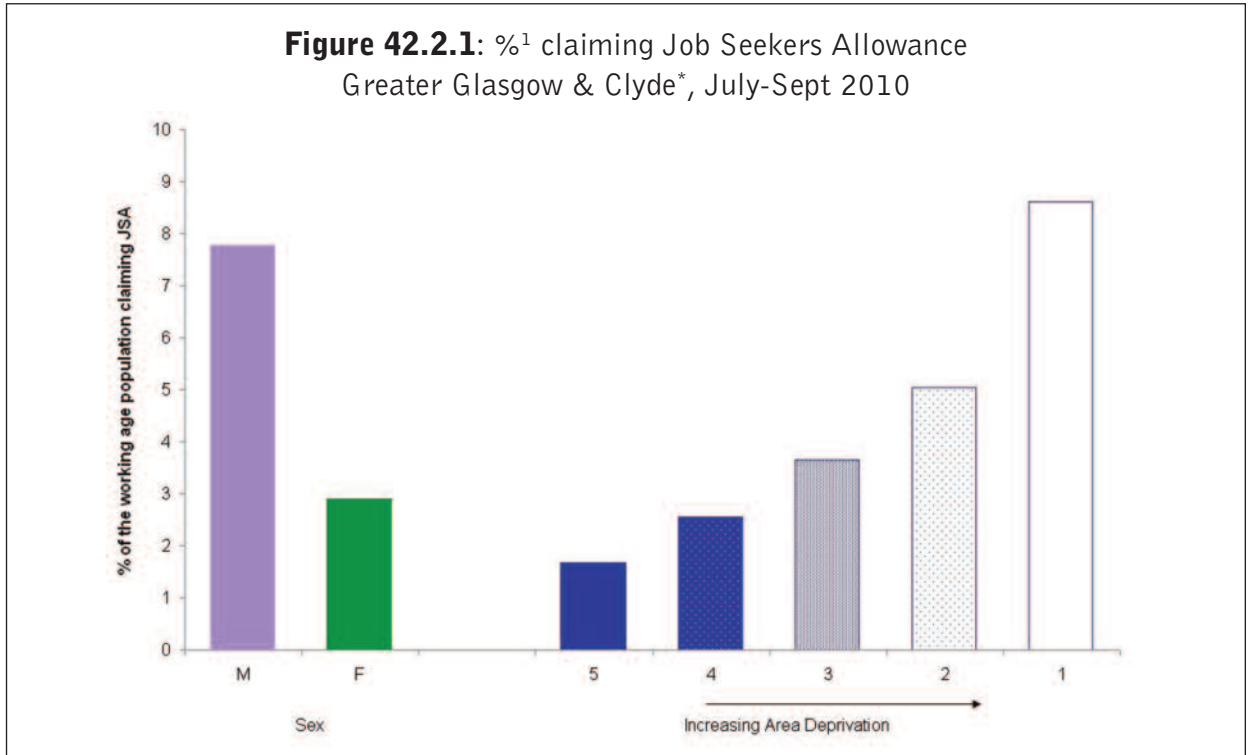
**[ \$ ]:** Statistically significantly different from 1

**[ NS ]:** Meaningful difference but not statistically significantly different from 1

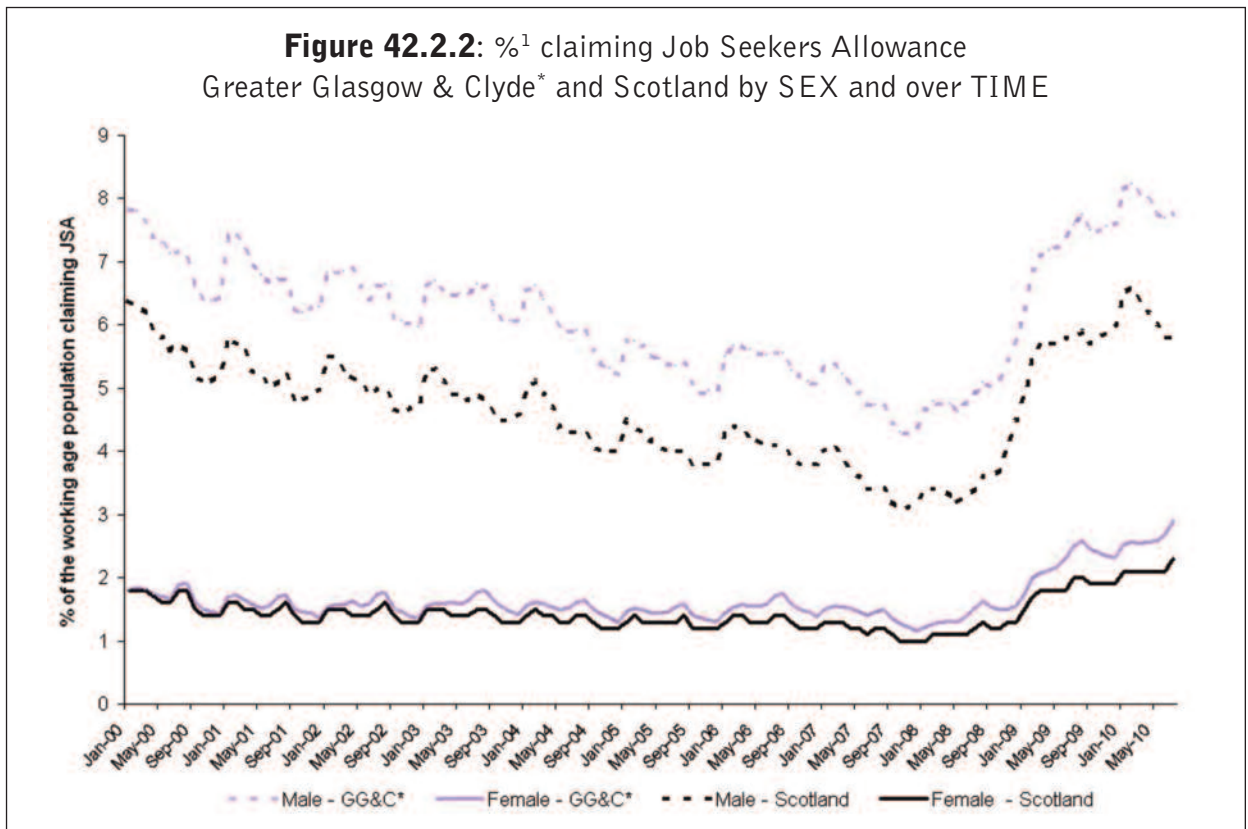
For explanation of area level deprivation see Notes and Definitions ([click here](#))

Time trends are based on one quarter of a year (July-Sept)

## Section 8. Social inclusion domain



1: Working age population defined by data source as 16-64 for both men and women  
 \*: excludes North and South Lanarkshire

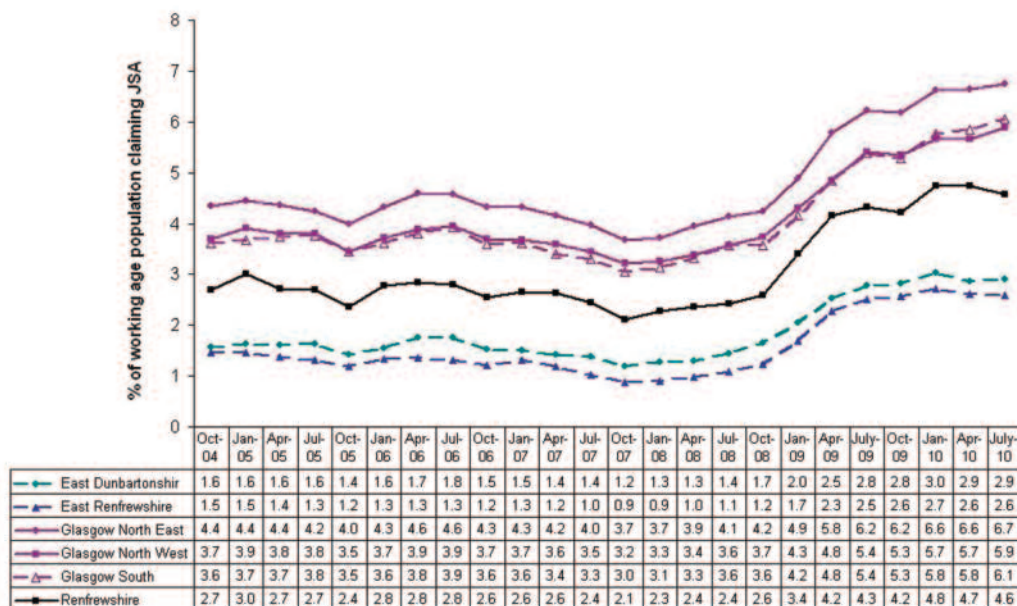


1: Working age population defined by data source as 16-64 for both men and women  
 \*: excludes North and South Lanarkshire

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

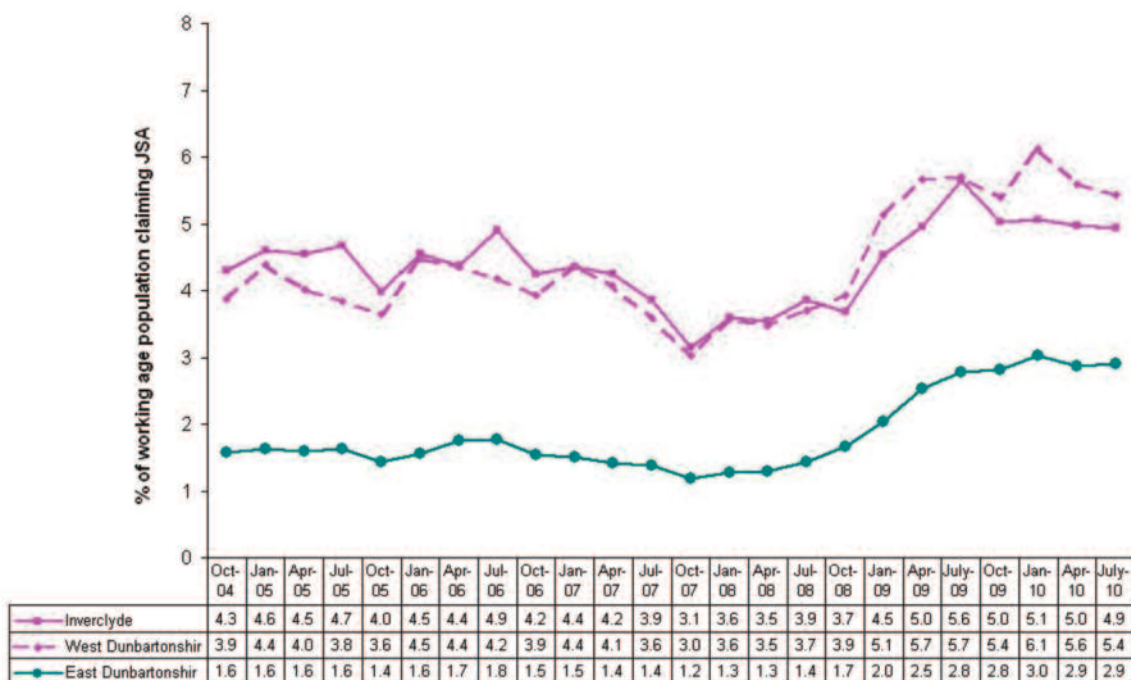
## Section 8. Social inclusion domain

**Figure 42.2.3: %<sup>1</sup> claiming Job Seekers Allowance By local authority/sector over TIME (Part I)**



1: Working age population defined by data source as 16-64 for both men and women

**Figure 42.2.4: %<sup>1</sup> claiming Job Seekers Allowance By local authority/sector over TIME (Part II)**



1: Working age population defined by data source as 16-64 for both men and women  
East Dunbartonshire is presented in both graphs to provide a point of reference



## Section 8. Social inclusion domain

### 42.3 Worklessness – mental health related incapacity benefit claimants

<b>Definition</b>	Number of incapacity benefit (IB) claimants per 1000 working age population <sup>i</sup> , claiming for mental health <sup>ii</sup> reasons								
<b>Source</b>	Department of Work and Pensions, 2000-8 (obtained by the Scottish Observatory for Work and Health, University of Glasgow).								
<b>GG&amp;C<sup>iii</sup> estimate</b>	There were 55 IB claimants for mental health reasons per 1000 individuals of working age, 2008 <sup>iv</sup>								
<b>Summary</b>	<ul style="list-style-type: none"> <li>• 1 in 20 working age adults in GG&amp;C made mental health IB claims (1<sup>st</sup> quarter 2008), this was 50% higher than in the rest of Scotland.</li> <li>• Men were 20% more likely than women to be making mental health IB claims</li> <li>• Mental health IB claims increased markedly with age; 77/1000 of those between 50 years and retirement made mental health IB claims compared to 18/1000 in the younger age group (&lt;24yrs).</li> <li>• The proportion making mental health IB claims remained static over the previous decade, while the total number of incapacity benefit claims fell. This resulted in the proportion of all claims that relate to mental health increasing.</li> <li>• The majority of claimants for mental health reasons claim for over five years.</li> <li>• Nearly half of all mental health IB claimants were claiming for a neurotic and related disorder (largely anxiety), and a third were claiming for a mood related disorder (largely depression).</li> <li>• The proportion making mental health IB claims varied by local authority (Figure 42.3.9 to 42.3.10).</li> </ul>								
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>			Ratio				
	55	38			1.5 [§]				
<b>Inequalities in incapacity benefit claimants for mental health reasons per 1000 individuals: GG&amp;C<sup>iii</sup></b>									
<b>Sex</b>	<b>Female</b>	<b>Male</b>			Ratio				
	49	61			1.2 [§]				
<b>Age</b>	<b>16-24</b>	<b>25-49</b>	<b>50-retirement</b>		Trend				
	18	60	77		Strong				
<b>Time on IB</b>	<b>&gt;= 6 months</b>		<b>6 months to 2yrs</b>		<b>2 yrs to 5yrs</b>	<b>5yrs +</b>			
	5		8		10	32			
<b>Reason for claiming<sup>ii</sup></b>	<b>Neurotic &amp; related</b>	<b>Mood related</b>	<b>Alcohol induced</b>	<b>Drug induced</b>	<b>Schizophrenia &amp; related</b>	<b>Other</b>			
	26	19	5	3	2	1			
<b>Time trends: MH IB claims/ 1000 pop</b>	<b>'00</b>	<b>'01</b>	<b>'02</b>	<b>'03</b>	<b>'04</b>	<b>'05</b>	<b>'06</b>	<b>'07</b>	<b>'08</b>
	54	57	59	61	60	60	58	57	55
<b>MH claims as % of total IB claims</b>	38	40	42	44	46	47	48	49	49

**i:** Men aged 16 to 64 and women aged 16 to 59 **ii:** Based on ICD-10 codes. See Table M.2, Methods (section 9)

**iii:** Excludes areas in North and South Lanarkshire **iv:** First quarter

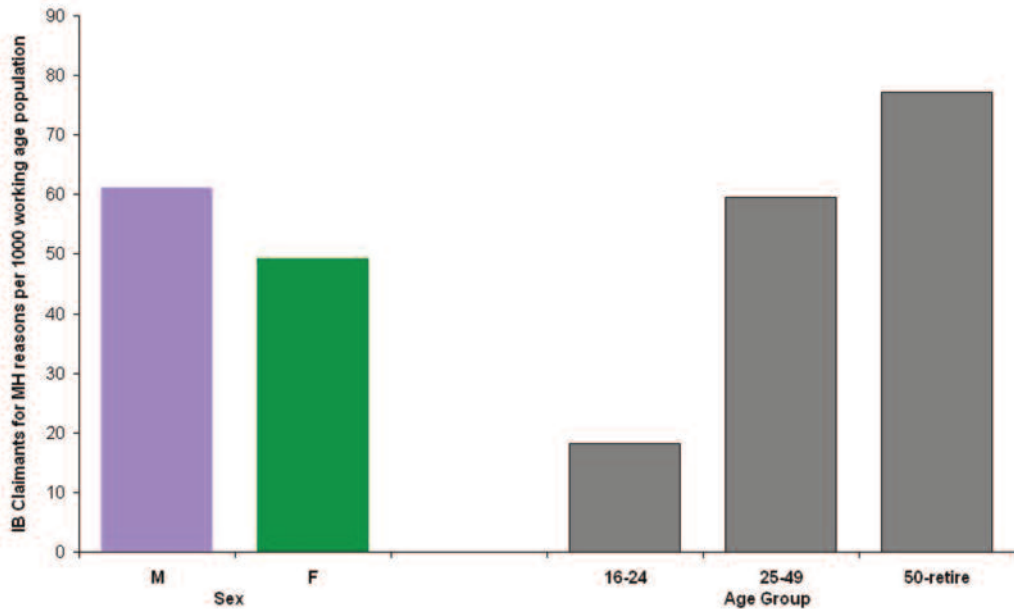
Ratio represents the highest to lowest; deprivation ratios are based on the first and last categories

**[§]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

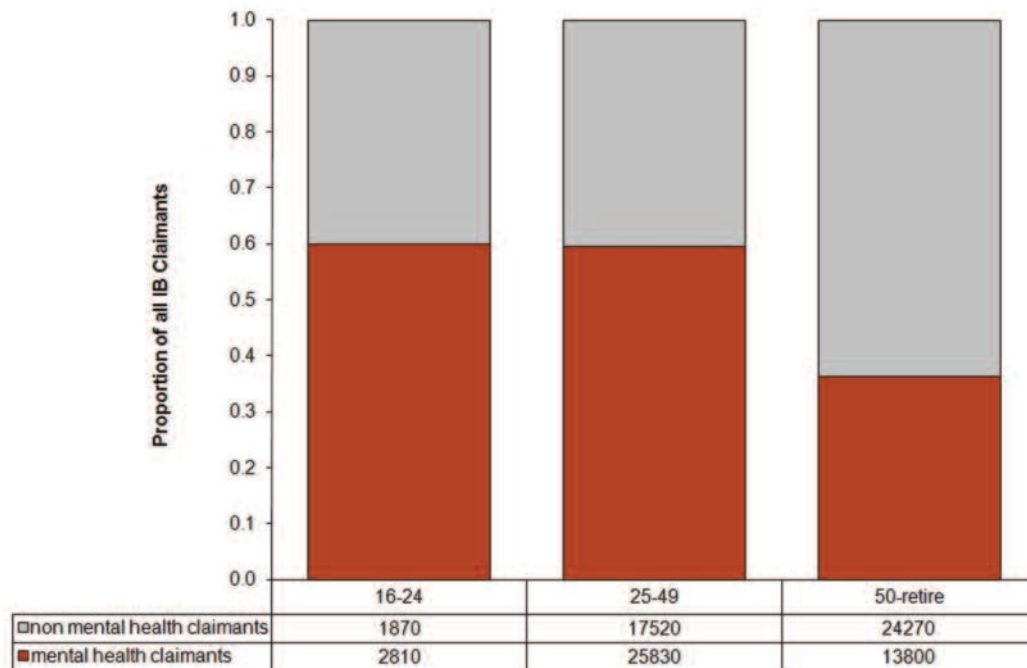
A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Social inclusion domain**

**Figure 42.3.1:** Incapacity benefit claimants for mental health reasons  
 Greater Glasgow & Clyde<sup>1</sup>, 2008



1: Excludes areas in North and South Lanarkshire

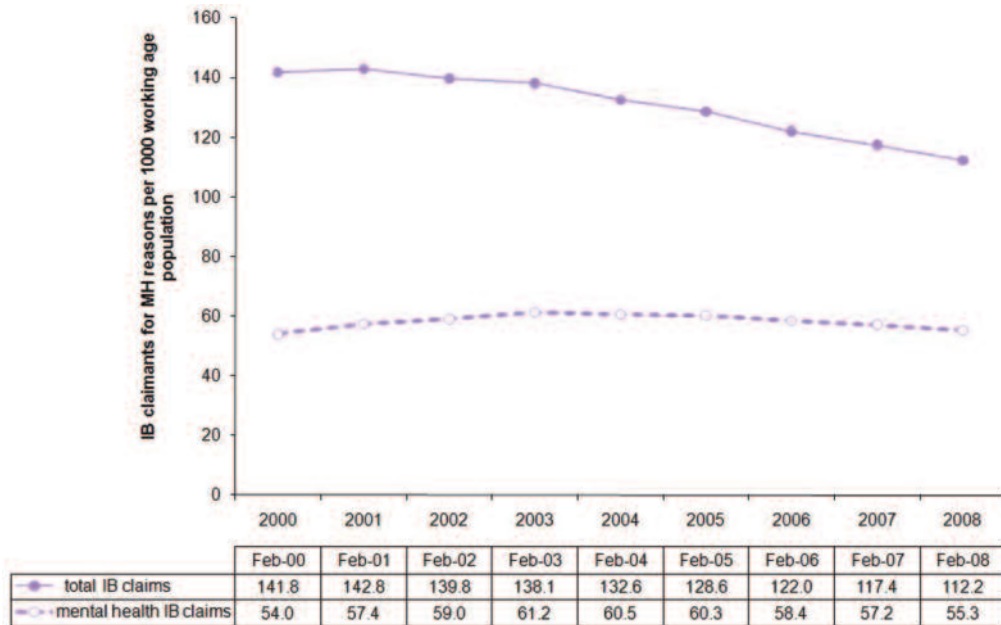
**Figure 42.3.2:** Number of incapacity benefit claimants: MH and non-MH claimants  
 Greater Glasgow & Clyde<sup>1</sup> by AGE, 2008



1: Excludes areas in North and South Lanarkshire

## Section 8. Social inclusion domain

**Figure 42.3.3:** Incapacity benefit claimants for mental health reasons Greater Glasgow & Clyde<sup>1</sup> over TIME



1: Excludes areas in North and South Lanarkshire

**Figure 42.3.4:** Incapacity benefit claimants for mental health reasons Greater Glasgow & Clyde<sup>1</sup> over TIME by AGE

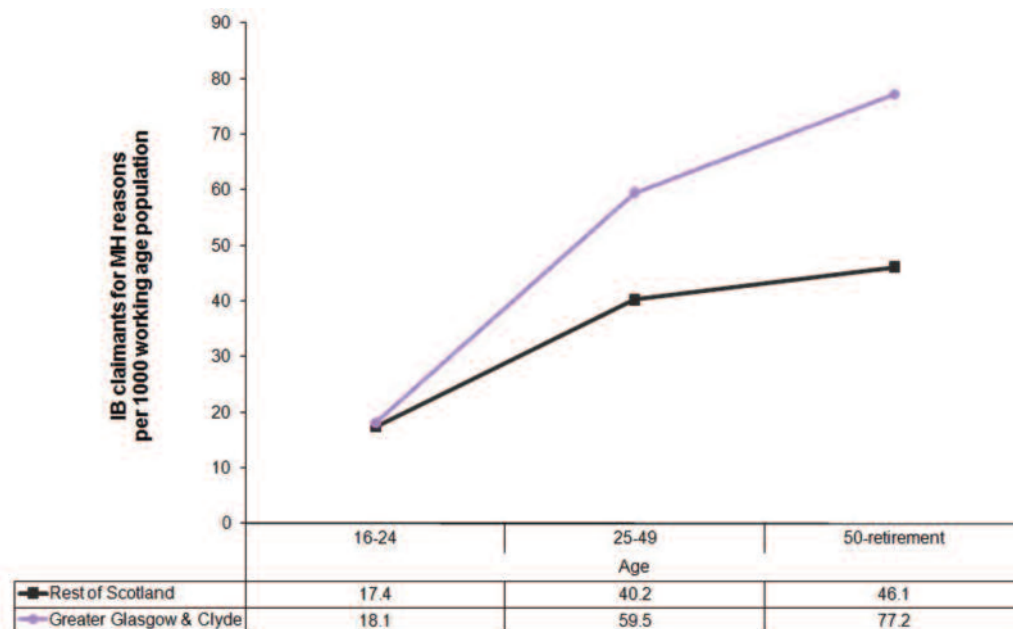


1: Excludes areas in North and South Lanarkshire

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

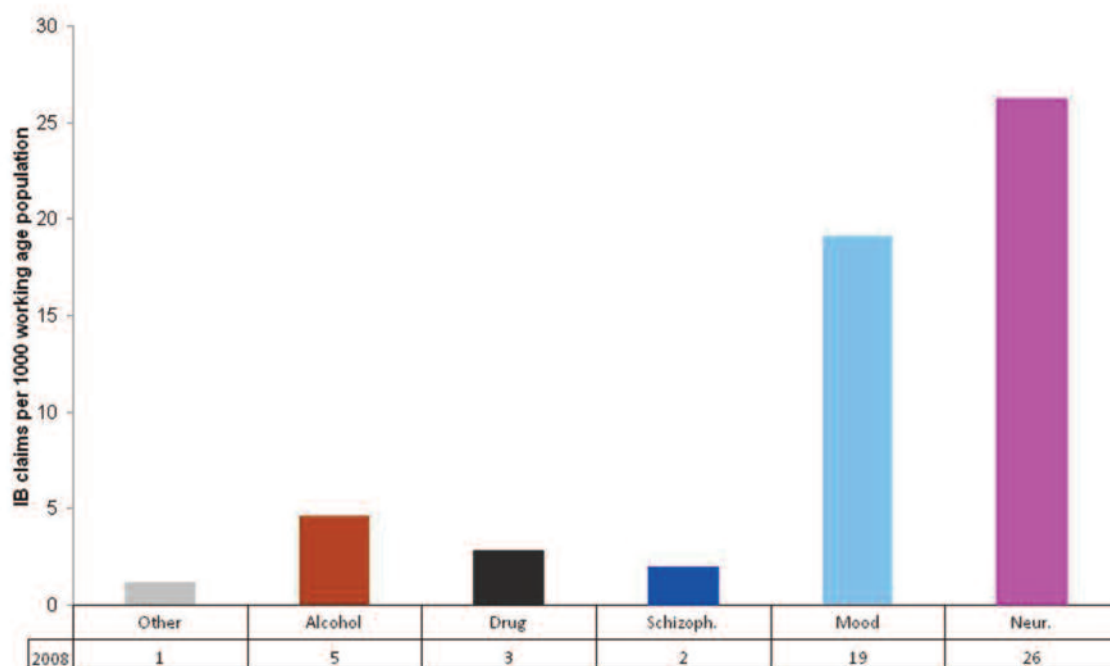
## Section 8. Social inclusion domain

**Figure 42.3.5:** Incapacity benefit claimants for mental health reasons Greater Glasgow & Clyde<sup>1</sup> and the rest of Scotland by AGE, 2008



1: Excludes areas in North and South Lanarkshire

**Figure 42.3.6:** Incapacity benefit claimants for mental health reasons Greater Glasgow & Clyde<sup>1</sup> by DIAGNOSIS<sup>2</sup>, 2008

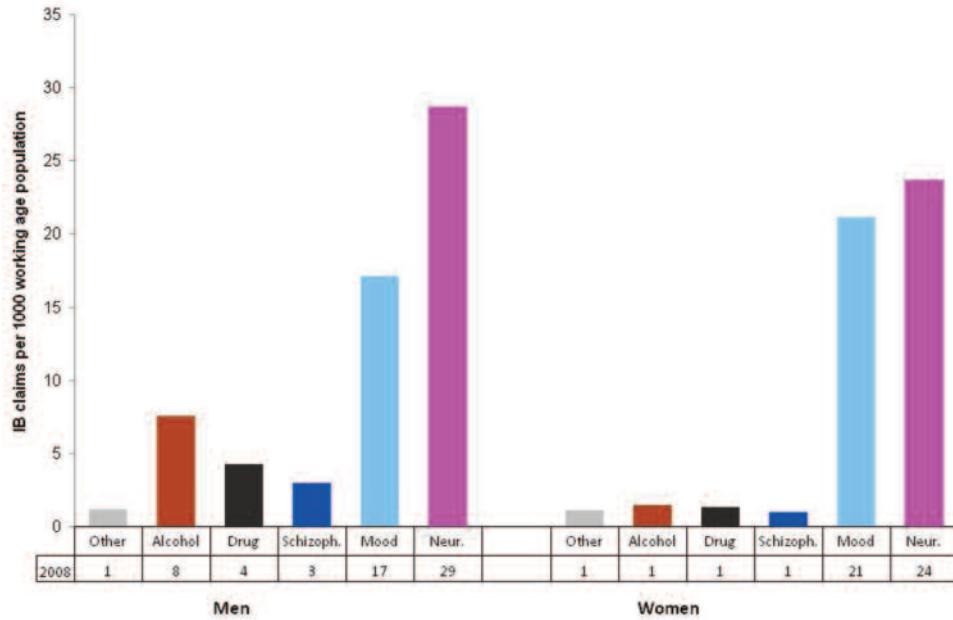


1: Excluding North and South Lanarkshire

2: Based on ICD-10 codes. See Table M.2, Methods (section 9)

## Section 8. Social inclusion domain

**Figure 42.3.7:** Incapacity benefit claimants for mental health reasons Greater Glasgow & Clyde<sup>1</sup> by DIAGNOSIS<sup>2</sup> and by SEX, 2008



1: Excluding North and South Lanarkshire

2: Based on ICD-10 codes. See Table M.2, Methods (section 9)

**Figure 42.3.8:** Incapacity Benefit claimants for mental health reasons Greater Glasgow & Clyde<sup>1</sup> by DIAGNOSIS<sup>2</sup> over TIME

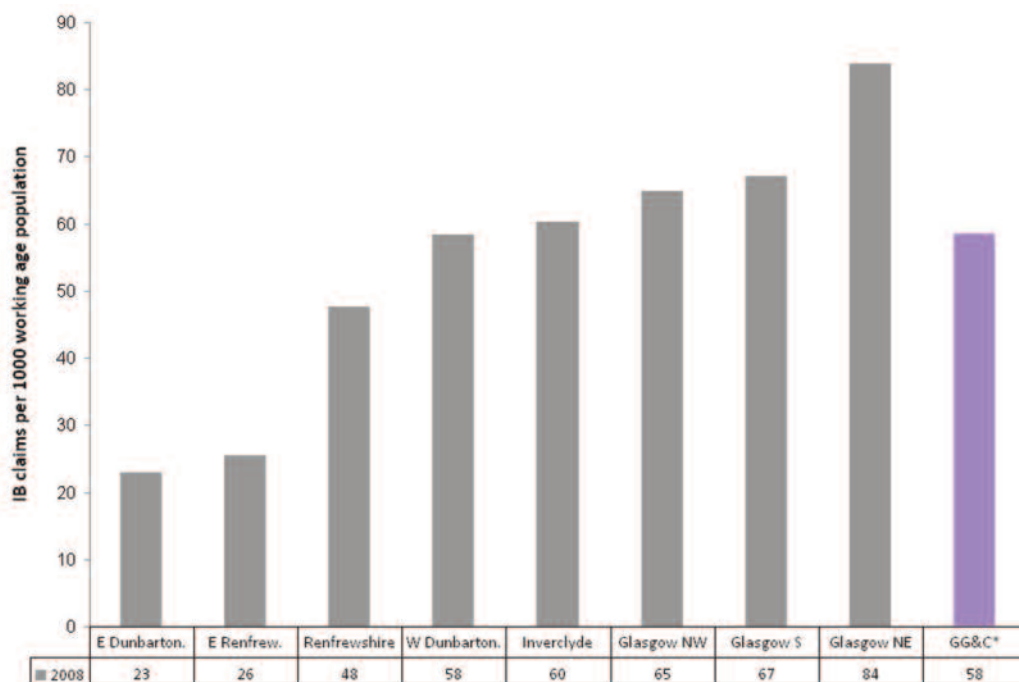


1: Excluding North and South Lanarkshire

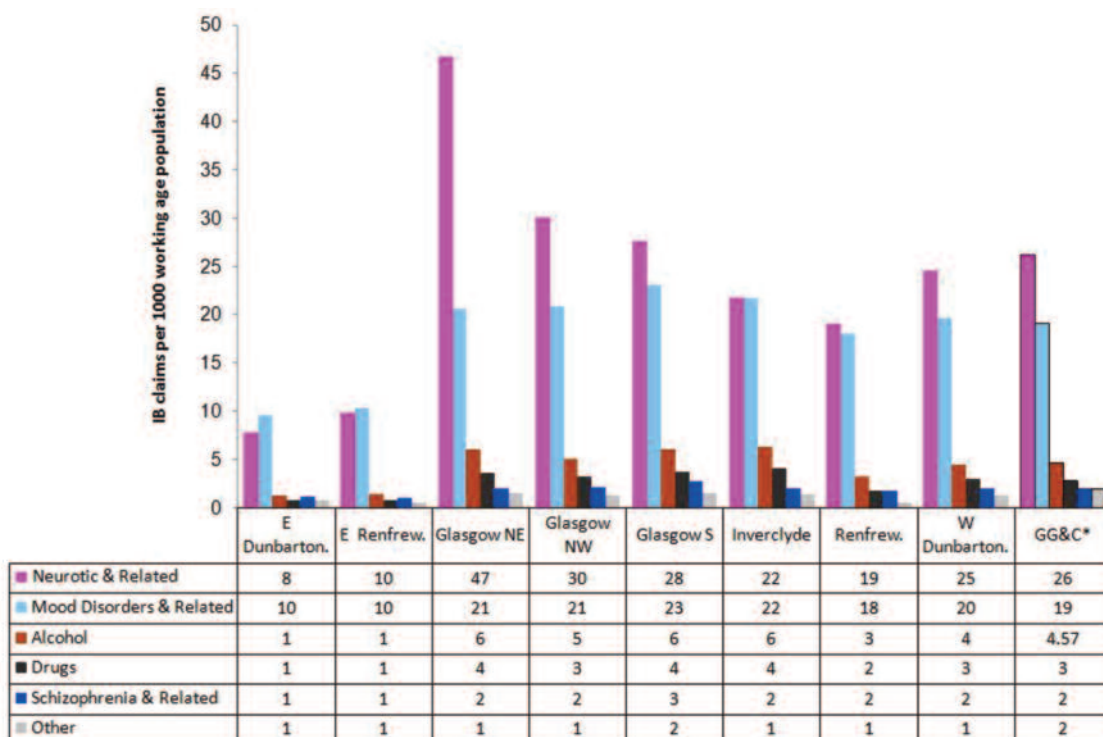
2: Based on ICD-10 codes. See Table M.2, Methods (section 9)

## Section 8. Social inclusion domain

**Figure 42.3.9:** Incapacity benefit claimants for mental health reasons<sup>1</sup>  
By local authority/sector, 2008



**Figure 42.3.10:** Incapacity benefit claimants for mental health reasons  
By local authority/sector by DIAGNOSIS<sup>1</sup>, 2008



1: Based on ICD-10 codes. See Table M.2, Methods (section 9)

\* Excludes North and South Lanarkshire

## Section 8. Social inclusion domain

### Interpretation points

Until October 2008, incapacity benefit (IB) was the key contributory benefit for people who were incapable of work because of illness or disability. In order to qualify for IB, claimants had to be incapable of work, not entitled to Statutory Sick Pay and have sufficient National Insurance contributions. IB was paid to women up to age 60 and to men up to age 65. The working age population was used as the denominator for these data.

IB was replaced by Employment and Support Allowance (ESA) for all new claimants in October 2008. Also, from 2011 all IB claimants will be re-assessed for ESA. ESA has a different criterion for eligibility, making it difficult to interpret trends across the two benefit schemes. For this reason IB data are presented only up to 2008.

For more information on incapacity benefit claims in GG&C, and the local authorities within the area, see the Scottish Observatory for Work and Health publications<sup>7</sup>.

<sup>7</sup> <http://www.gla.ac.uk/departments/hwlgroupp/scottishobservatoryforworkhealth>

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Social inclusion domain

### 43. Education

<b>Definition</b>	Percentage of working age adults <sup>i</sup> with at least one academic or vocational educational qualification		
<b>Source</b>	Annual Population Survey, 2008 (accessed through NOMIS)		
<b>GG&amp;C estimate<sup>ii</sup></b>	84% of adults had at least one academic or vocational educational qualification		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The vast majority of individuals had at least one qualification, with little difference in this indicator across different population groups.</li> <li>• There was no significant difference in educational attainment by sex.</li> <li>• The proportion with at least one qualification was marginally lower in the older population.</li> <li>• The proportion with at least one qualification varied by local authority (Figure 43.2 to 43.4).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	84	88	1.05 [§]

#### Inequalities in % of adults with 1+ qualification: GG&C<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio
	82	86	1.05 [NS]
<b>Age</b>	<b>16-24</b>	<b>25-49</b>	<b>50-retirement age</b>
	91	86	74
			Trend Marginal

**i:** Women aged 16–59 and men aged 16–64

**ii:** Excluding North and South Lanarkshire

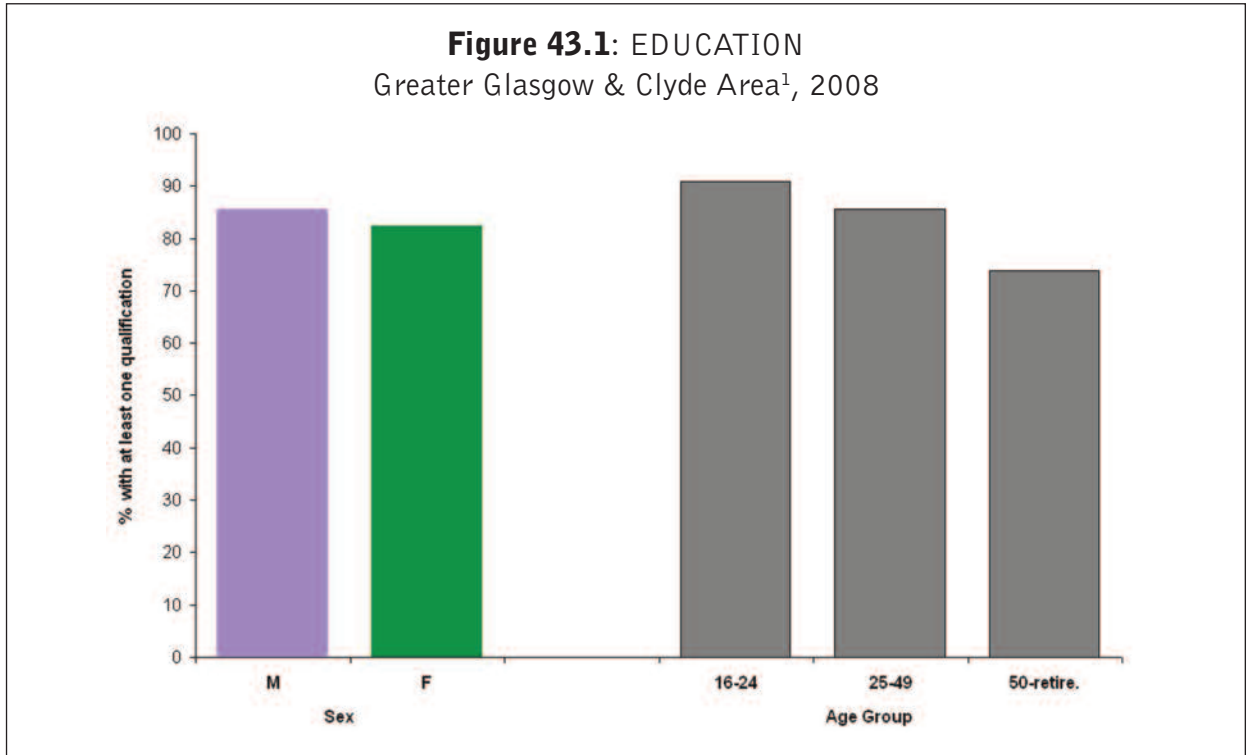
Ratio represents the highest to lowest.

**[§]:** Statistically significantly different from 1

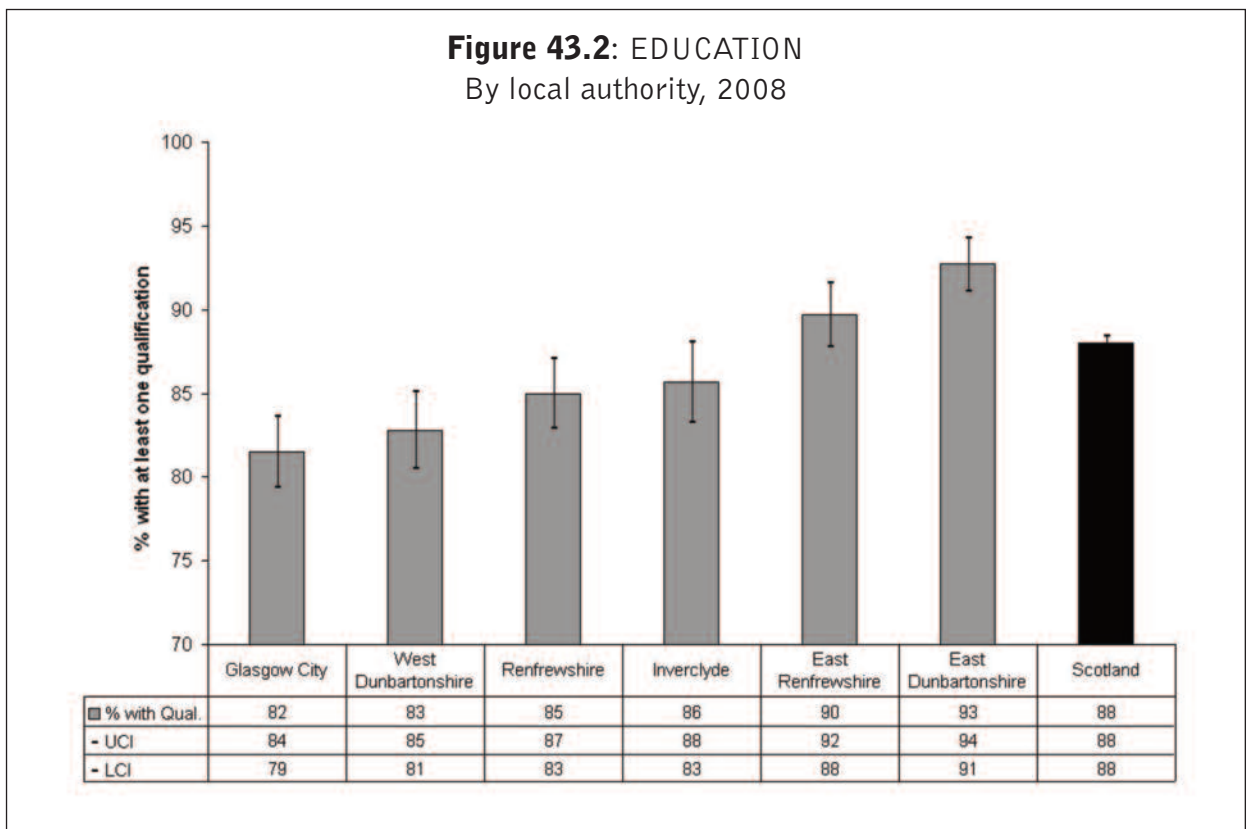
**[NS]:** Meaningful difference but not statistically significantly different from 1



## Section 8. Social inclusion domain

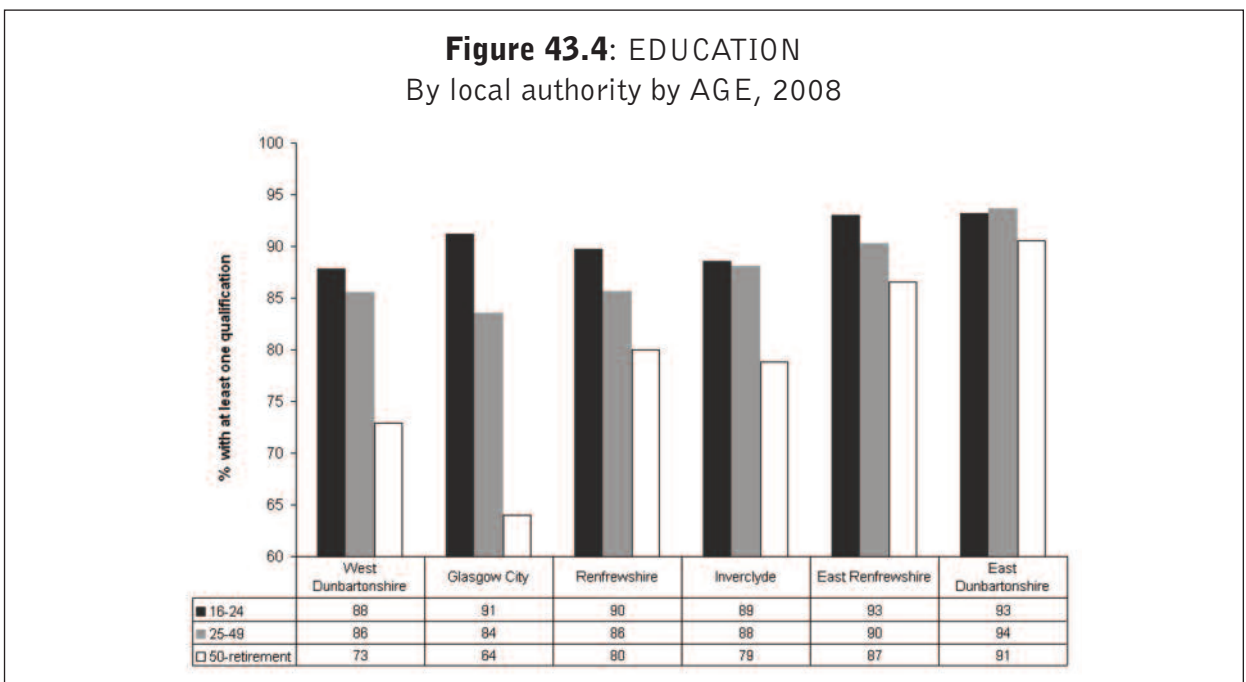
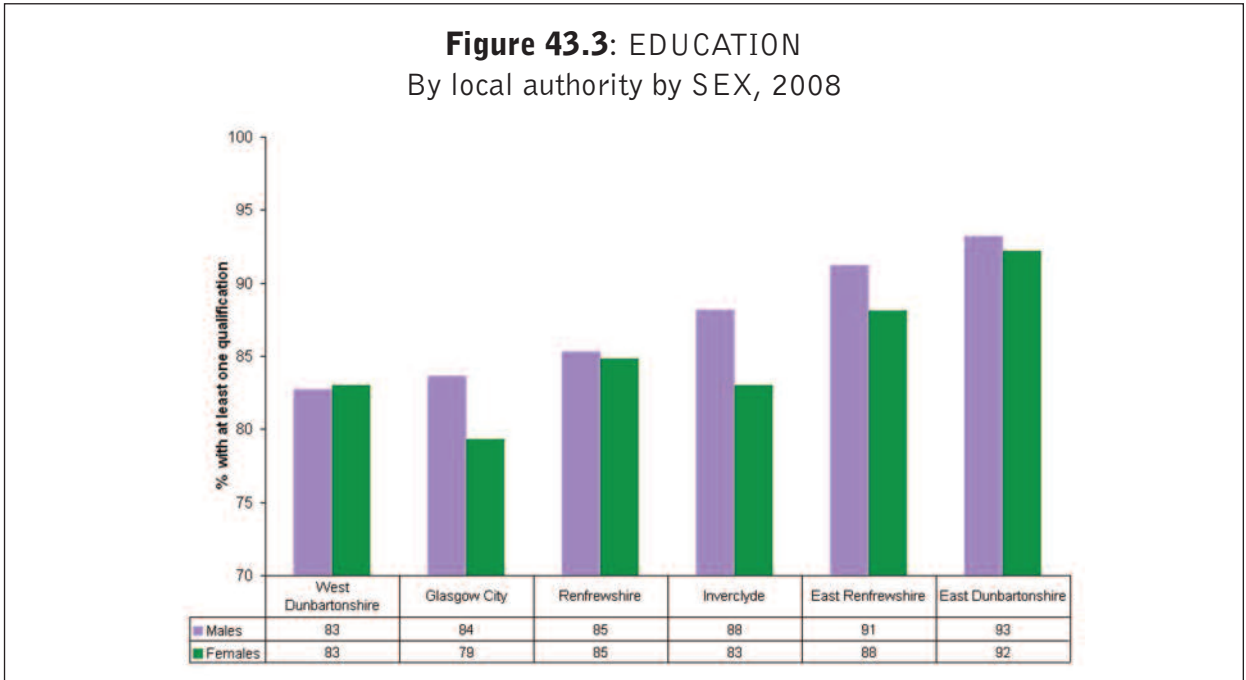


1: Excluding North and South Lanarkshire



**UCI:** upper confidence limit; **LCI:** lower confidence limit

## Section 8. Social inclusion domain



### Interpretation points

There have been major changes in access to education over recent decades, with much larger proportions of the population receiving at least some further education. This means that educational norms are different by generation. This indicator will be reflecting these structural changes together with any inequalities across populations.

Other measures, such as university degree, would present a slightly different picture of education-related social inclusion, highlighting different inequalities.



## Discrimination domain

- 44. *Victim of discrimination*
- 45. *Perception of racial discrimination in Scotland*
- 46. *Victim of harassment*

## Section 8. Discrimination domain

### Summary

#### **Ethnicity**

Minority ethnic groups were three times more likely to have experienced discrimination<sup>8</sup> in the previous year, but were *less* likely than non-minority groups to think racial discrimination was a big problem. This possibly reflects lower expectations for tolerance among minority ethnic groups.

#### **Age**

Young people had worse outcomes for all three indicators in this domain. There are many factors that could be driving this association including: differences in experience of discrimination and harassment across age, differences in awareness and expectations and/or differences in population characteristics across age groups which might make younger individuals more likely to be victims of discrimination and harassment.

#### **Greater Glasgow & Clyde**

Levels of discrimination and harassment in GG&C were similar to the rest of Scotland, although the proportion who perceived discrimination to be a big problem was higher in GG&C.

In the rest of Scotland there was very little difference in the level of discrimination and harassment by area deprivation, contrasting with that seen in GG&C. In GG&C those in the most deprived areas were more likely to be victims of both discrimination (Figure 44.2) and harassment (Figure 46.2). Is it unclear if this difference in patterning across area deprivation is related to the different deprivation profiles for GG&C and the rest of Scotland, or related to a more fundamental difference in the patterns of tolerance.

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<sup>8</sup> Includes discrimination because of accent, ethnicity, age, language, colour, nationality, mental ill-health, disability or other health problems, sex, religion, sexual orientation, location of residence or any other reason.

## Section 8. Discrimination domain

### 44. Victim of discrimination

<b>Definition</b>	Percentage of adults (16yrs+) who report being unfairly treated or discriminated against in the previous year.		
<b>Source</b>	Scottish Health Survey, 2009, Schedule A <sup>i</sup>		
<b>GG&amp;C estimate</b>	12% of adults were a victim of discrimination in the previous year		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• A sizable minority reported being the victim of discrimination in the previous year, with highest levels seen in ethnic minorities and in the young.</li> <li>• The percentage reporting discrimination was similar in GG&amp;C and the rest of Scotland.</li> <li>• There was little difference in the proportion of men and women being a victim of discrimination.</li> <li>• Unlike most other indicators, discrimination did not vary by area deprivation or occupational group in Scotland; this contrasted with the pattern in GG&amp;C (Figure 44.2).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	12	11	1.1 [NS]

#### Inequalities in % who experienced discrimination: **Scotland**<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio			
	12	11	1.1 [NS]			
<b>Age</b>	<b>16-54</b>	<b>55+</b>	Trend			
	14	7	Strong			
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	11	11	11	12	12	1.1 [NS]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio		
	10	13	11	1.1 [NS]		
<b>Ethnicity</b>	<b>Ethnic Minority</b> <sup>iii</sup>	<b>Other</b>	Ratio			
	30	10	3 [\$]			

**i:** Scottish Health Survey pre-revised weights used (see Methods in section 9 for more information)

**ii:** The sample from GG&C was too small to accurately describe this indicator across the different population groups

**iii:** An individual was defined being from an ethnic minority if they reported their ethnicity as anything other than white Scottish, English, (Northern) Irish or British (with the exception of those with unknown ethnicity or who refused to answer the question).

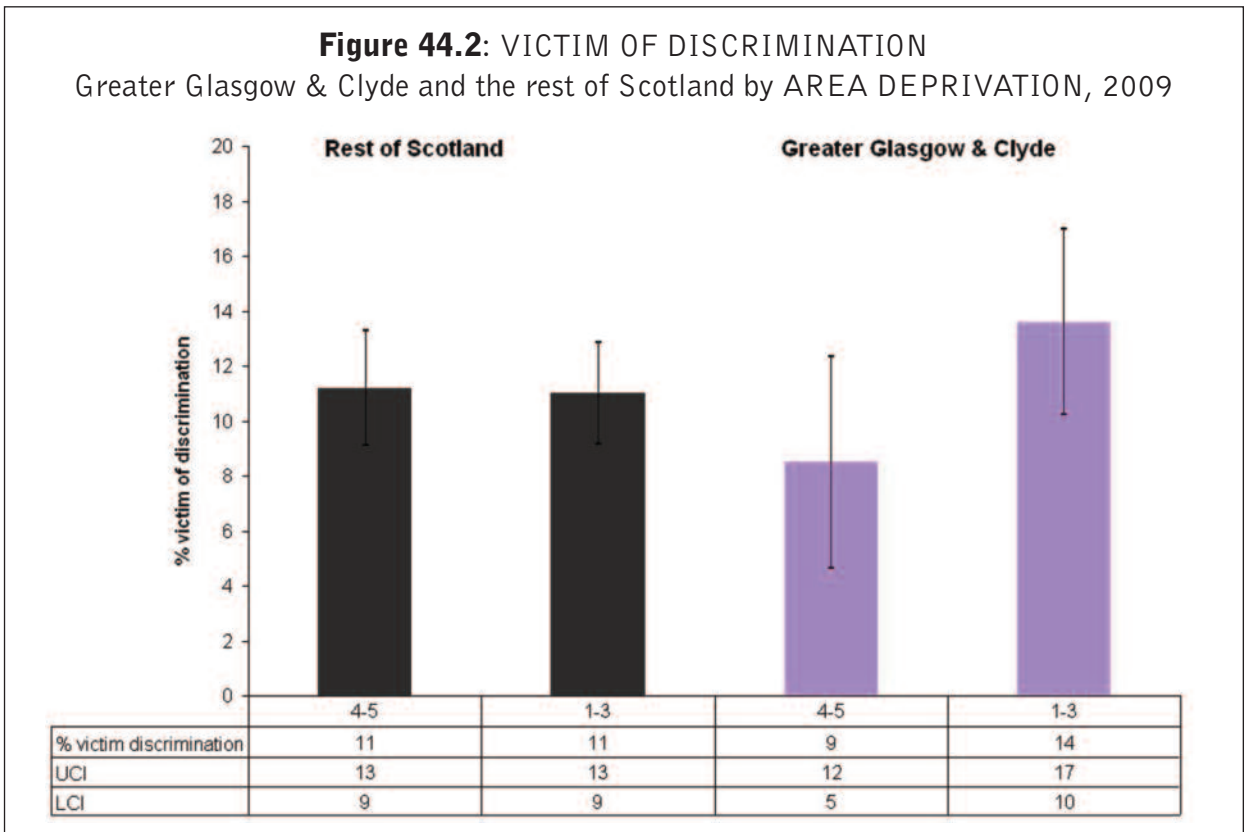
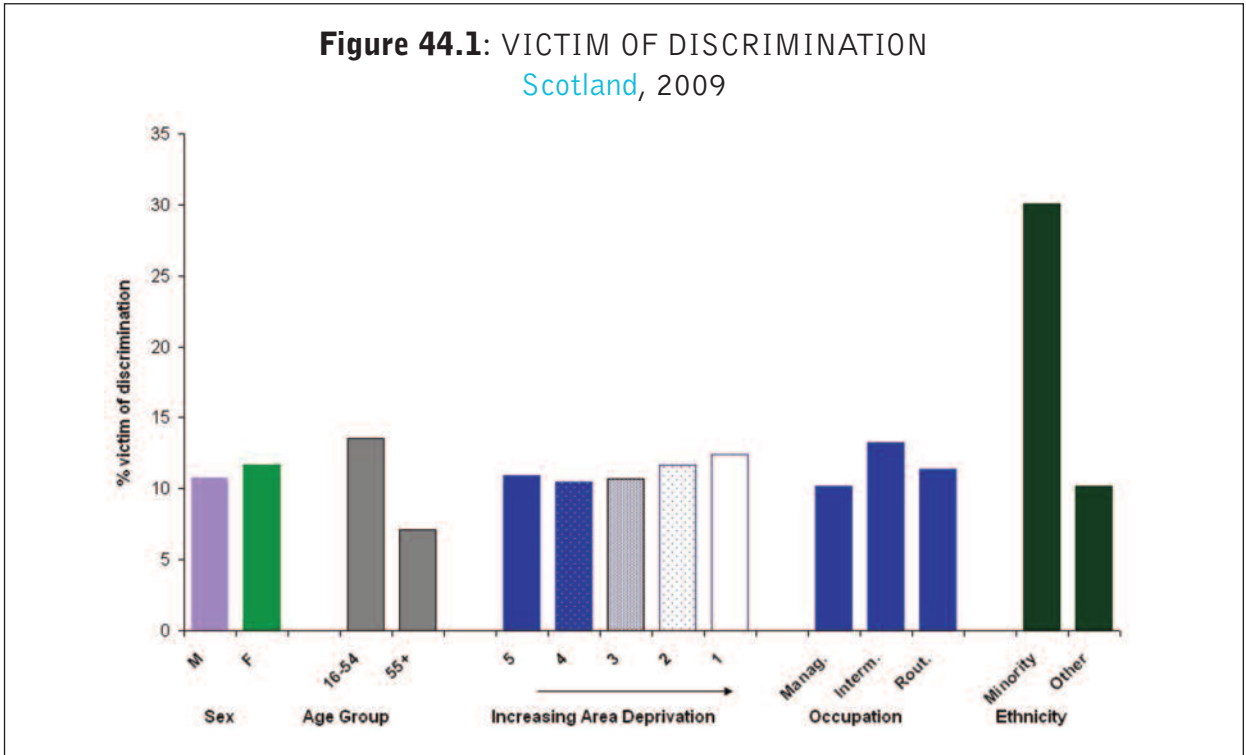
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[\$]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Discrimination domain**



Difference between SIMD categories was not statistically significant for either GG&C or the RofS, although the GG&C data just failed to reach significance ( $p=0.065$ )

**4-5:** least deprived; **1-3:** most deprived

**UCI:** upper confidence limit; **LCI:** lower confidence limit

## Section 8. Discrimination domain

### Interpretation points

The question in the Scottish Health Survey used to describe this indicator was in Schedule A, which was only asked of a proportion of respondents, resulting in a relatively small GG&C sample. For this reason the inequality analysis was based on the total sample (i.e. all of Scotland), and not limited to GG&C. This was to ensure that the sample was large enough to provide robust estimates.

The estimate for those in the 'intermediate' occupations in GG&C deviated from the trend expected – this is most likely due to the small sample for GG&C in this category in the Scottish Health Survey dataset and possibly the miscellaneous nature of this occupational category (see Methods in section 9 for more information).

Discrimination includes discrimination because of accent, ethnicity, age, language, colour, nationality, mental ill-health, disability/other health problems, sex, religion, sexual orientation, location of residence or any other reason (see Methods in section 9 for more information).

## Section 8. Discrimination domain

### 45. Perception of racial discrimination in Scotland

<b>Definition</b>	Percentage of adults (16yrs+) who think racial discrimination is a big problem in Scotland		
<b>Source</b>	Scottish Crime and Justice Survey, 2008		
<b>GG&amp;C estimate</b>	19% of adults felt that racial discrimination is a big problem in Scotland		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Just under one in five adults in GG&amp;C felt that racial discrimination is a big problem in Scotland, this is moderately higher than in the rest of Scotland.</li> <li>• Women and young adults were significantly more likely to think racial discrimination was a big problem.</li> <li>• Large fluctuations in the data in GG&amp;C across area deprivation made interpretation difficult. In the rest of Scotland a moderate increase in racial discrimination was seen with increasing deprivation (Figure 45.3).</li> <li>• There was a moderate association between perceptions of racial discrimination and occupational group.</li> <li>• Surprisingly, ethnic minorities were marginally, but significantly, <i>less</i> likely to think racial discrimination was a problem compared to non-minority groups.</li> <li>• Estimates varied by local authority (Figure 45.2).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	19	15	1.3 [ \$ ]

#### Inequalities in % who think racial discrimination is a big problem in Scotland: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>			Ratio	
	21	16			1.3 [ \$ ]	
<b>Age</b>	<b>16-29</b>	<b>30-44</b>	<b>45-59</b>	<b>60+</b>	Trend	
	23	19	21	12	Strong	
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	18	14	19	22	19	unclear
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>		<b>Routine &amp; manual</b>	Ratio	
	18	20		23	1.3 [ \$ ]	
<b>Ethnicity</b>	<b>Ethnic Minority</b>	<b>Other</b>			Ratio	
	17	19			1.1 [ \$ ]	

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[ \$ ]**: Statistically significantly different from 1

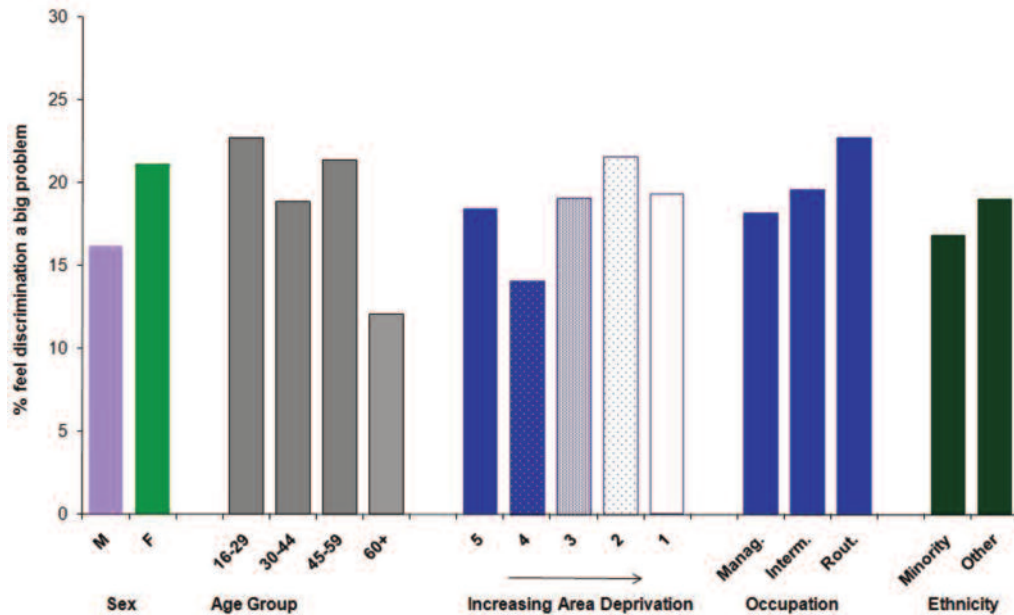
**[ NS ]**: Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

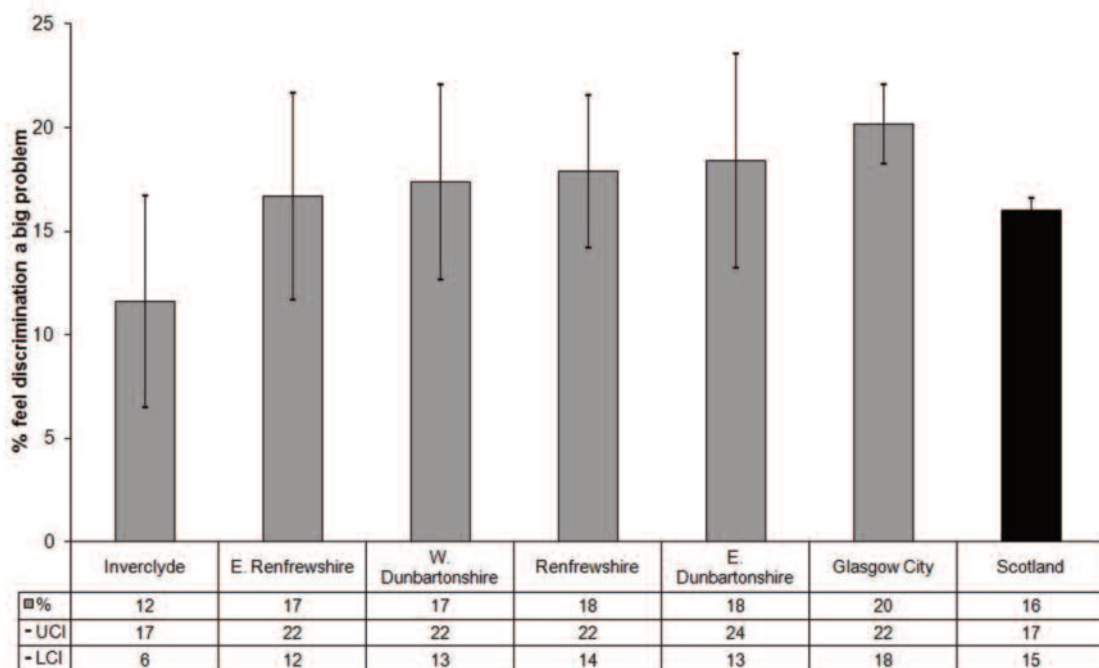


## Section 8. Discrimination domain

**Figure 45.1:** PERCEPTION OF RACIAL DISCRIMINATION IN SCOTLAND  
Greater Glasgow & Clyde, 2008

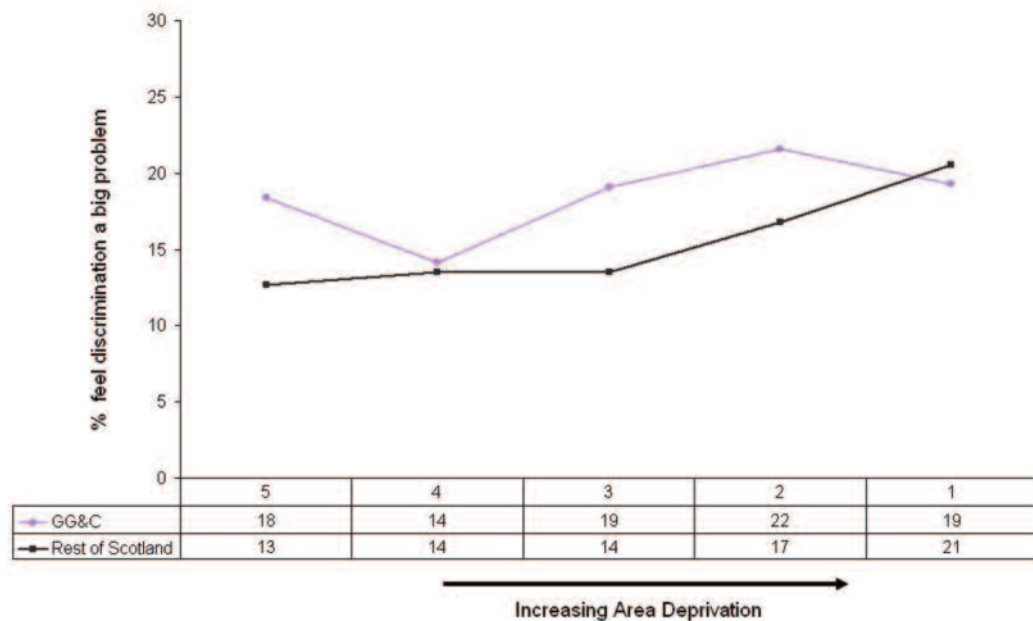


**Figure 45.2:** PERCEPTION OF RACIAL DISCRIMINATION IN SCOTLAND  
By local authority, 2008



## Section 8. Discrimination domain

**Figure 45.3:** PERCEPTION OF RACIAL DISCRIMINATION IN SCOTLAND  
Greater Glasgow & Clyde and the rest of Scotland, by AREA DEPRIVATION, 2008



### Interpretation points

Although the question asks about racial discrimination in Scotland as a whole, respondents are likely to draw on their experience to answer the question and will therefore reflect, in part, the situation in their area. This indicator will, therefore, be affected by the ethnic mix in the respondent's neighbourhood. An area with seemingly low levels of perceived racial discrimination may be reflecting little ethnic minority presence rather than ethnic harmony.

## Section 8. Discrimination domain

### 46. Victim of harassment

<b>Definition</b>	Percentage of adults (16yrs+) who have experienced harassment or abuse in the previous year, 2009
<b>Source</b>	Scottish Health Survey, 2009, Schedule A <sup>i</sup>
<b>GG&amp;C estimate</b>	7% of adults experienced harassment in the previous year
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Unlike most other indicators, GG&amp;C performed slightly better on this indicator than the rest of Scotland, although the difference did not reach significance.</li> <li>• Reported harassment was similar for men and women in Scotland.</li> <li>• Younger adults were over twice as likely to experience harassment as older adults.</li> <li>• Being a victim of harassment was moderately related to area deprivation, but not occupational group. The patterning by area deprivation in GG&amp;C was stronger than in the rest of Scotland (Figure 46.2).</li> <li>• Those from ethnic minorities were over three times as likely to report being harassed than other groups.</li> </ul>

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	7	8	1.1 [NS]

#### Inequalities in % who experienced harassment: **Scotland**<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio			
	7	8	1.1 [NS]			
<b>Age</b>	<b>16-54</b>	<b>55+</b>	Trend			
	10	4	Strong			
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	7	6	7	10	10	1.4 [\$]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio		
	7	6	8	1.1 [NS]		
<b>Ethnicity</b>	<b>Ethnic Minority</b> <sup>iii</sup>	<b>Non Ethnic Minority</b>	Ratio			
	22	7	3.1 [\$]			

**i:** Scottish Health Survey pre-revised weights used (see Methods in section 9 for more information)

**ii:** The sample from GG&C was too small to accurately describe this indicator across the different population groups

**iii:** An individual was defined being from an ethnic minority if they reported their ethnicity as anything other than white Scottish, English, (Northern) Irish or British (with the exception of those with unknown ethnicity or who refused to answer the question).

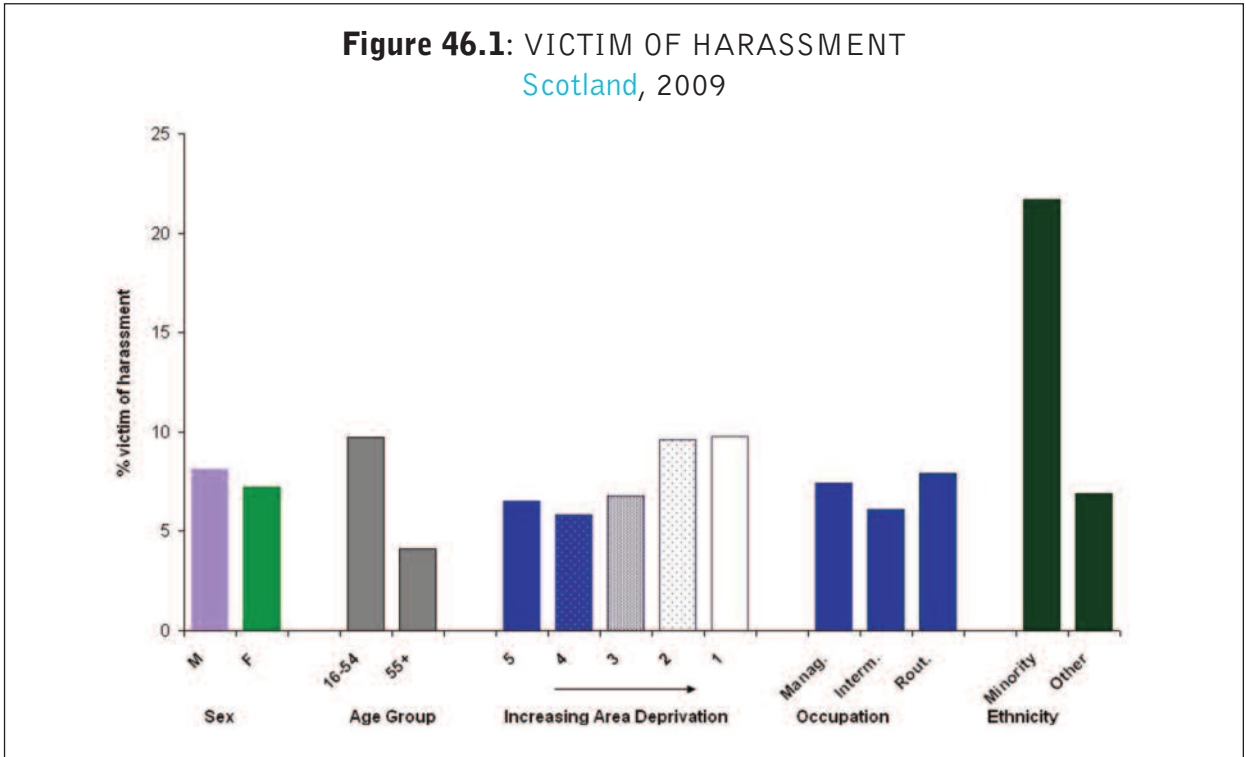
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[\$]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Discrimination domain**



The difference between deprivation areas was statistically significant in GG&C but not in the rest of Scotland  
**UCI:** upper confidence limit; **LCI:** lower confidence limit

## Section 8. Discrimination domain

### Interpretation points

The question in the Scottish Health Survey used to describe this indicator was in Schedule A, which was only asked of a proportion of respondents, resulting in a relatively small GG&C sample. For this reason the inequality analysis was based on the total sample (i.e. all of Scotland), and not limited to GG&C. This was to ensure that the sample was large enough to provide robust estimates.

Harassment includes harassment because of accent, ethnicity, age, language, colour, nationality, mental ill-health, disability/other health problems, sex, religion, sexual orientation, location of residence or any other reason (see Methods in section 9 for more information).





## Financial security domain

*47. Financial management*

*48. Financial inclusion*

## Section 8. Financial security domain

### Summary

Only half of those from GG&C reported that their household could manage financially very or quite well.

The majority of the population had access to a bank, building society, credit union or post office account. However, it could be argued that post office accounts, which until recently did not have the same financial services as bank/building society current accounts (e.g. no cheque book or overdraft facility), do not equate to the current 'norms' for financial services.



## Section 8. Financial security domain

### 47. Financial management

<b>Definition</b>	Percentage of households managing very or quite well financially these days		
<b>Source</b>	Scottish Household Survey, 2007-2008		
<b>GG&amp;C estimate</b>	48% of households reported managing very or quite well financially		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Less than half of all respondents in GG&amp;C report managing very or quite well financially; marginally, but significantly, lower than in the rest of Scotland.</li> <li>• Inequalities by sex have not been presented as this is a household-based measure.</li> <li>• The percentage managing very or quite well financially increased moderately with age; although a slightly higher percentage of those in the younger age group (16-24 years) reported managing very or quite well financially, possibly reflecting the absence of dependents in the household.</li> <li>• There was a moderate to strong relationship between managing financially and both area deprivation and occupational group, as might be expected for a finance-related indicator.</li> <li>• The percentage managing well financially varied by local authority (Figure 47.2).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b> 48	<b>Rest of Scotland</b> 54	Ratio 1.1 [ \$ ]

#### Inequalities in % managing very or quite well financially: GG&C

Age	16-24	25-34	35-44	45-59	60-74	75+	Trend
	48	41	40	46	53	63	Moderate
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b> 65	<b>4</b> 58	<b>3</b> 52	<b>2</b> 46	<b>1 (most deprived)</b> 37		Ratio 1.8 [ \$ ]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b> 63		<b>Intermediate</b> 46		<b>Routine &amp; manual</b> 37		Ratio 1.7 [ \$ ]

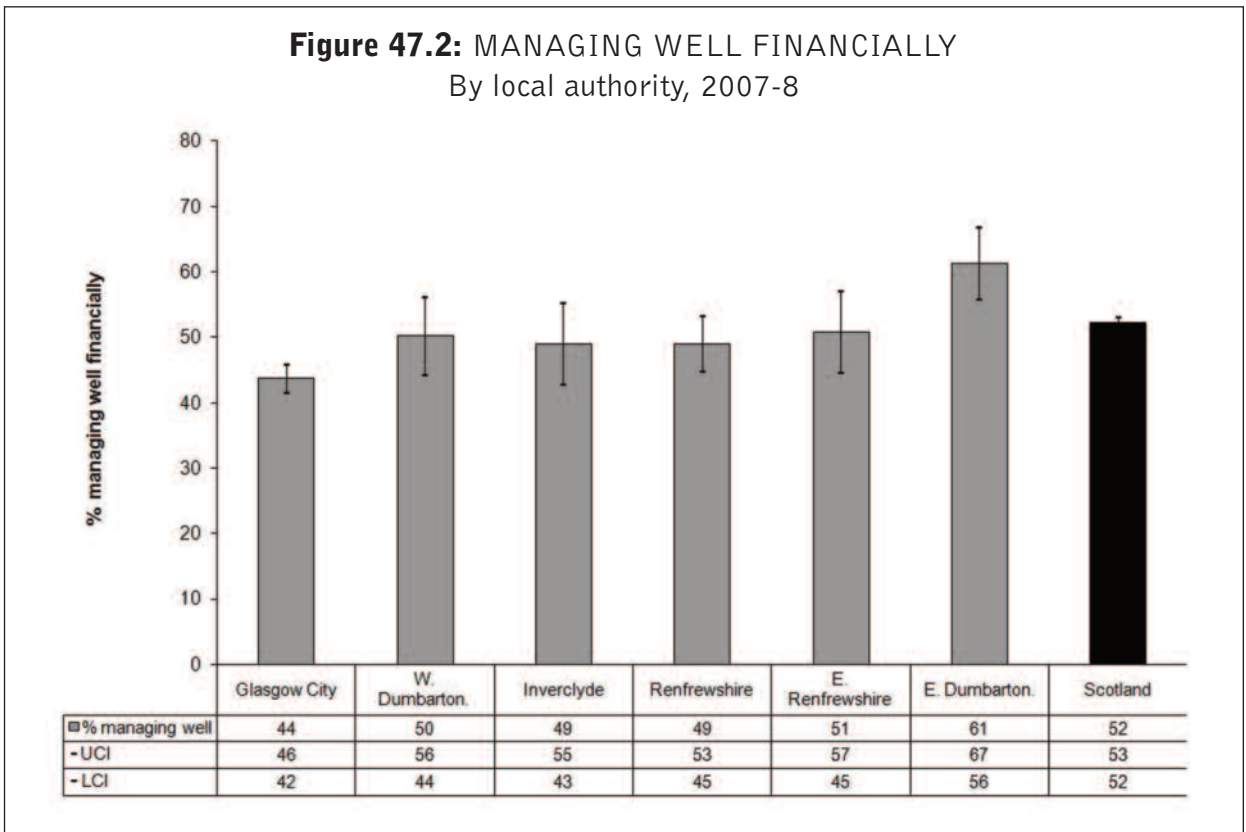
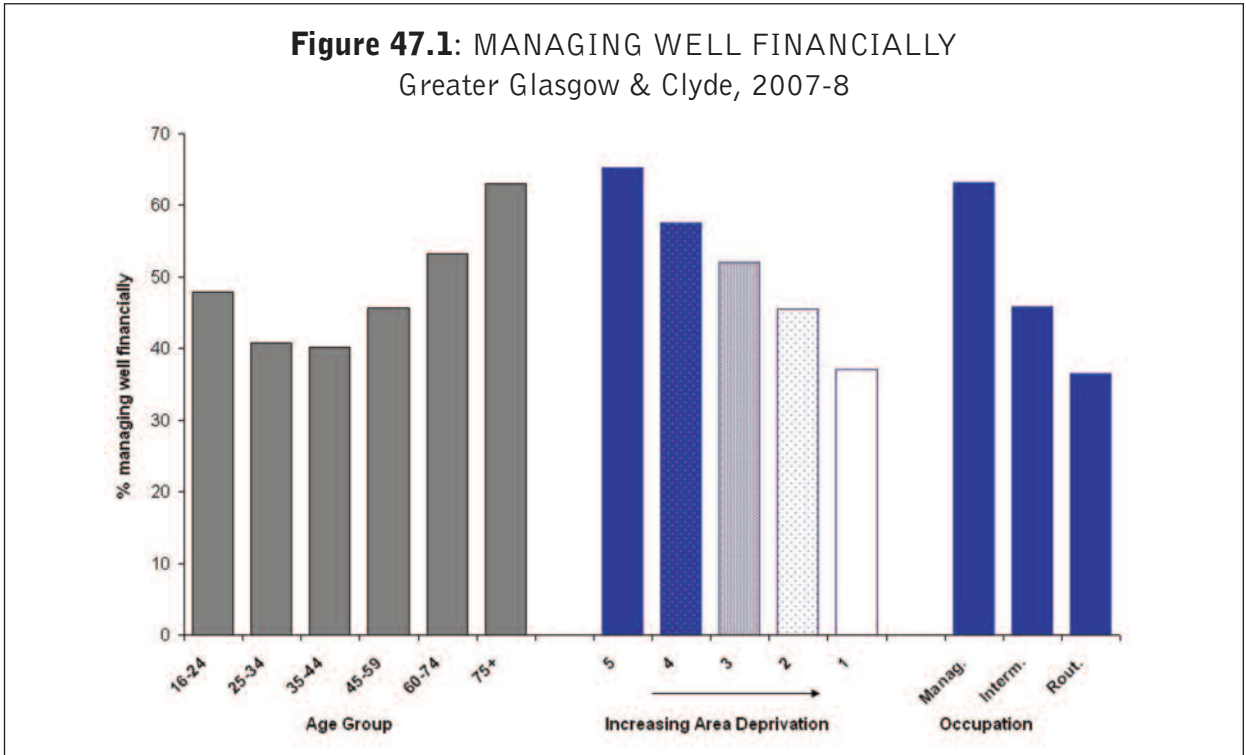
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[\$]**: Statistically significantly different from 1

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For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Financial security domain**



UCI: upper confidence limit; LCI: lower confidence limit

## Section 8. Financial security domain

### 48. Financial inclusion

<b>Definition</b>	Percentage of households with access to a bank, building society, credit union or post office card account		
<b>Source</b>	Scottish Household Survey, 2007-2008		
<b>GG&amp;C estimate</b>	98% of households had access to a bank, building society, credit union or post office card account		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• There was little variation across geographies or populations in this indicator of financial inclusion.</li> <li>• Older households (75 yrs+) and those in the most deprived quintile were marginally, but significantly, less likely to be financially included than younger adults and those in the least deprived quintile.</li> <li>• The percentage financially included varied only minimally by local authority (Figure 48.2).</li> </ul>		

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	98	99	1

#### Inequalities in % financially included: GG&C

<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-59</b>	<b>60-74</b>	<b>75+</b>	Trend
	98	99	98	99	99	97	Marginal
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>		Ratio
	100	99	99	99	97		1.03 [ \$ ]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>		<b>Intermediate</b>		<b>Routine &amp; manual</b>		Ratio
	99		100		99		1

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

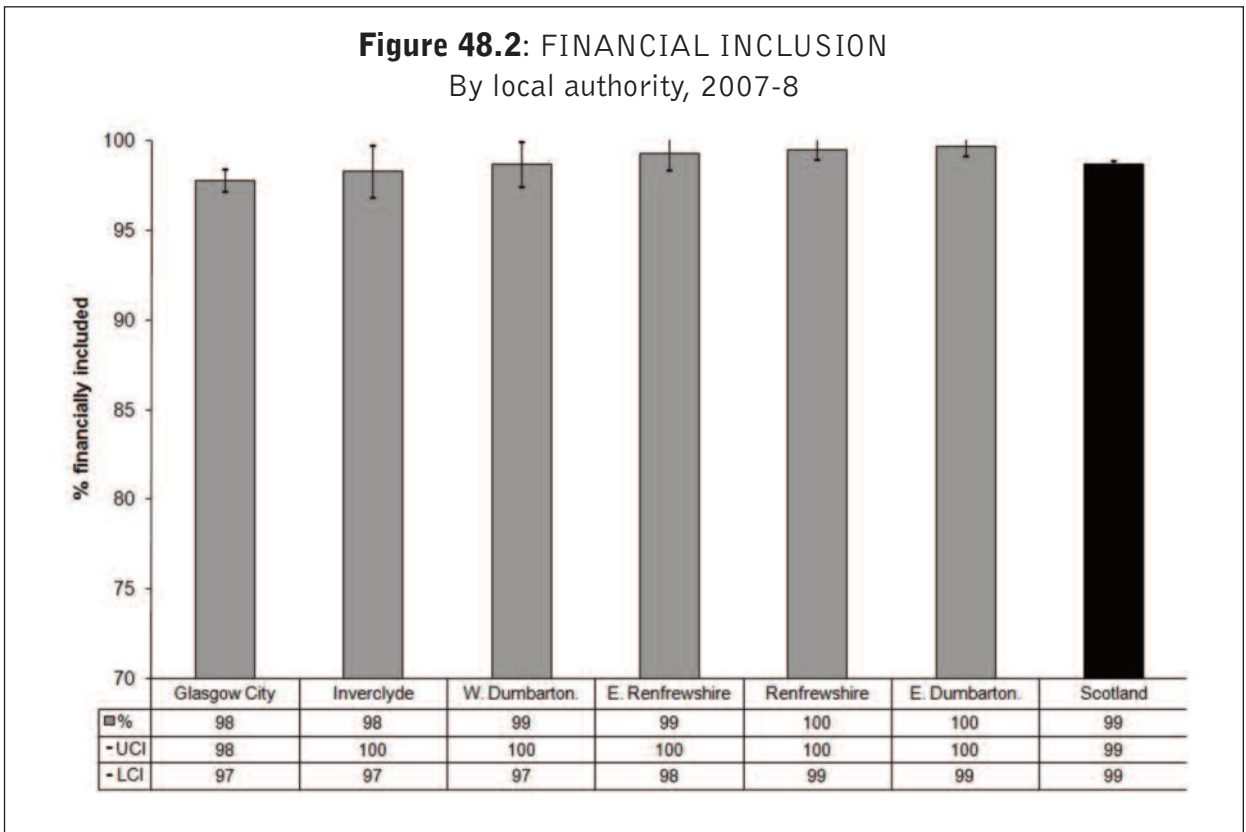
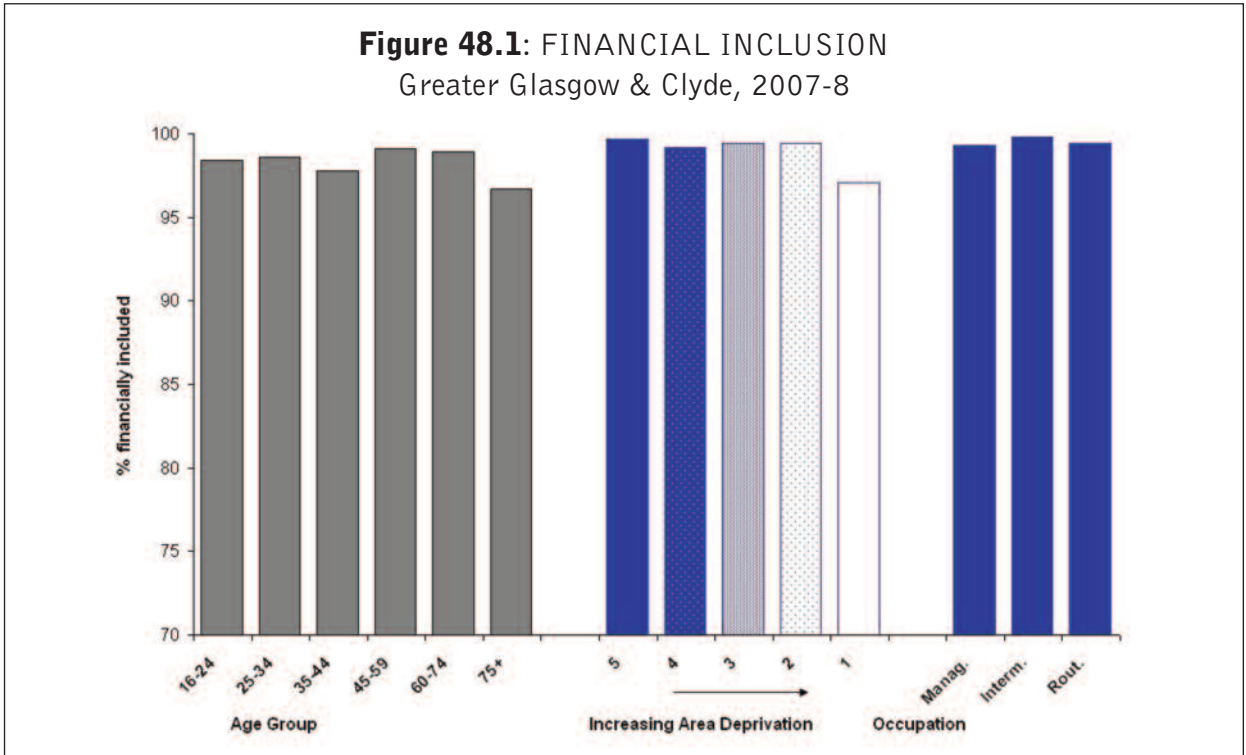
**[ \$ ]**: Statistically significantly different from 1

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For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Financial security domain



UCI: upper confidence limit; LCI: lower confidence limit



## Physical environment domain

- 49. *Neighbourhood satisfaction*
- 50. *Noise*
- 51. *Greenspace*
- 52. *Housing condition*
- 53. *Overcrowding [objective and subjective]*

## Section 8. Physical environment domain

This domain provides information about the immediate environment of individuals. Most of these indicators are subjective and as such they reflect peoples' expectations and requirements from the physical environment as well as the quality of that environment. The subjective measure of overcrowding (indicator 53.1) was augmented with additional data providing information on objective overcrowding, using the 'Bedroom standard'<sup>9</sup> (indicator 53.2).

### Summary

Overall, the majority of people reported satisfaction with the various aspects included in this domain, although there were variations across population groups.

#### Sex

Across four of the five indicators in this domain women tended to perform marginally less well than men, although differences did not always reach statistical significance. Women were marginally more likely to be bothered by neighbourhood noise than men, men were 10% more likely to report access to adequate greenspace and women were 10% more likely to report having too few rooms in their home. These differences across the sexes suggest that, at a population level, women have more needs and higher expectations from their physical environment.

Given the differences highlighted above it is interesting that neighbourhood satisfaction was similar in men and women. This suggests that women have a different relationship with their neighbourhood than men. These differences between the sexes will be important to explore, especially for agencies working at the community level.

#### Age

Across these indicators older adults performed well. Possibly older adults have moderated their expectations to their environment and modified their environment to suit their needs and expectations.

#### Subjective and objective measures

Variation in the objective measure of overcrowding (indicator 53.2) across population groups was greater than that in the subjective measure (indicator 53.1). This may reflect different expectations within communities. For example, if individuals in an area where overcrowding is common compare their situations with those around them they may be less likely to feel they live in overcrowded conditions than those living in similar conditions but in an area where overcrowding is less common.

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<sup>9</sup> The 'Bedroom standard' is a recognised measure of overcrowding. It allocates a required number of bedrooms to a household depending on the age, gender and marital status of each occupant. This is then compared with the actual number of bedrooms in the dwelling. If actual number of bedrooms is less than the required number of bedrooms the dwelling is considered overcrowded.

## Section 8. Physical environment domain

### 49. Neighbourhood satisfaction

<b>Definition</b>	Percentage of adults (16yrs+) who feel their neighbourhood is a very or fairly good place to live		
<b>Source</b>	Scottish Household Survey, 2007-2008		
<b>GG&amp;C estimate</b>	90% of adults felt their neighbourhood was a very or fairly good place to live		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The vast majority of individuals reported being satisfied with their neighbourhood.</li> <li>• Marginally, but significantly, fewer individuals in GG&amp;C were satisfied with their neighbourhood compared with the rest of Scotland.</li> <li>• Neighbourhood satisfaction did not vary by sex, and only varied marginally by age; such that older adults were slightly, but significantly, more likely to report being satisfied with their neighbourhood than younger adults.</li> <li>• Neighbourhood satisfaction varied only moderately by area deprivation, a surprising finding given the large variation in deprivation across GG&amp;C.</li> <li>• Neighbourhood satisfaction varied only marginally by occupational group.</li> <li>• Neighbourhood satisfaction varied by local authority (Figure 49.2).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	90	94	1.04 [ \$ ]

#### Inequalities in % satisfied with their neighbourhood: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>					Ratio
	90	89					1
<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-59</b>	<b>60-74</b>	<b>75+</b>	Trend
	86	86	90	91	93	93	Marginal
<b>Area level deprivation (SIMD quintiles)</b>	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>		Ratio
	99	98	95	91	80		1.2 [ \$ ]
<b>Occupation (ns-sec)</b>	<b>Managerial &amp; prof.</b>		<b>Intermediate</b>		<b>Routine &amp; manual</b>		Ratio
	96		88		86		1.1 [ \$ ]

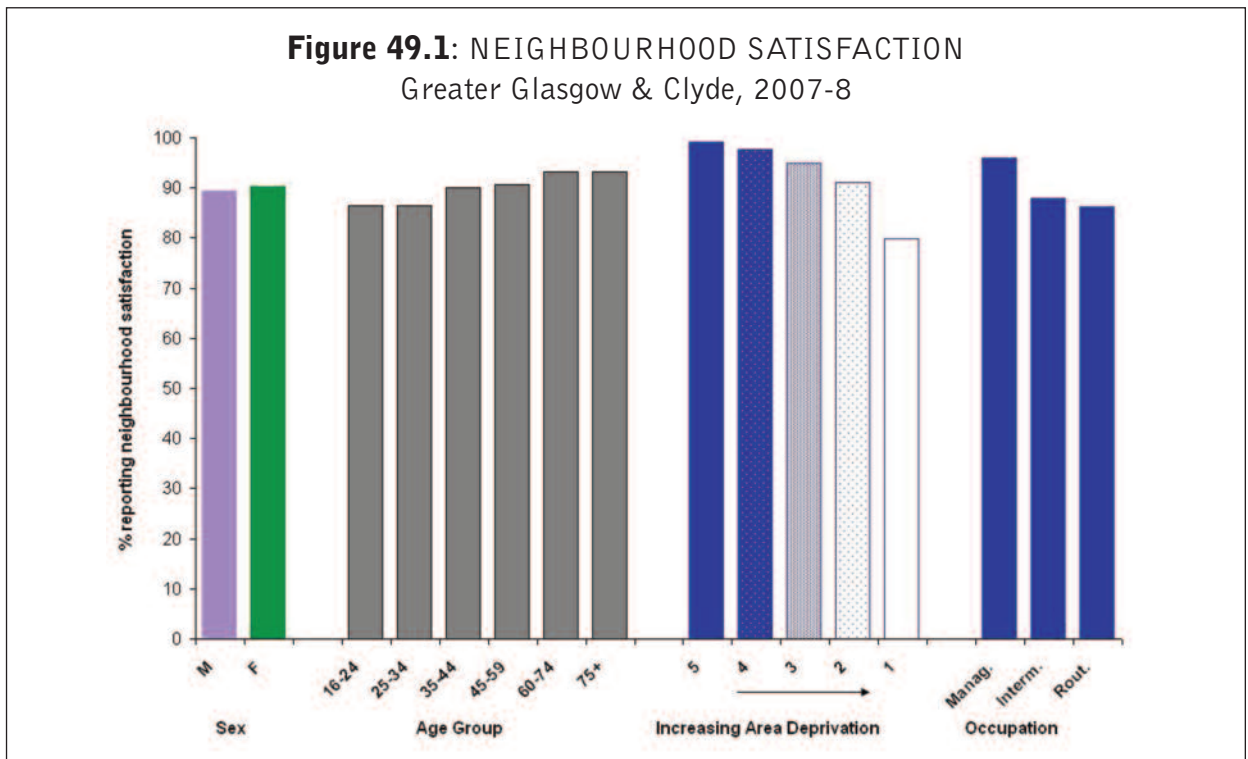
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[ \$ ]**: Statistically significantly different from 1

**[ NS ]**: Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Physical environment domain**



UCI: upper confidence limit; LCI: lower confidence limit



## Section 8. Physical environment domain

### 50. Noise

<b>Definition</b>	Percentage of adults (16yrs+) who are bothered often or fairly often by noise when home indoors			
<b>Source</b>	Scottish Household Condition Survey, 2003-2008			
<b>GG&amp;C estimate</b>	16% of adults were bothered often or fairly often by noise when home indoors, 2005-2008			
<b>Summary</b>	<ul style="list-style-type: none"> <li>• A minority were bothered by noise often or fairly often when home indoors, with noise being moderately more of a problem in GG&amp;C than in the rest of Scotland.</li> <li>• Women were marginally more likely to be bothered by noise than men, although this was not statistically significant.</li> <li>• Younger adults were more likely to be bothered by noise than older adults.</li> <li>• There was a strong association between being bothered by noise and area deprivation; with those in the most deprived quintile nearly three times as likely to be bothered by noise as those in the least deprived quintile.</li> <li>• No notable changes were seen since 2003-2006.</li> <li>• Being bothered by neighbourhood noise varied by local authority (Figure 50.2).</li> </ul>			
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>		Ratio
	16	13		1.2 [\$]

#### Inequalities in % bothered by noise at home: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>			Ratio	
	17	15			1.1 [NS]	
<b>Age</b>	<b>16-59</b>	<b>60+</b>			Trend	
	18	11			Moderate	
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	7	15	14	17	19	2.7 <sup>i</sup>
<b>Time trend</b> (rolling averages)	<b>2003-6</b>	<b>2004-7</b>	<b>2005-8</b>			
	15	16	16			

<sup>i</sup>: Statistical difference between deprivation quintiles could not be calculated because of insufficient information

Ratio represents the highest to lowest; deprivation ratios are based on the first and last categories

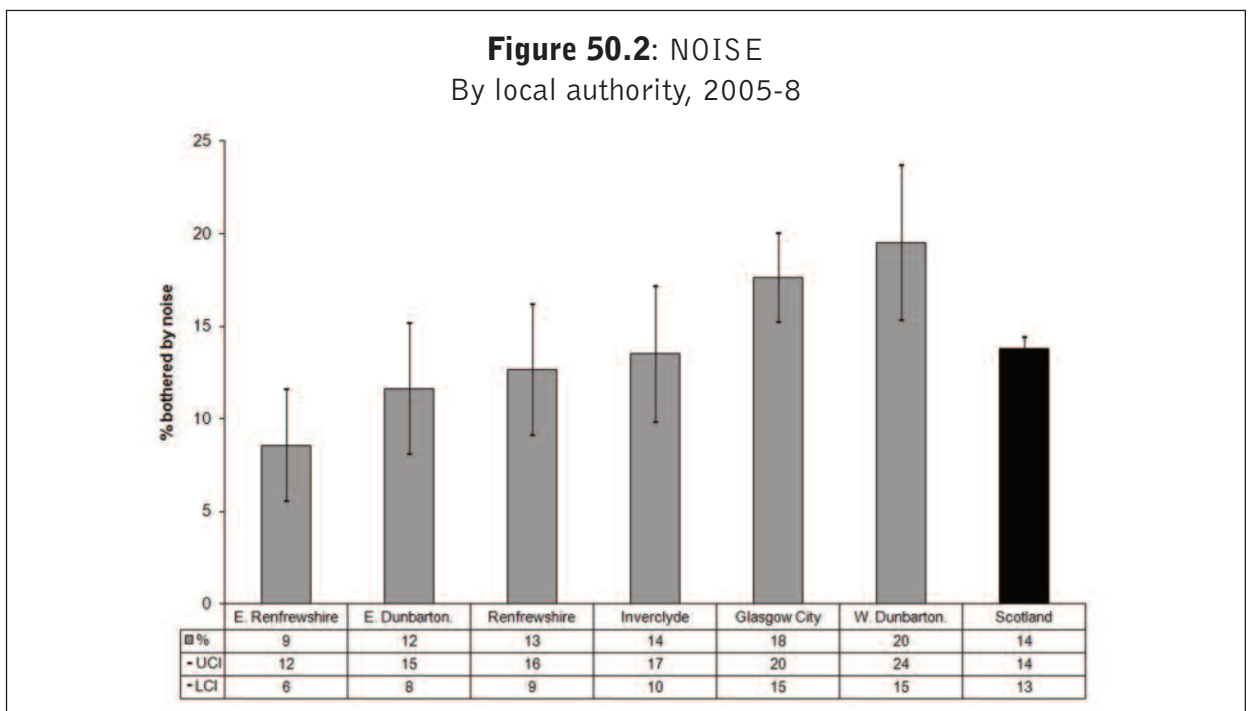
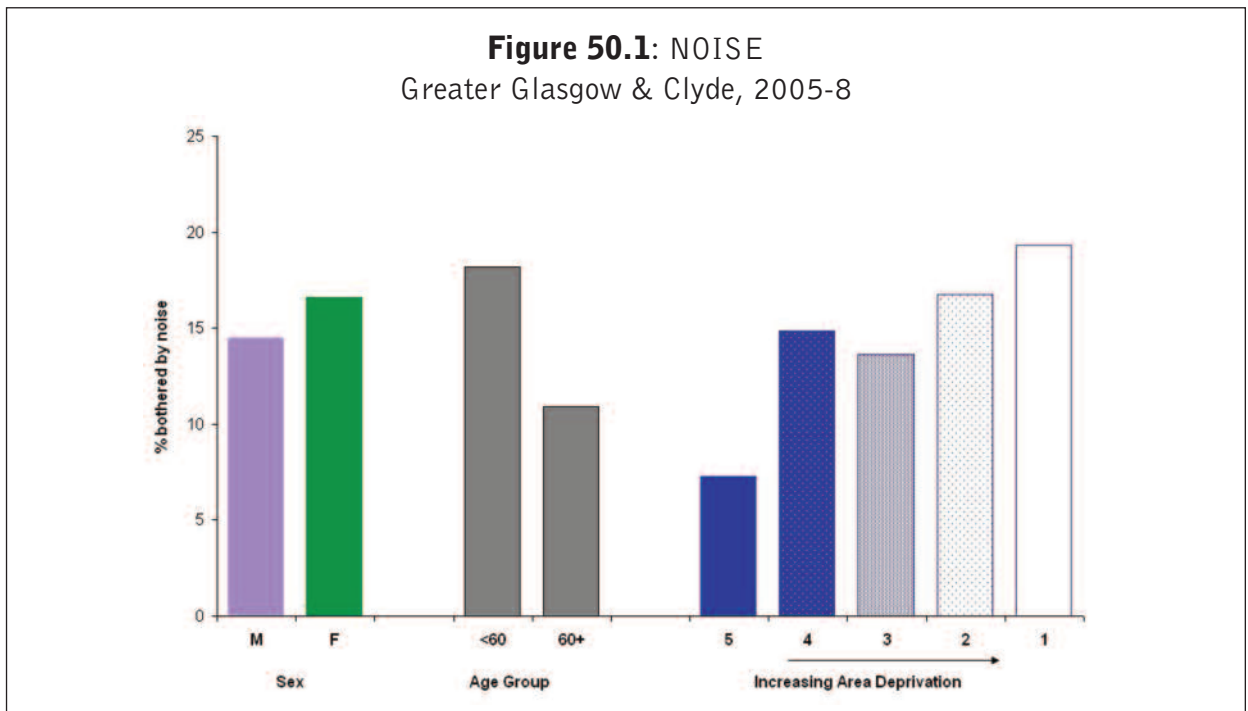
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For explanation of area level deprivation see Notes and Definitions ([click here](#))

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Physical environment domain



**UCI:** upper confidence limit; **LCI:** lower confidence limit

### Interpretation points

This indicator provides no information on the nature of the noise; for example whether the noise was traffic-related, disturbances by neighbours or passers-by.

## Section 8. Physical environment domain

### 51. Greenspace

<b>Definition</b>	Percentage of adults (16yrs+) who feel that they have a safe and pleasant park, green or other areas of grass in their neighbourhood, excluding personal private garden space, which they and their family can use
<b>Source</b>	Scottish Household Survey, 2007-2008
<b>GG&amp;C estimate</b>	70% of adults felt they had access to public greenspace in their neighbourhood
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The majority of respondents in GG&amp;C felt they had access to public greenspace in their area; only marginally lower than in the rest of Scotland.</li> <li>• Access to greenspace varied only marginally by sex, with a slightly lower proportion of women reporting access to public greenspace.</li> <li>• Access to public greenspace did not vary notably by age.</li> <li>• Access to public greenspace varied moderately by area deprivation and occupational group; those in the most deprived quintile and in routine and manual occupations reported less access to public greenspace than those in most deprived quintile and those in managerial and professional occupations.</li> <li>• Access to public greenspace varied by local authority (Figure 51.2).</li> </ul>

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	70	76	1.1 [ \$ ]

#### Inequalities in % reporting access to pleasant public greenspace: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>					Ratio
	67	73					1.1 [ \$ ]
<b>Age</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-59</b>	<b>60-74</b>	<b>75+</b>	Trend
	68	72	72	71	68	66	none
<b>Area level deprivation (SIMD quintiles)</b>	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio	
	84	77	73	71	58	1.4 [ \$ ]	
<b>Occupation (ns-sec)</b>	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>		<b>Routine &amp; manual</b>		Ratio	
	77	67		65		1.2 [ \$ ]	

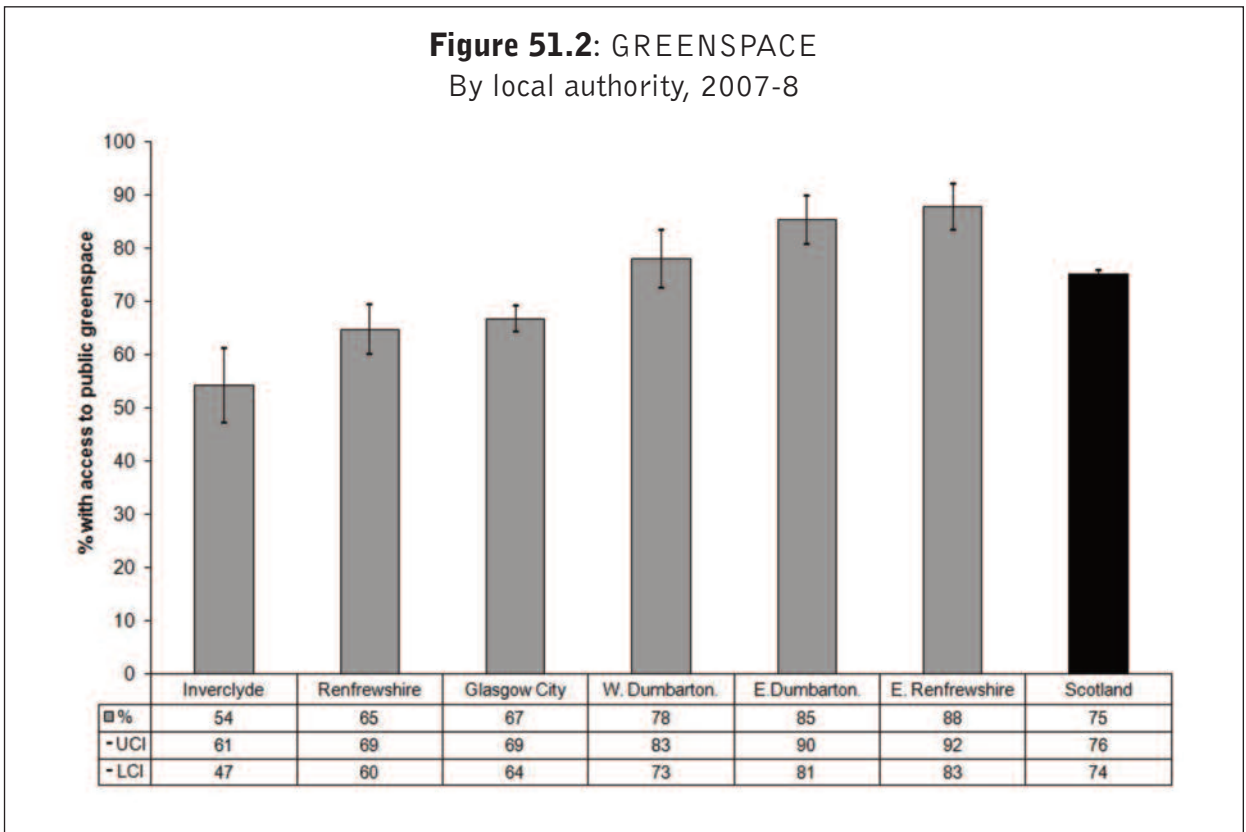
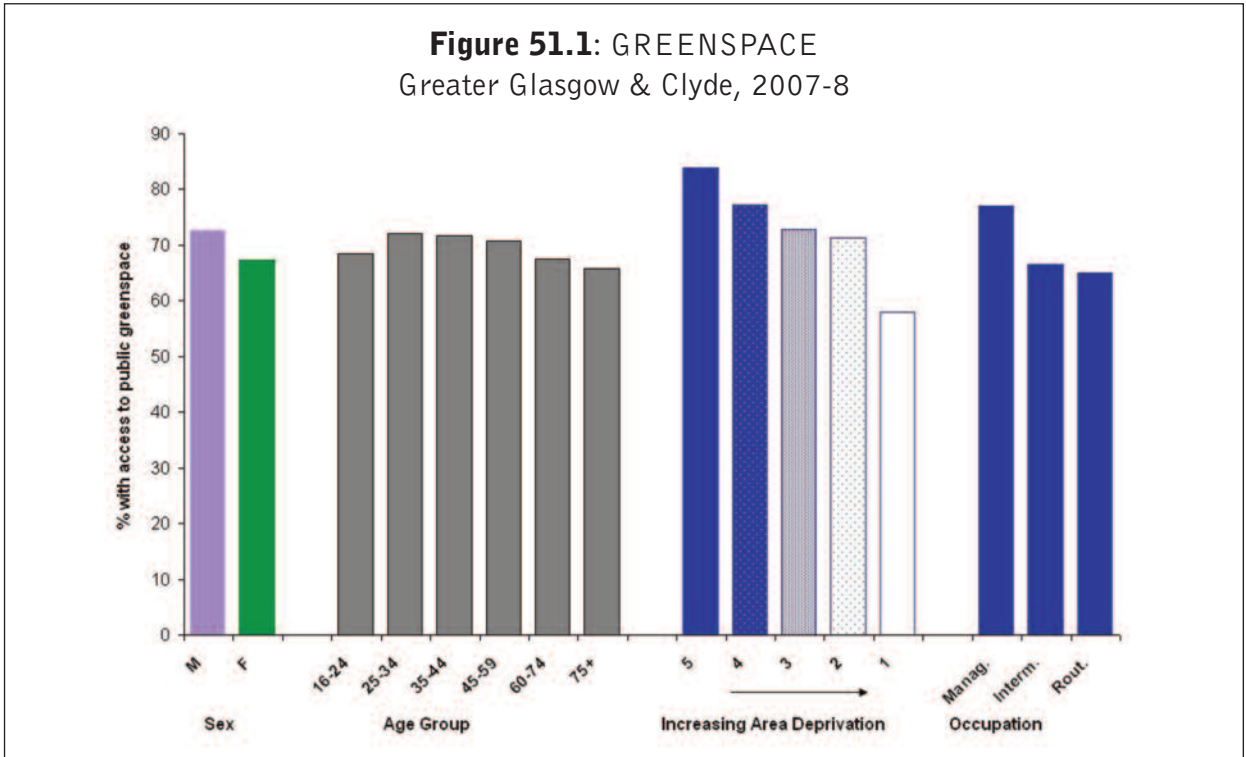
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For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Physical environment domain**



**UCI:** upper confidence limit; **LCI:** lower confidence limit

## Section 8. Physical environment domain

### 52. House condition

<b>Definition</b>	Percentage of adults (16yrs+) who rated their house or flat as good or fairly good		
<b>Source</b>	Scottish Household Condition Survey, 2003-2008		
<b>GG&amp;C estimate</b>	82% of adults rated their house or flat as good or fairly good, 2005-2008		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The majority of individuals rated their home as good; although 5% in GG&amp;C reported that their home was in poor or very poor condition (data not shown).</li> <li>• Those in GG&amp;C were marginally less likely to rate their home as good compared to the rest of Scotland.</li> <li>• Women and those in the younger of the two age groups (&lt;60 years) were marginally, but significantly, less likely to rate their home as good compared to men and older respondents.</li> <li>• House condition was moderately associated with area deprivation; with those in the most deprived quintile less likely to rate their home as good, compared to those in the least deprived quintile.</li> <li>• No notable changes were seen since 2003-2006.</li> <li>• House condition varied by local authority (Figure 52.2).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	82	84	1.02 [ \$ ]

#### Inequalities in % reporting living in fairly good or good accommodation: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>				Ratio
	81	83				1.02 [ \$ ]
<b>Age</b>	<b>16-59</b>	<b>60+</b>				Trend
	78	89				Marginal
<b>Area level deprivation</b>	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
(SIMD quintiles)	91	89	84	81	74	1.2 <sup>i</sup>
<b>Time trend</b>	<b>2003/6</b>	<b>2004/7</b>	<b>2005/8</b>			
(rolling averages)	84	83	83			

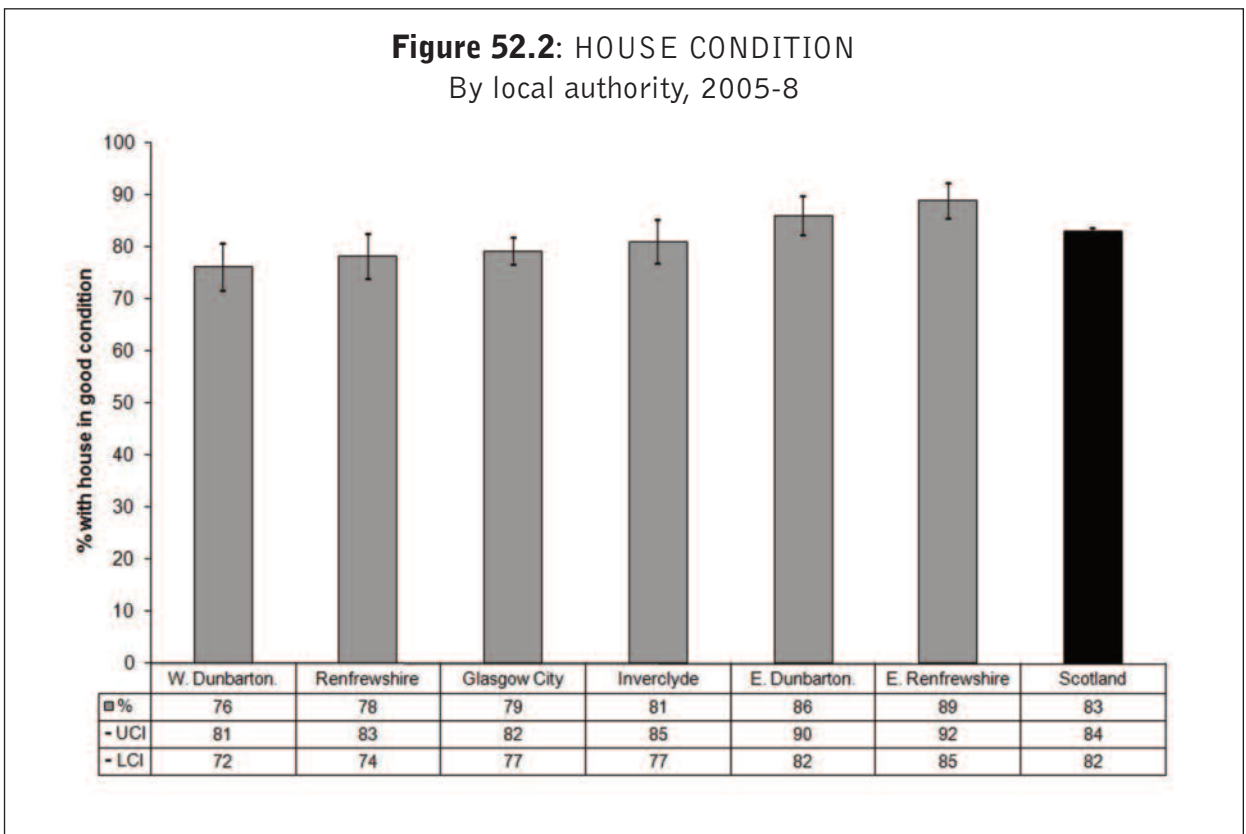
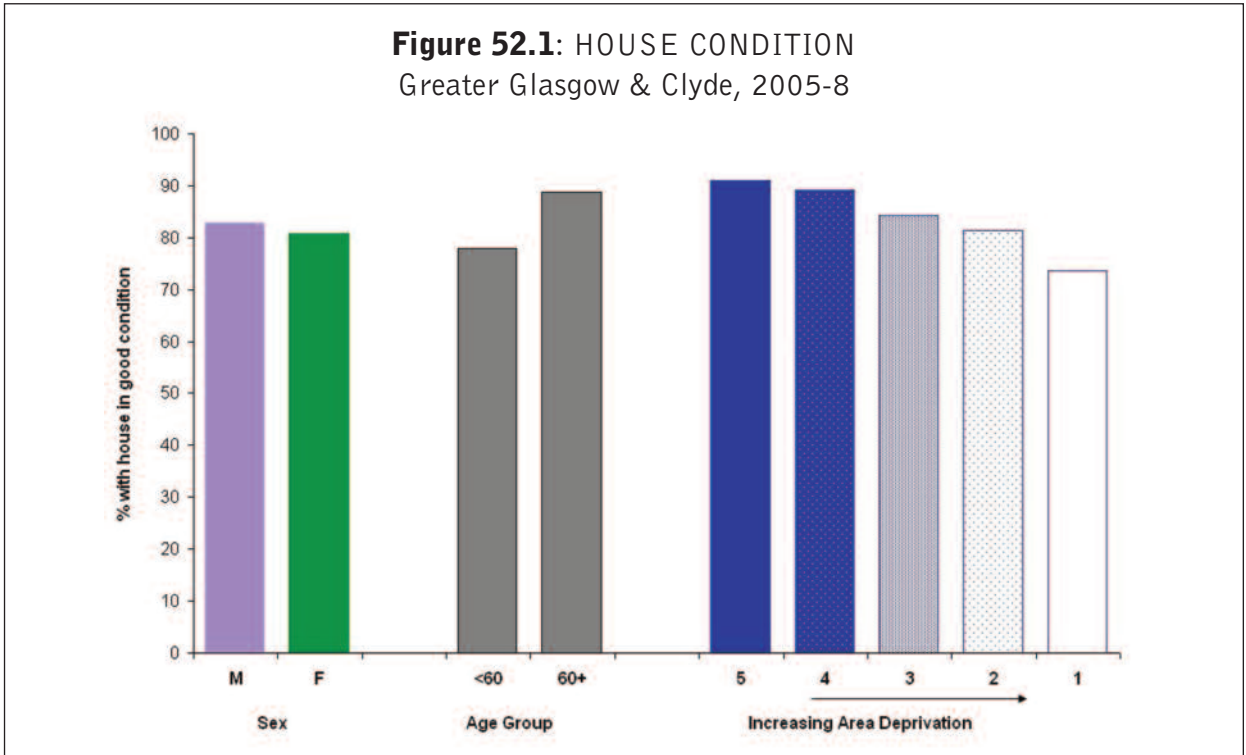
**i:** Statistical difference between deprivation quintiles could not be calculated because of insufficient information  
Ratio represents the highest to lowest; deprivation ratios are based on the first and last categories

**[ \$ ]:** Statistically significantly different from 1

**[ NS ]:** Meaningful difference but not statistically significantly different from 1  
For explanation of area level deprivation see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Physical environment domain



**UCI:** upper confidence limit; **LCI:** lower confidence limit

## Section 8. Physical environment domain

### 53. Overcrowding

#### 53.1 Overcrowding (subjective)

<b>Definition</b>	Percentage of adults (16yrs+) who feel their home has too few rooms			
<b>Source</b>	Scottish Household Condition Survey, 2003-2008			
<b>GG&amp;C estimate</b>	15% of adults felt their home was overcrowded, 2005-2008			
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The level of subjective overcrowding was similar in GG&amp;C and the rest of Scotland.</li> <li>• Women were marginally more likely to report overcrowding than men, although this failed to reach significance.</li> <li>• Those in the younger of the two age groups (&lt;60 years) were four times as likely to report overcrowding than older individuals.</li> <li>• Those living in the most deprived quintile were only 20% more likely to report overcrowding than those in the least deprived quintile.</li> <li>• There was no notable trend in overcrowding since 2003-2006.</li> <li>• Subjective overcrowding varied by local authority (Figure 53.1.2).</li> </ul>			
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>		Ratio
	15	15		1

#### Inequalities in reporting living in a home with too few rooms: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>			Ratio	
	16	14			1.1 [NS]	
<b>Age</b>	<b>16-59</b>	<b>60+</b>			Trend	
	20	5			Strong	
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	13	16	16	15	15	1.2 <sup>i</sup>
<b>Time trend</b> (rolling averages)	<b>2003-6</b>	<b>2004-7</b>	<b>2005-8</b>			
	17	17	15			

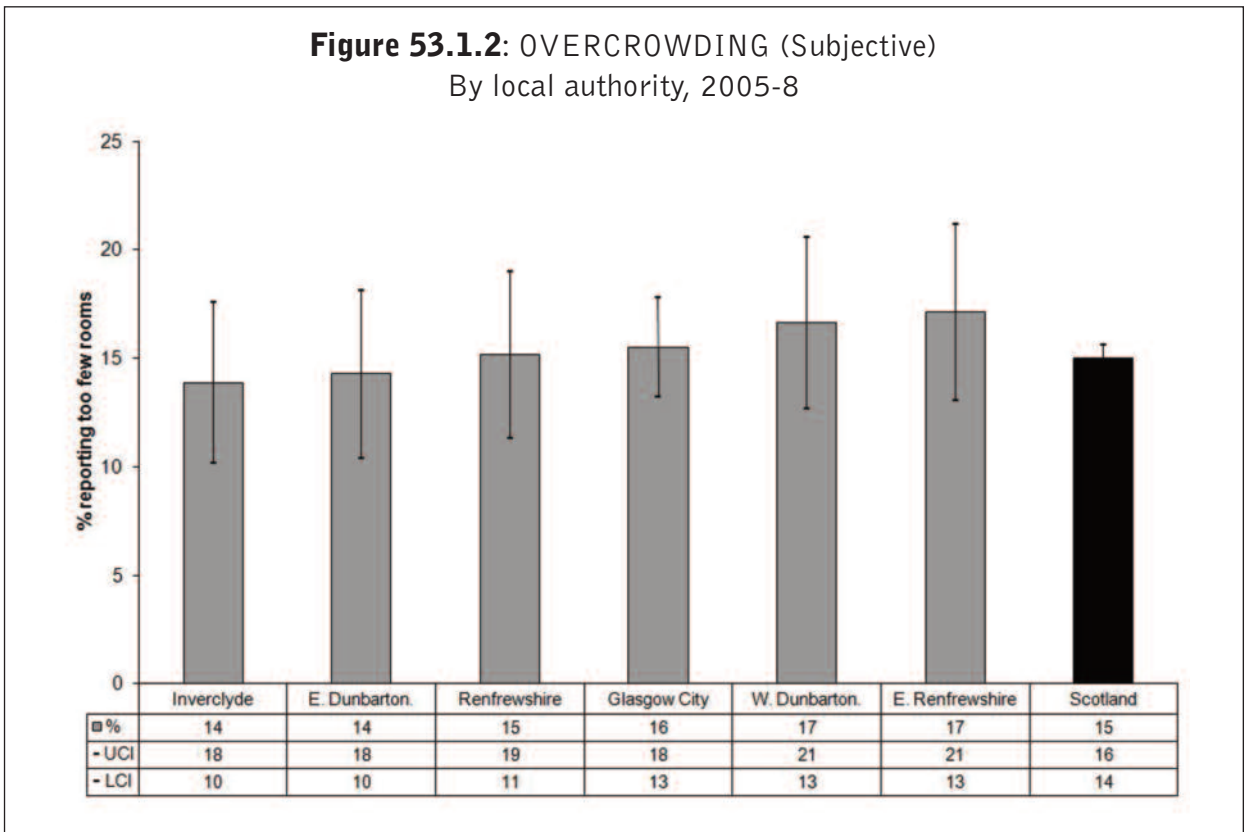
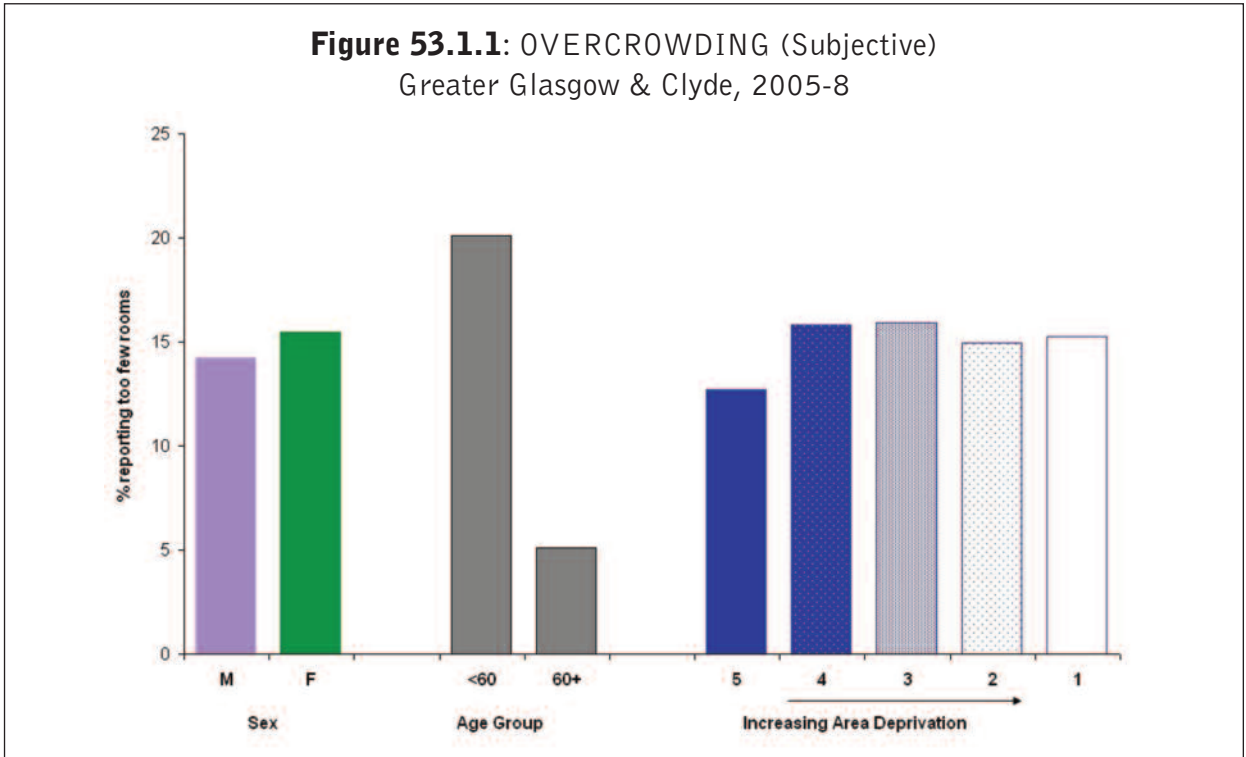
<sup>i</sup>: Statistical difference between deprivation quintiles could not be calculated because of insufficient information  
Ratio represents the highest to lowest; deprivation ratios are based on the first and last categories

**[\$]**: Statistically significantly different from 1

**[NS]**: Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Physical environment domain**



UCI: upper confidence limit; LCI: lower confidence limit



## Section 8. Physical environment domain

### 53.2 Overcrowding (objective)

<b>Definition</b>	Percentage of adults (16yrs+) living in overcrowded accommodation as defined by the 'Bedroom standard', a recognised measure of overcrowding <sup>i</sup>		
<b>Source</b>	Scottish Household Condition Survey, 2005-2008		
<b>GG&amp;C estimate</b>	4% of adults live in overcrowded accommodation, as defined by the 'Bedroom standard', 2005-2008		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• A much lower proportion of individuals were classified as living in overcrowded accommodation by the objective measure of overcrowding than the subjective, self-reported measure (indicator 53.1).</li> <li>• Using this measure, those in GG&amp;C were 50% more likely to be living in overcrowded accommodation than those in the rest of Scotland.</li> <li>• This measure was strongly associated with age, as was the subjective measure of overcrowding.</li> <li>• There was a much stronger association between area deprivation and this objective measure of overcrowding than with the previous subjective measure of overcrowding.</li> <li>• Objective overcrowding varied by local authority (Figure 53.2.2).</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	4	3	1.5 [\$\$\$]

#### Inequalities in % living in overcrowded accommodation: GG&C

<b>Sex</b>	<b>Female</b>	<b>Male</b>				Ratio
	3.6	4.4				1
<b>Age</b>	<b>16-59</b>	<b>60+</b>				Trend
	5.6	1.2				6 [\$\$\$]
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	1.6	4.2	2.8	4.7	5.2	3.2 [\$\$\$]

**i:** The bedroom standard utilises data on occupancy, age of occupants, relationship between occupants, and number of bedrooms (see Methods in section 9 for more information).

Ratio represents the highest to lowest, deprivation ratios are based on the first and last categories

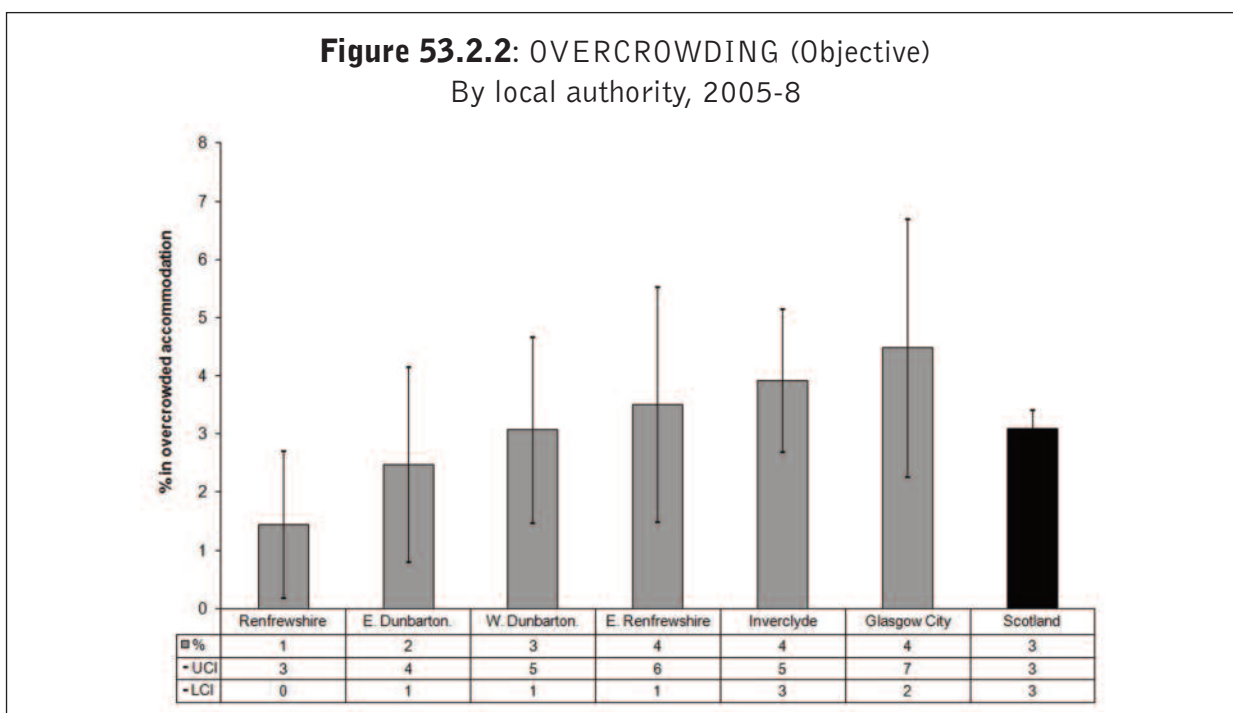
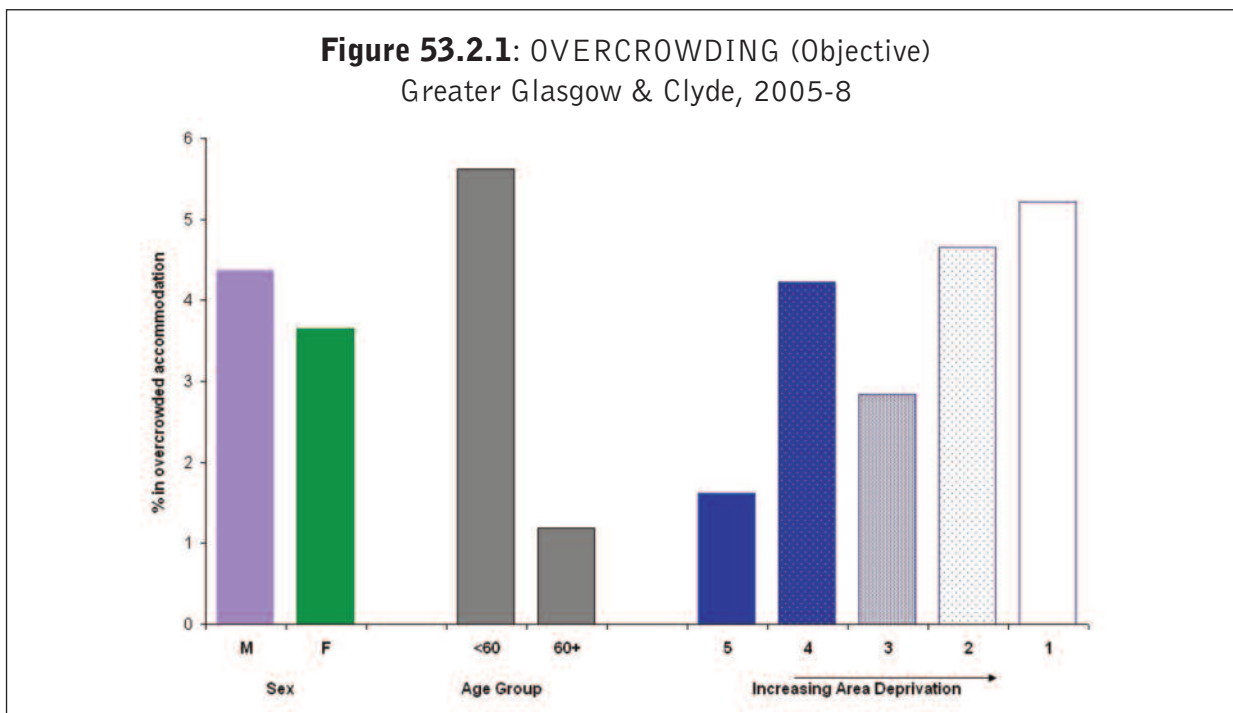
**[\$]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation see Notes and Definitions ([click here](#))

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Physical environment domain



UCI: upper confidence limit; LCI: lower confidence limit

### Interpretation points

This is a more objective measure of overcrowding than the previous indicator and provides information about the actual conditions, but does not reflect the occupants' views of their accommodation.



## Working life domain

- 54. *Work-related stress*
- 55. *Work-life balance*
- 56. *Working life demands*
- 57. *Working life control*
- 58. *Manager support*
- 59. *Colleague support*

## Section 8. Working life domain

### Summary

The majority of the respondents in GG&C answered positively for these indicators, for example, nearly 60% reported having control over their work, over 60% reported support from their managers and over 75% reported support from their colleagues. Those who reported work-stress and work-related demands were in the minority.

#### Age

For many of these working life indicators there was surprisingly little difference across the two age groups, even for the indicators that a longer working life might be expected to confer some advantage. This may reflect the changes in the work force over the previous few decades, where the prominence of manual and routine occupations has reduced with an expansion of the service sector and other office based occupations. This expansion of the service industry has been largely filled by the younger workforce, with more of the older workforce being retained in occupations traditionally with less autonomy.

#### Greater Glasgow & Clyde

The only two indicators for which those in routine and manual occupations performed better than those in managerial and professional occupations were working life stress (indicator 54) and working life demands (indicator 56). Given that a lower proportion of those in GG&C than in the rest of Scotland are employed in the managerial and professional occupations<sup>10</sup> it might be expected that the level of work-related stress and work-related demands would be lower in GG&C than in the rest of Scotland. This is not the case; those in GG&C were still more likely to report work-related stress and working life demands than those in the rest of Scotland.

#### Equity across occupational groups

Given that most indicators show some level of inequality across area deprivation and/or occupational group it is noteworthy that there was little variation across these different groups in receiving manager support or in receiving colleague support.

<sup>10</sup> In GG&C 36% of Scottish Health Survey respondents (2009) work in managerial or professional occupations compared to 43% in the rest of Scotland (p=0.02).

## Section 8. Working life domain

### 54. Work-related stress

<b>Definition</b>	Percentage of adults (16yrs+) who thought their job was very or extremely stressful
<b>Source</b>	Scottish Health Survey, 2009, Schedule A <sup>i</sup>
<b>GG&amp;C estimate</b>	17% of adults thought their job was very or extremely stressful
<b>Summary</b>	<ul style="list-style-type: none"> <li>Nearly one fifth of individuals in GG&amp;C found their job very or extremely stressful, this was 20% higher than in the rest of Scotland, although this difference did not reach statistical significance.</li> <li>Women were more likely than men to report work-related stress, although this did not reach statistical significance.</li> <li>Work-related stress was not related to age.</li> <li>There was little association between area deprivation and work-related stress.</li> <li>Those working in managerial and professional occupations were 50% more likely to report work-related stress than those working in routine and manual occupations.</li> </ul>

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	17	14	1.2 [NS]

#### Inequalities in % reporting work-related stress: Scotland<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio			
	16	13	1.2 [NS]			
<b>Age</b>	<b>16-44</b>	<b>45+</b>	Trend			
	14	15	None			
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	16	14	15	12	14	1.1 [NS]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio		
	16	17	11	1.5 [\$]		

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[\$]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

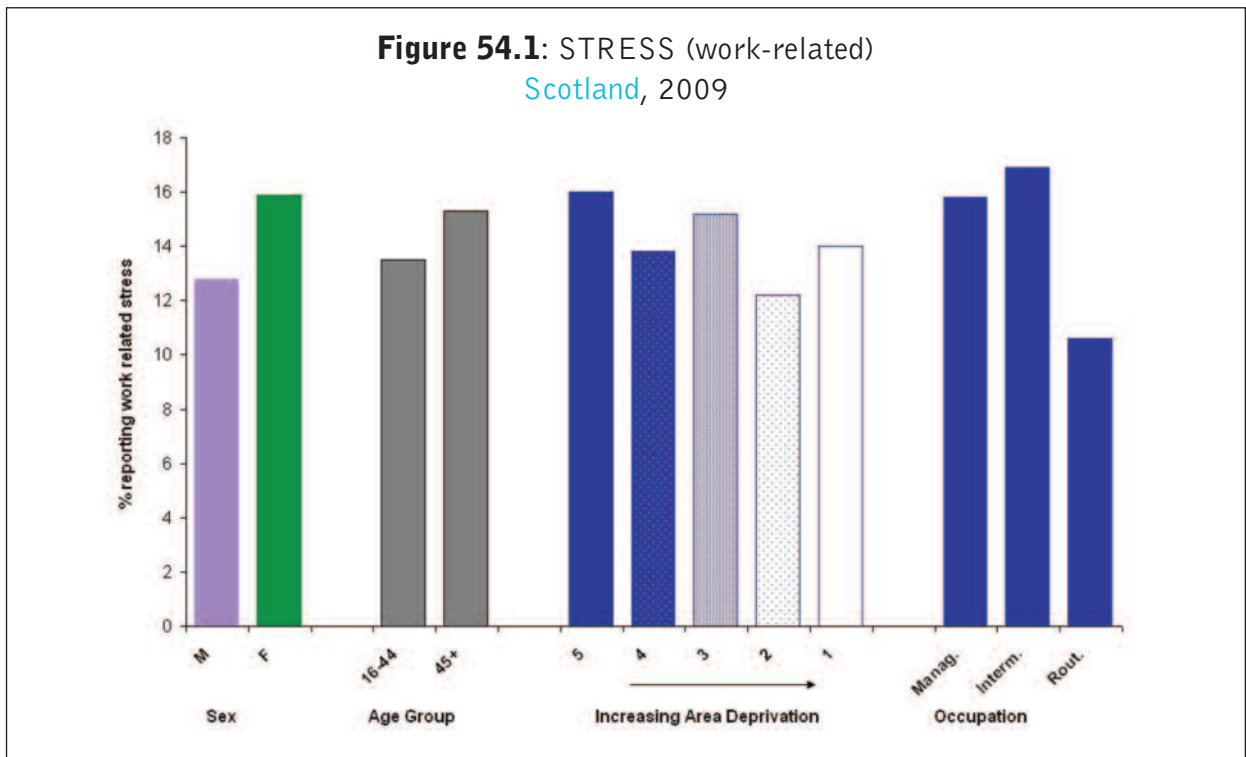
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

**i:** Scottish Health Survey pre-revised weights used (see Methods in section 9 for more information)

**ii:** The sample from GG&C was too small to accurately describe this indicator across the different population groups

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Working life domain



### Interpretation points

From this indicator it is not possible to determine the source of the stress – it could reflect the nature of the work, pressures at work, job insecurity or the work environment.

The question in the Scottish Health Survey used to describe this indicator was in Schedule A, which was only asked of a proportion of respondents, resulting in a relatively small GG&C sample. For this reason the inequality analysis was based on the total sample (i.e. all of Scotland), and not limited to GG&C. This was to ensure that the sample was large enough to provide robust estimates.

The estimate for those in the 'intermediate' occupations in GG&C deviated from the trend expected – this is most likely due to the small sample for GG&C in this category in the Scottish Health Survey dataset and possibly the miscellaneous nature of this occupational category (see Methods (section 9) for more information).

## Section 8. Working life domain

### 55. Work-life balance

<b>Definition</b>	Mean score for how satisfied adults (16yrs+) are with their work-life balance [Range: 0-10] ('work' refers to paid work only)			
<b>Source</b>	Scottish Health Survey, 2009, Schedule A <sup>i</sup>			
<b>GG&amp;C estimate</b>	The mean score for satisfaction with work-life balance was 6.1 [0=extremely dissatisfied; 10=extremely satisfied]			
<b>Summary</b>	<ul style="list-style-type: none"> <li>• There was little variation in work-life balance across populations; similar scores were seen in GG&amp;C and the rest of Scotland and across the age groups.</li> <li>• In Scotland there was little difference in work-life balance between men and women, although in GG&amp;C the data suggest that work-life balance was significantly worse in men than women (Figure 55.2).</li> <li>• Those living in the least deprived quintile had only marginally (10%) better work-life balance than those living in the most deprived quintile.</li> <li>• Variation by occupational group did not reach statistical significance, although the data suggest that those in managerial and professional occupations might have slightly better work-life balance than those in routine and manual occupations.</li> </ul>			
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>		Ratio
	6.1	6.4		1

#### Inequalities in mean scores for satisfaction with work-life balance: **Scotland**<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>			Ratio	
	6.5	6.3			1	
<b>Age</b>	<b>16-54</b>	<b>55+</b>			Trend	
	6.3	6.5			None	
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	6.6	6.3	6.5	6.2	6.2	1.1 [£]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>		<b>Intermediate</b>		<b>Routine &amp; manual</b>	Ratio
	6.5		6.4		6.3	1

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[£]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

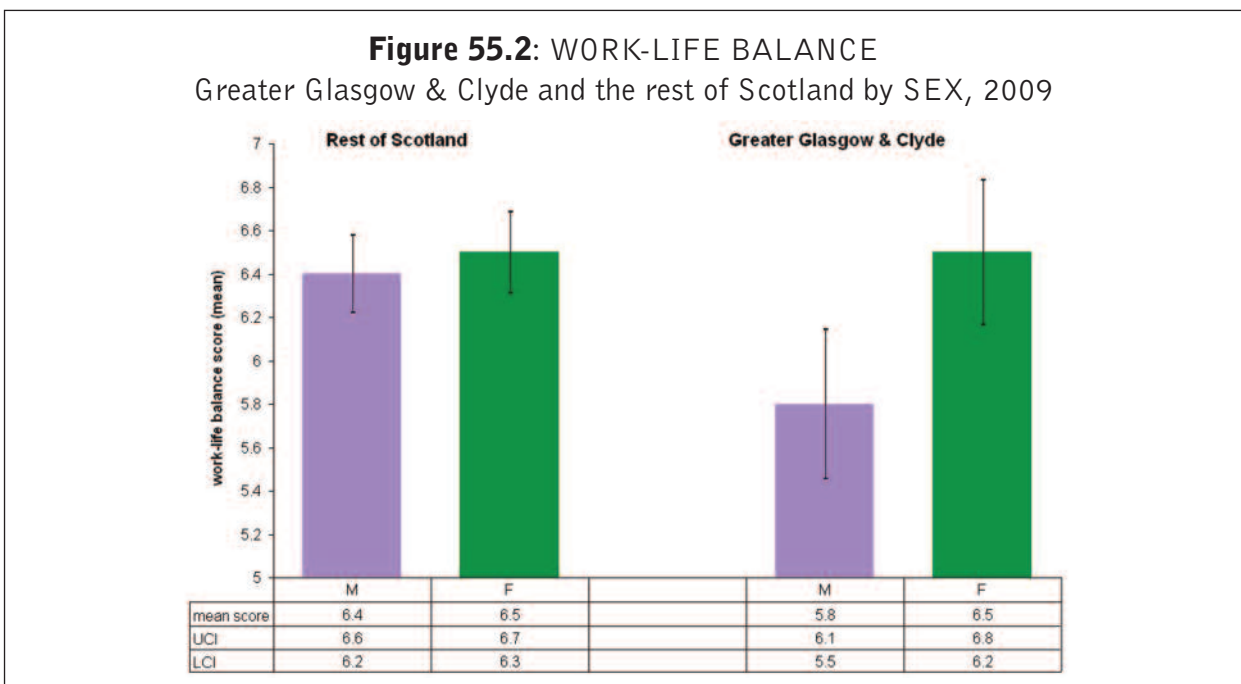
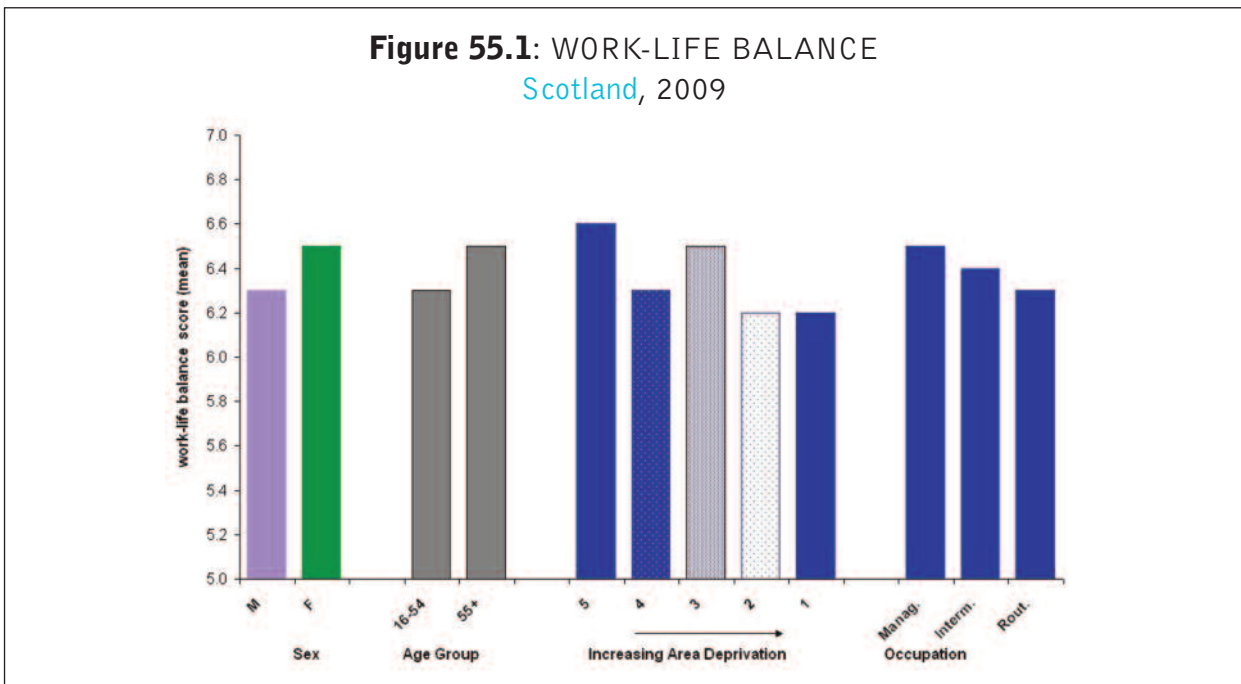
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

**i:** Scottish Health Survey pre-revised weights used (see Methods in section 9 for more information)

**ii:** The sample from GG&C was too small to accurately describe this indicator across the different population groups

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Working life domain



UCI: upper confidence limit; LCI: lower confidence limit

### Interpretation points

The question in the Scottish Health Survey used to describe this indicator was in Schedule A, which was only asked of a proportion of respondents, resulting in a relatively small GG&C sample. For this reason the inequality analysis was based on the total sample (i.e. all of Scotland), and not limited to GG&C. This was to ensure that the sample was large enough to provide robust estimates.



## Section 8. Working life domain

### 56. Working life demands

<b>Definition</b>	Percentage of adults (16yrs+) who report that they often or always had unrealistic time pressures at work		
<b>Source</b>	Scottish Health Survey, 2009, Schedule A <sup>i</sup>		
<b>GG&amp;C estimate</b>	30% of adults reported that they often or always had unrealistic time pressures at work		
<b>Summary</b>	<ul style="list-style-type: none"> <li>Nearly a third of individuals in GG&amp;C reported unrealistic time demands at work, 30% higher than in the rest of Scotland.</li> <li>There was no difference in the working life demands between men and women or between the age groups.</li> <li>There was a moderate association between working life demands and both area deprivation and occupational group: those in managerial and professional occupations and those living in the least deprived quintile were 20-30% more likely to have unrealistic work place demands compared to those in manual and routine occupations or those living in the most deprived quintile.</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	30	23	1.3 [ \$ ]

#### Inequalities in % reporting unrealistic time demands at work: **Scotland**<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio			
	25	25	1			
<b>Age</b>	<b>16-44</b>	<b>45+</b>	Ratio			
	25	25	1			
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	27	28	24	22	22	1.2 [NS]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio		
	28	24	21	1.3 [ \$ ]		

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[ \$ ]**: Statistically significantly different from 1

**[NS]**: Meaningful difference but not statistically significantly different from 1

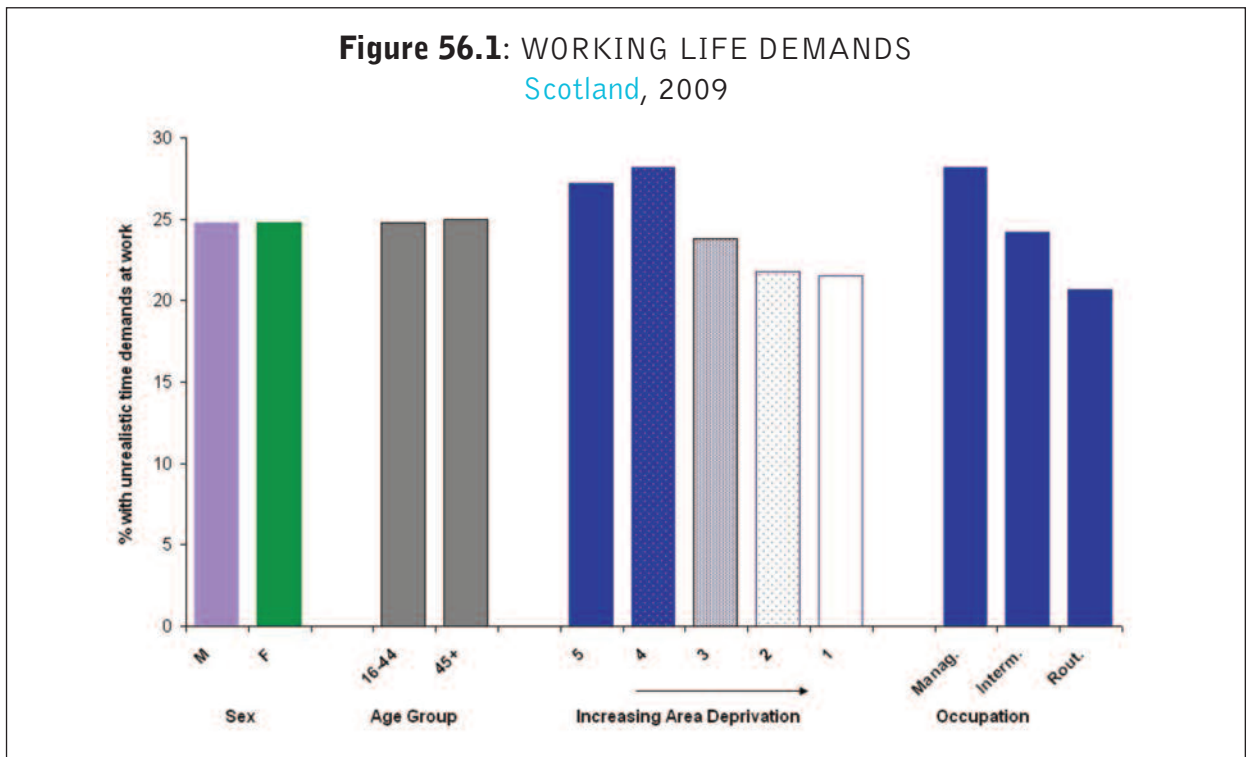
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

**i**: Scottish Health Survey pre-revised weights used (see Methods in section 9 for more information)

**ii**: The sample from GG&C was too small to accurately describe this indicator across the different population groups

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Working life domain



### Interpretation points

The question in the Scottish Health Survey used to describe this indicator was in Schedule A, which was only asked of a proportion of respondents, resulting in a relatively small GG&C sample. For this reason the inequality analysis was based on the total sample (i.e. all of Scotland), and not limited to GG&C. This was to ensure that the sample was large enough to provide robust estimates.

## Section 8. Working life domain

### 57. Working life control

<b>Definition</b>	Percentage of adults (16yrs+) who often or always have a choice in deciding the way they do their work, 2009			
<b>Source</b>	Scottish Health Survey, 2009, Schedule A <sup>i</sup>			
<b>GG&amp;C estimate</b>	59% of adults reported having a choice in deciding the way they did their work			
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The majority of individuals felt they had control over the way they did their work.</li> <li>• Adults living in GG&amp;C were marginally, but not significantly, less likely to report control over their work.</li> <li>• The proportion who reported having control over their work was similar in men and women.</li> <li>• Those in the older age group (45yrs+) were only marginally (and not significantly) more likely to have control over their work than younger adults.</li> <li>• Having control over one's work was related to area deprivation and occupational group; those in managerial and professional occupations and in the least deprived quintile were 30% more likely to report control over their work than those in routine and manual occupations or in the most deprived quintile.</li> </ul>			
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>		Ratio
	59	64		1.1 [NS]

#### Inequalities in % with control over the way they do their work: **Scotland**<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>		Ratio		
	63	63		1		
<b>Age</b>	<b>16-44</b>	<b>45+</b>		Trend		
	61	66		Marginal [NS]		
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	71	64	66	56	55	1.3 [\$]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>		<b>Intermediate</b>		<b>Routine &amp; manual</b>	Ratio
	70		65		52	1.3 [\$]

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[\$]:** Statistically significantly different from 1

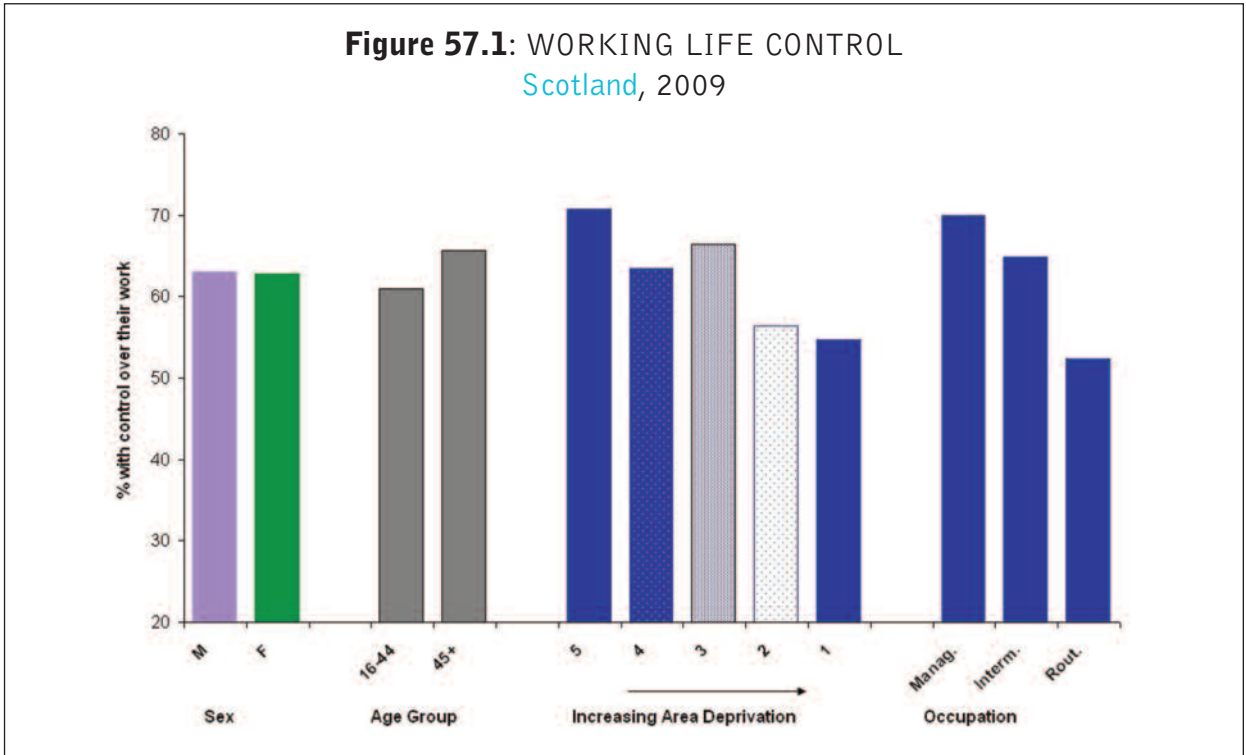
**[NS]:** Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

**i:** Scottish Health Survey pre-revised weights used (see Methods in section 9 for more information)

**ii:** The sample from GG&C was too small to accurately describe this indicator across the different population groups

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Working life domain**



## Interpretation points

The question in the Scottish Health Survey used to describe this indicator was in Schedule A, which was only asked of a proportion of respondents, resulting in a relatively small GG&C sample. For this reason the inequality analysis was based on the total sample (i.e. all of Scotland), and not limited to GG&C. This was to ensure that the sample was large enough to provide robust estimates.

## Section 8. Working life domain

### 58. Manager support

<b>Definition</b>	Percentage of adults (16yrs+) who agree or strongly agree that their manager encourages them at their work
<b>Source</b>	Scottish Health Survey, 2009, Schedule A <sup>i</sup>
<b>GG&amp;C estimate</b>	64% of adults reported that their manager encourages them at their work
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The majority of individuals felt they had the support of their manager at work, with only small variations across the population groups examined.</li> <li>• There were similar levels of manager support reported in GG&amp;C and the rest of Scotland.</li> <li>• Women were 20% more likely to report having the support of their manager than men.</li> <li>• There was little or no difference in the levels of support across the two age groups or across area deprivation.</li> <li>• Those in managerial and professional occupations were only marginally (10%) more likely to report manager support than those in routine and manual occupations.</li> </ul>

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	64	65	1

#### Inequalities in % reporting manager support: Scotland<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio			
	70	60	1.2 [£]			
<b>Age</b>	<b>16-44</b>	<b>45+</b>	Trend			
	66	63	None			
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	66	64	72	58	66	1
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio		
	68	65	61	1.1 [£]		

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[£]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

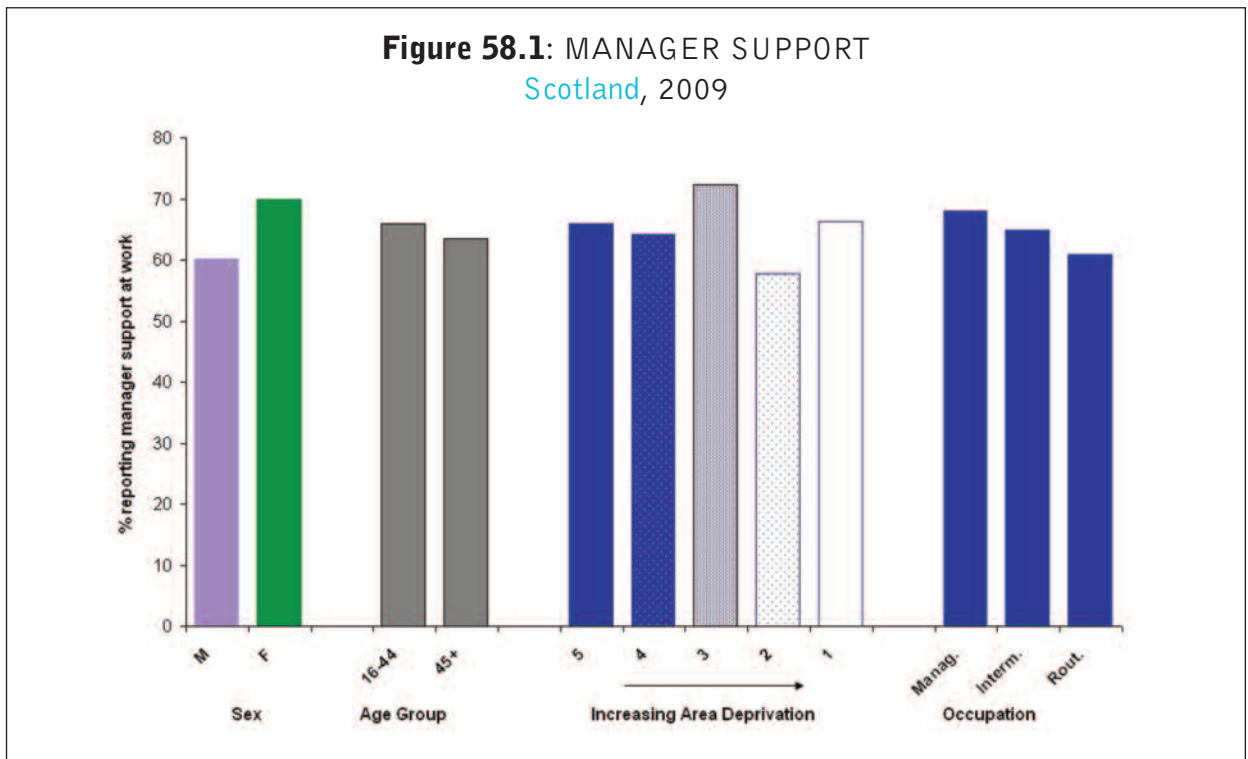
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

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**ii:** The sample from GG&C was too small to accurately describe this indicator across the different population groups

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Working life domain



### Interpretation points

The question in the Scottish Health Survey used to describe this indicator was in Schedule A, which was only asked of a proportion of respondents, resulting in a relatively small GG&C sample. For this reason the inequality analysis was based on the total sample (i.e. all of Scotland), and not limited to GG&C. This was to ensure that the sample was large enough to provide robust estimates.

## Section 8. Working life domain

### 59. Colleague support

<b>Definition</b>	Percentage of adults (16yrs+) who agree or strongly agree that they get the help and support they need from colleagues at their work		
<b>Source</b>	Scottish Health Survey, 2009, Schedule A <sup>i</sup>		
<b>GG&amp;C estimate</b>	76% of adults felt they received the help and support they needed from work colleagues		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The large majority of individuals felt they received support from work colleagues, with little variation across the populations examined.</li> <li>• Those in GG&amp;C were slightly, but not significantly, less likely to report colleague support than those in the rest of Scotland.</li> <li>• Women were marginally more likely to report colleague support than men.</li> <li>• Unlike most other indicators, there was no variation in colleague support across area deprivation or by occupational group.</li> </ul>		

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	76	80	1.1 [NS]

#### Inequalities in % reporting colleague support: **Scotland**<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio			
	82	77	1.06 [\$]			
<b>Age</b>	<b>16-44</b>	<b>45+</b>	Trend			
	81	77	[NS]			
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	80	78	79	81	78	1
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio		
	82	72	81	1		

Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[\$]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

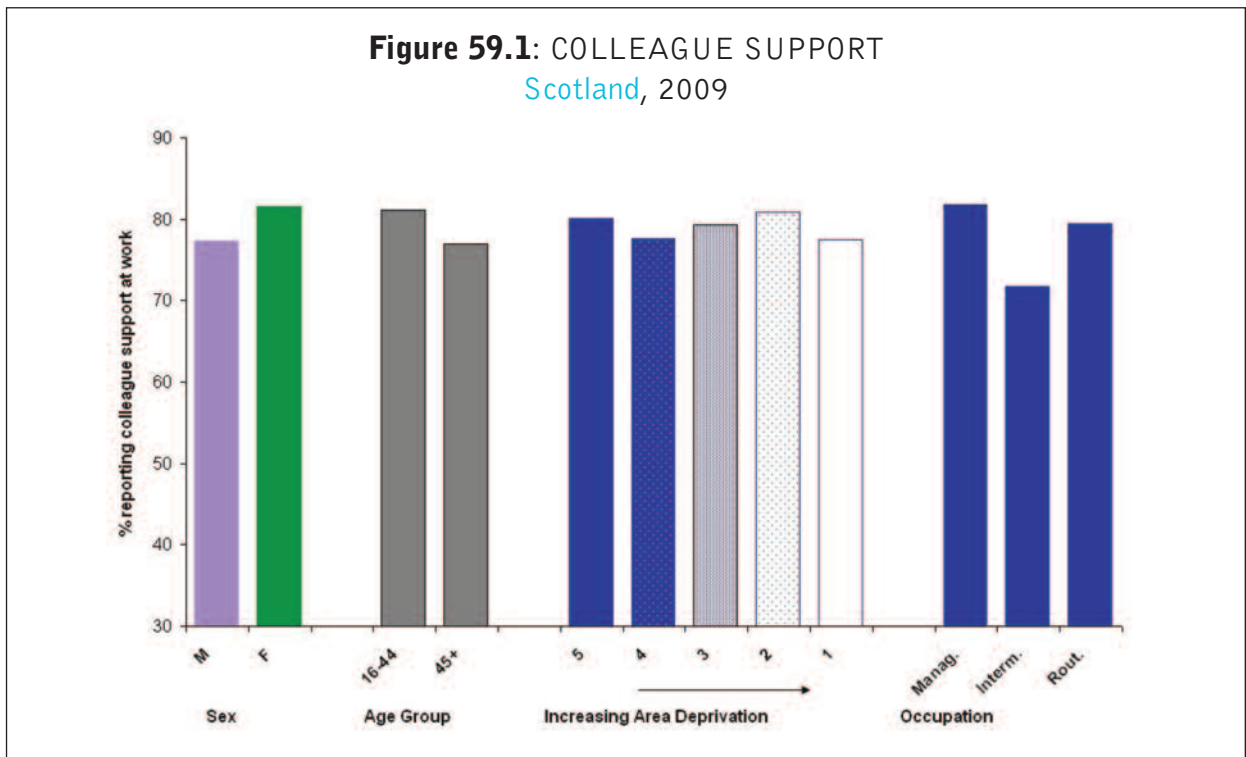
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# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Working life domain



### Interpretation points

The question in the Scottish Health Survey used to describe this indicator was in Schedule A, which was only asked of a proportion of respondents, resulting in a relatively small GG&C sample. For this reason the inequality analysis was based on the total sample (i.e. all of Scotland), and not limited to GG&C. This was to ensure that the sample was large enough to provide robust estimates.

The estimate for those in the 'intermediate' occupations in GG&C deviated from the trend expected – this is most likely due to the small sample for GG&C in this category in the Scottish Health Survey dataset and possibly the miscellaneous nature of this occupational category (see Methods (Section 9) for more information).





## Violence domain

*60. Partner abuse (survey data & police-recorded)*

*61. Neighbourhood violence (survey data & police-recorded)*

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Violence domain

### Summary

A steep age gradient was seen in all violence indicators – with youngest individuals at the highest risk of being both a perpetrator and a victim of violence.

Strong associations were seen between area deprivation and the police-recorded violence indicators; with four to six fold differences seen between individuals in the most and least deprived quintiles.

Large variations by sex were seen: men were 1.4 times more likely to be a victim of a violent crime and nearly four times more likely to be an offender (Figure 61.2.6).

### Partner abuse

Similar levels of self-reported partner abuse (indicator 60.1) were reported for men and women contrasting with the three fold female excess seen in police-recorded incidents (indicator 60.2). The difference is likely to reflect the different definitions used for each data source. The broader definition used for self-reported partner abuse (indicator 60.1) reflects the growing recognition of the impact on wellbeing of psychological abuse within intimate relationships.

### Additional data source

Data from police-recorded crime has been used to augment this domain, allowing violence across small geographies to be explored. In interpreting police-recorded data it is important to recognise that some types of crime, notably domestic violence, are considerably underreported. However, internal comparisons can still be informative.

Interpreting time trends for police data can be complicated by changes in police practices obscuring real trends in crime, particularly if sharp changes are seen. For example, the increase in recorded domestic violence from 2007 (Figure 60.2.2) will largely be reflecting changes in police priorities rather than real increases in incidents.

## Section 8. Violence domain

### 60. Partner abuse

#### 60.1. Partner abuse: survey data

<b>Definition</b>	Percentage of adults (16yrs+) who reported being physically or emotionally abused by a partner or ex-partner in the previous 12 months		
<b>Source</b>	Scottish Crime and Justice Survey, 2008-2009		
<b>GG&amp;C estimate</b>	5% of respondents reported partner abuse in previous year		
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The level of partner abuse, as defined here, was similar in GG&amp;C and the rest of Scotland.</li> <li>• Men and women were equally likely to report being victims of partner abuse.</li> <li>• Younger adults were much more likely to be a victim of partner abuse than older adults.</li> <li>• Partner abuse was twice as high in the 15% most deprived areas of Scotland compared to 85% least deprived areas.</li> </ul>		

<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	5	5	1

#### Inequalities in % reporting partner abuse: **Scotland**<sup>i</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio		
	5	5	1		
<b>Age</b>	<b>16-24</b>	<b>25-44</b>	<b>45-59</b>	<b>60+</b>	Trend
	13	6	3	1	Strong
<b>Area level deprivation (SIMD)</b>	<b>85% least deprived</b>	<b>15% most deprived</b>	Ratio		
	5	10	2 <sup>ii</sup>		

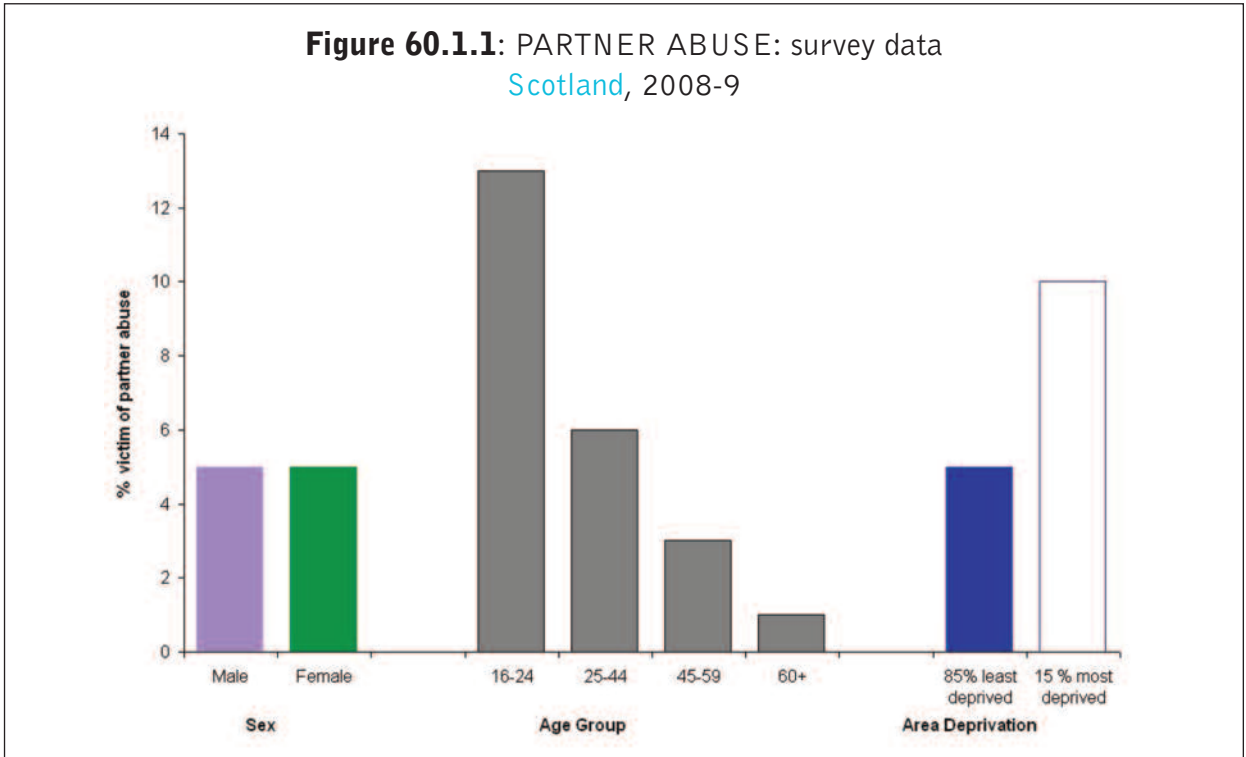
**i:** Data for the sub-populations within GG&C were not available

**ii:** Insufficient information was available to determine the statistical significance of the difference by area deprivation.

Ratio represents the highest to lowest; deprivation ratios are based on the first and last categories

For explanation of area level deprivation see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
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## Section 8. Violence domain

### 60.2. Partner abuse: police-recorded

<b>Definition</b>	Recorded domestic violence per 10,000 population, defined as physical, sexual or emotional abuse which takes place within the context of a close relationship	
<b>Source</b>	Violence Reduction Unit of the Strathclyde Police, 2005-2009	
<b>GG&amp;C estimate</b>	64 incidents of domestic violence recorded per 10,000 population, 2009 <sup>i</sup>	
<b>Summary</b>	<ul style="list-style-type: none"> <li>• The 64 domestic violence incidents per 10,000 population recorded for GG&amp;C represents 0.6% of the population.</li> <li>• The estimate produced with this data source is significantly lower than the 5% reported in indicator 60.1, suggesting these data represent only a fraction of all partner abuse incidents.</li> <li>• Women were 3 times more likely to be a victim of police-recorded domestic violence than men.</li> <li>• Police-recorded domestic violence was most common in those aged 20 to 35.</li> <li>• There was a strong association between police-recorded domestic violence and area deprivation; those in the most deprived quintile were six times more likely to be a victim of domestic violence than those in the least deprived quintile.</li> <li>• Police-recorded domestic violence varied by local authority (Figure 60.2.3 to 60.2.4).</li> <li>• The number of domestic violence incidents recorded by the police increased notably from 2007 onwards – most likely reflecting changes in police practices rather than real increases domestic violence incidents (Figure 60.2.2).</li> </ul>	
<b>Geography</b>	<b>GG&amp;C</b> 64	<b>Rest of Scotland</b> n/a

#### Inequalities in incidents of domestic violence per 10,000: GG&C

Sex	Female		Male							Ratio
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	Trend
	98				30					3.3 [ \$ ]
Age	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	Trend
	4	78	144	150	145	129	106	75	18	Strong
Area level deprivation (SIMD quintiles)	5 (least deprived)		4	3	2	1 (most deprived)			Ratio	
	17		26	39	58			108		6 [ \$ ]

**i:** All estimates standardised to the European Standard Population, by age and sex where appropriate

Ratio represents the highest to lowest; deprivation ratios are based on the first and last categories

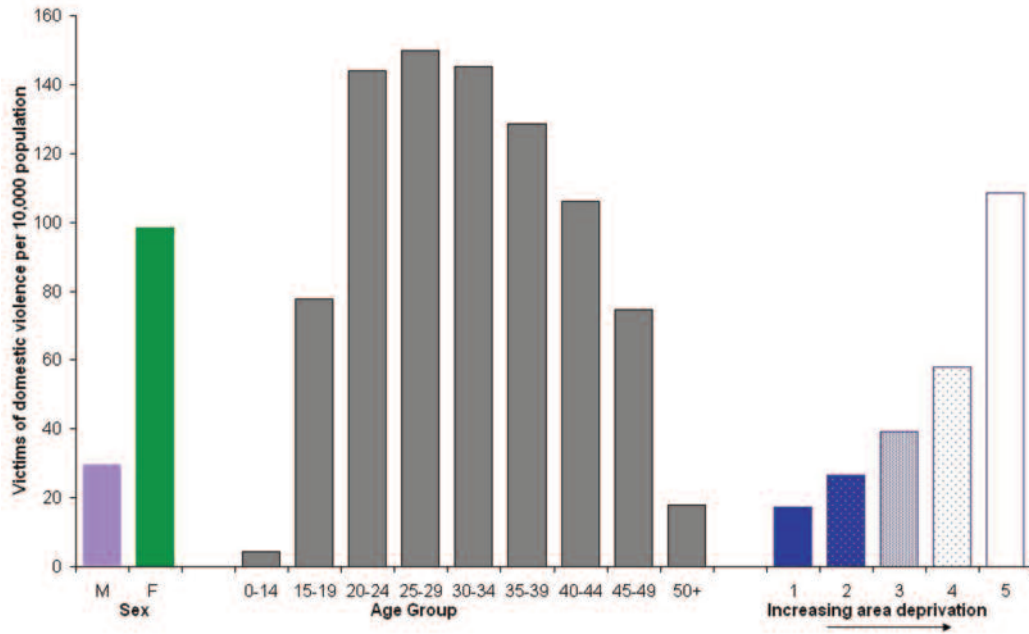
**[\$]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

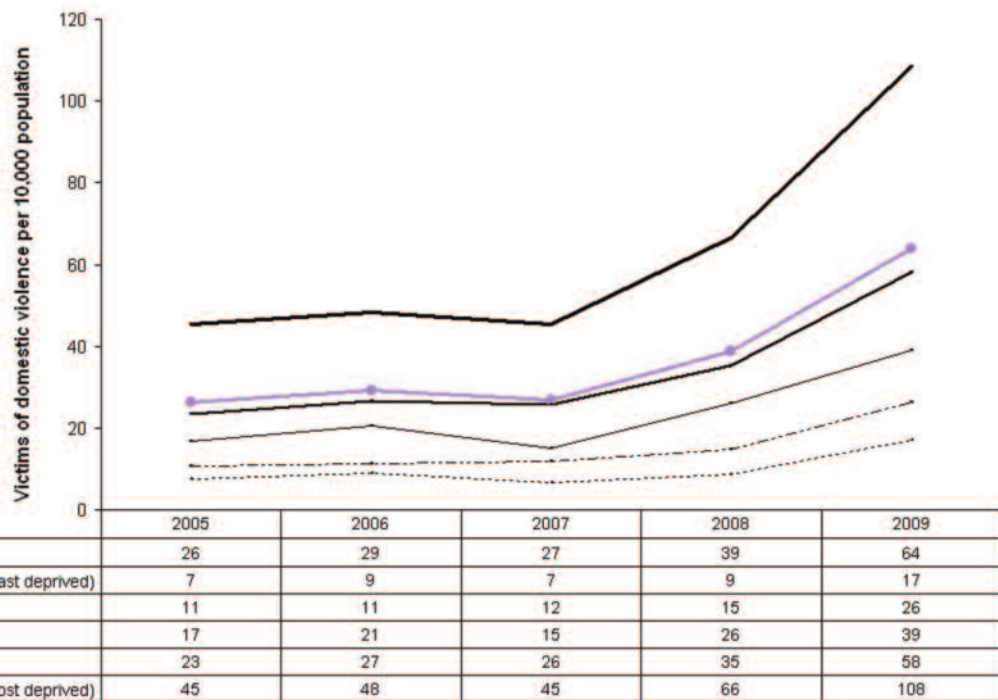
For explanation of area level deprivation see Notes and Definitions ([click here](#))

Section 8. Violence domain

**Figure 60.2.1:** PARTNER ABUSE - police-recorded  
Greater Glasgow & Clyde, 2009

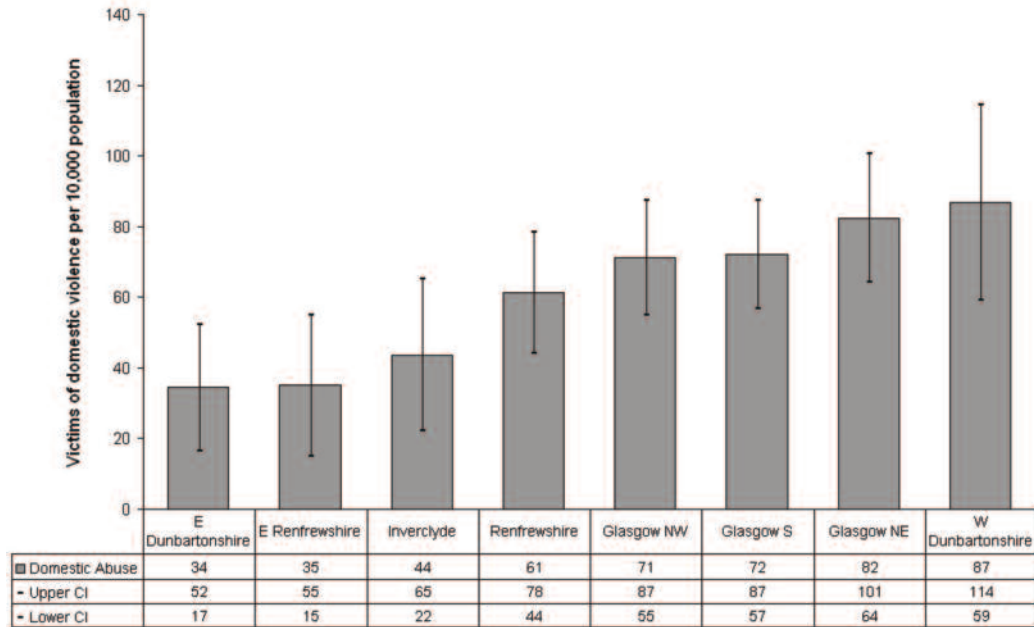


**Figure 60.2.2:** PARTNER ABUSE - police-recorded  
Greater Glasgow & Clyde by AREA DEPRIVATION and over TIME



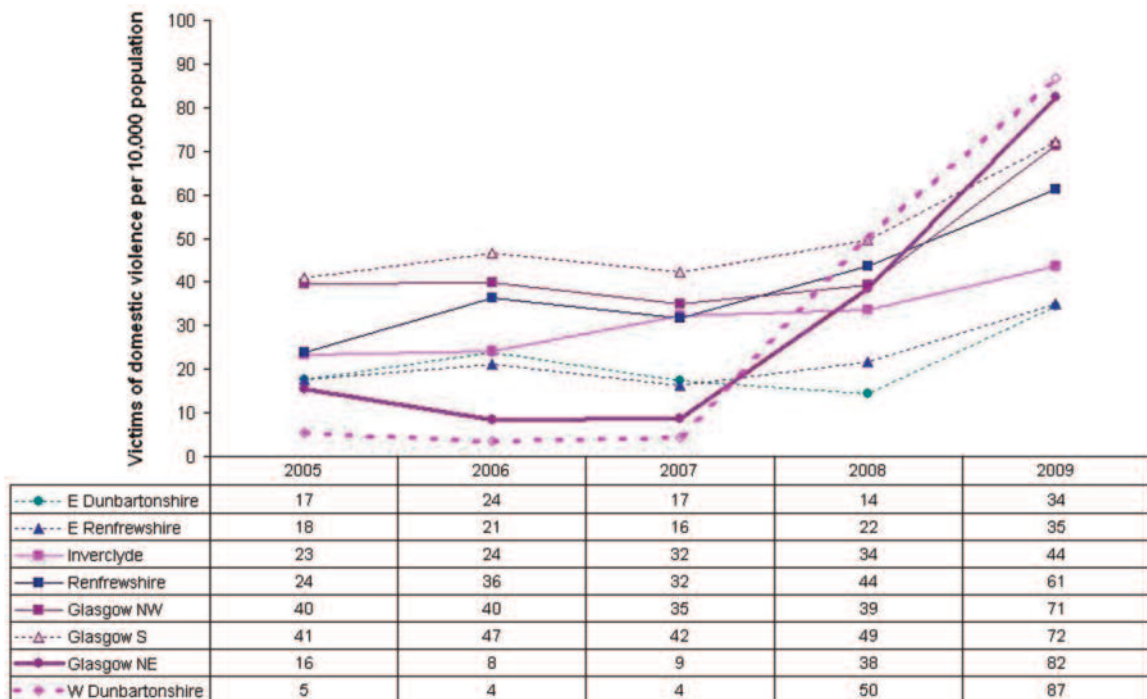
## Section 8. Violence domain

**Figure 60.2.3: PARTNER ABUSE - police-recorded**  
By local authority/sector, 2009



UCI: upper confidence limit; LCI: lower confidence limit

**Figure 60.2.4: PARTNER ABUSE - police-recorded**  
By local authority/sector over TIME



## Section 8. Violence domain

### Interpretation points

The term domestic violence has been superseded by the term 'partner abuse' to reflect that violence is only one form of abuse; a more comprehensive picture includes mental and emotional abuse (e.g. threats, verbal abuse, withholding money and other types of controlling behaviour).

Definitions of partner abuse vary in terms of the types of behaviours included and the relationship with the perpetrator. An incident is recorded as domestic violence by the police if it involves physical, sexual or emotional abuse which takes place within the context of a close relationship. In most cases this will be between partners (married, cohabiting or otherwise) or ex-partners. The retention of the term 'violence' in police data reflects the reality of police-recorded incidents. In reality, police-recorded domestic violence is dominated by physical and sexual abuse incidents, with emotional abuse such as controlling behaviour much less likely to be reported to the police.



## Section 8. Violence domain

### 61. Neighbourhood violence

#### 61.1. Neighbourhood violence (survey data)

<b>Definition</b>	Percentage of adults (16yrs+) who had experienced violence, excluding violence by a household member, occurring locally <sup>i</sup> in the previous year		
<b>Source</b>	Scottish Crime and Justice Survey, 2008-2009		
<b>GG&amp;C estimate</b>	3% of respondents reported being a victim of a violent crime in their neighbourhood in the previous year		
<b>Summary</b>	<ul style="list-style-type: none"> <li>Violent neighbourhood crime was 50% more common in GG&amp;C than in the rest of Scotland.</li> <li>Males were 50% more likely to be victims of violent crime than women.</li> <li>There was a strong association between being a victim of violent crime and age; those in the youngest age group (16-24 yrs) were over three times more likely to be a victim of a violent crime than those aged 45 years or above.</li> <li>Violent crime was twice as high in the 15% most deprived areas of Scotland compared to the 85% least deprived areas.</li> </ul>		
<b>Geography</b>	<b>GG&amp;C</b>	<b>Rest of Scotland</b>	Ratio
	3	2	1.5 [ \$ ]

#### Inequalities in % reporting being a victim of neighbourhood violence: [Scotland](#)<sup>ii</sup>

<b>Sex</b>	<b>Female</b>	<b>Male</b>		Ratio	
	2	3		1.5 <sup>iii</sup>	
<b>Age</b>	<b>16-24</b>	<b>25-44</b>	<b>45-59</b>	<b>60+</b>	Trend
	7	3	2	*	Strong <sup>iii</sup>
<b>Area level deprivation (SIMD)</b>	<b>85% least deprived</b>	<b>15% most deprived</b>			Ratio
	2	4			2 <sup>iii</sup>

**i:** Locally is defined as within 15 minutes walk from the victim's house

**ii:** Data for sub-populations within GG&C was not available

**iii:** Insufficient information available to determine the statistical significance of the difference between sexes, age groups or area deprivation

Ratio represents the highest to lowest; deprivation ratios are based on the first and last categories

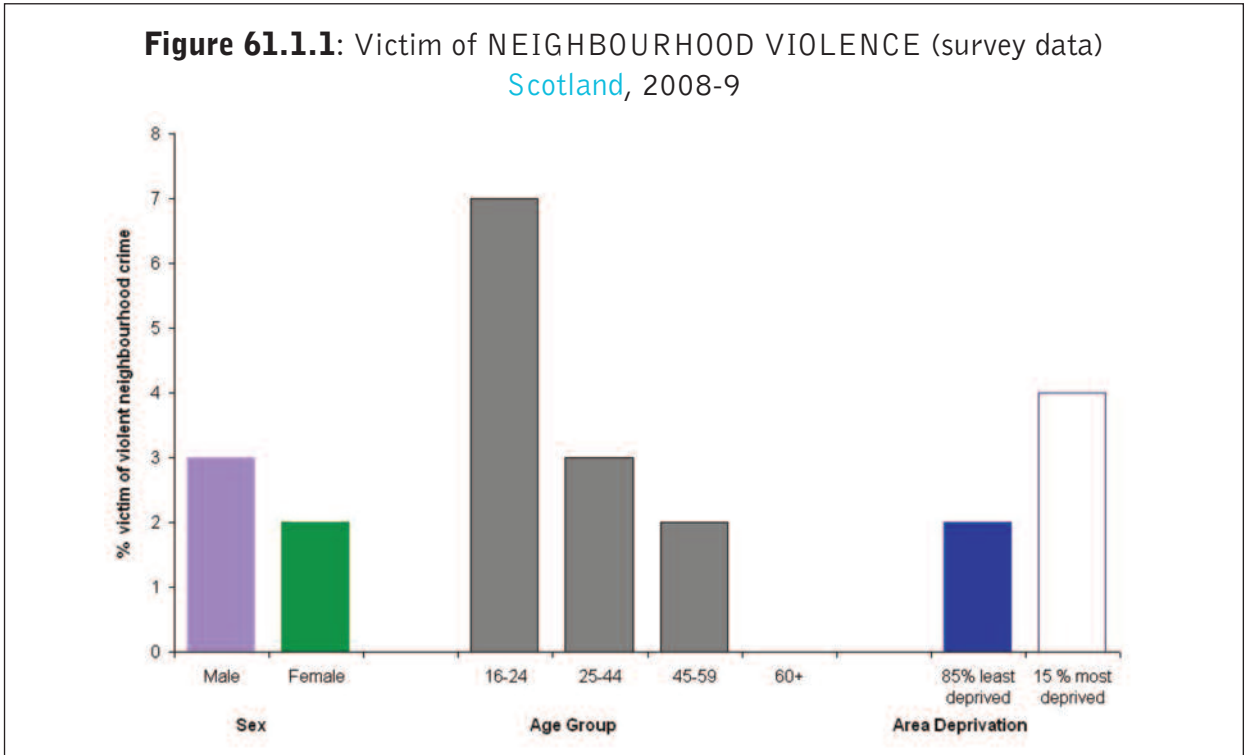
**[\$]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

For explanation of area level deprivation see Notes and Definitions ([click here](#))

\*: Suppressed data because of small numbers

## Section 8. Violence domain



## Section 8. Violence domain

### 61.2. Neighbourhood violence: victims and offenders (police-recorded)

#### Victims of violent crime

<b>Definition</b>	Number of victims of a violent crime <sup>i</sup> recorded by the Strathclyde Police per 10,000 population, age and sex standardised <sup>ii</sup>	
<b>Source</b>	Violence Reduction Unit of the Strathclyde Police, 2009-2010	
<b>GG&amp;C estimate</b>	154 victims of a violent crime were recorded for 2009-2010 per 10,000 population (equivalent to 1.5% of the population)	
<b>Summary</b>	<ul style="list-style-type: none"> <li>• Men were 40% more likely to be a victim of violent crime than women.</li> <li>• There was a strong association between age and being a victim of a violent crime, with the highest levels seen in the 15-19 year olds.</li> <li>• A strong association was seen with area deprivation; those in the most deprived quintile were over four times more likely to be a victim of a violent crime than their counterparts in the least deprived quintile.</li> <li>• The number of victims of violent crime varied dramatically by local authority (Figure 61.2.2).</li> </ul>	
<b>Geography</b>	<b>GG&amp;C</b> 154	<b>Rest of Scotland</b> n/a

#### Inequalities in number of victims of violent crime per 10,000: GG&C

<b>Sex</b>	<b>Female</b>		<b>Male</b>							<b>Ratio</b>
	128		181							1.4 [ \$ ]
<b>Age</b>	<b>0-14</b>	<b>15-19</b>	<b>20-24</b>	<b>25-29</b>	<b>30-34</b>	<b>35-39</b>	<b>40-44</b>	<b>45-49</b>	<b>50+</b>	<b>Trend</b>
	70	374	345	277	256	221	181	142	46	Strong
<b>Area level deprivation</b>	<b>5 (least deprived)</b>		<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>				<b>Ratio</b>
(SIMD quintiles)	56		79	109	150	243				4.3 [ \$ ]

**i:** Violent crime included: murder, attempted murder, serious assault, simple/petty assault, robbery, assault with intent to rob

**ii:** All estimates standardised to the European Standard Population, by age and sex where appropriate

Ratio represents the highest to lowest; deprivation ratios are based on the first and last categories

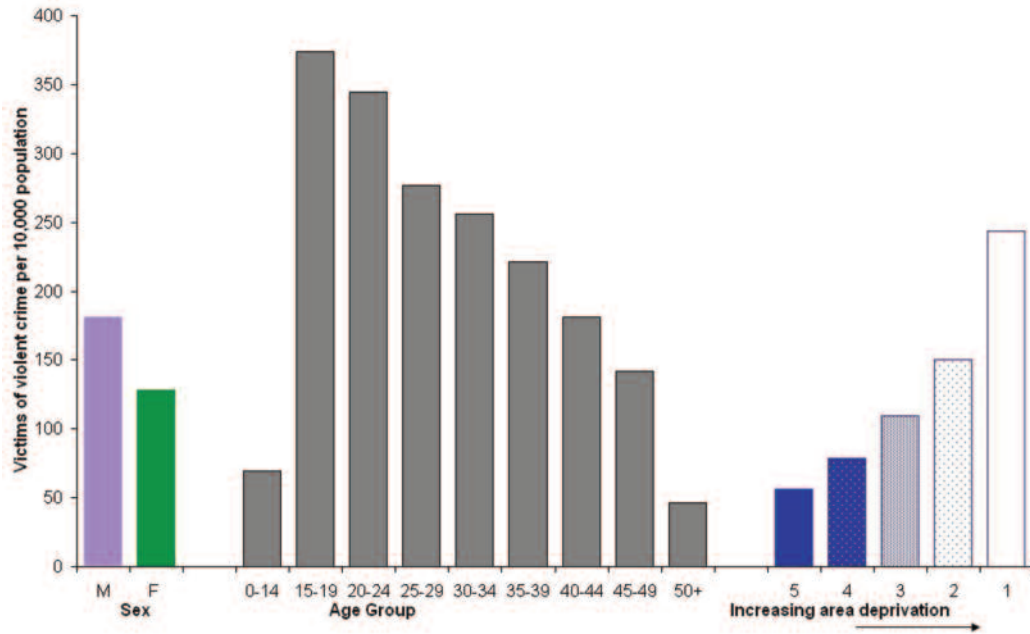
**[\$]:** Statistically significantly different from 1

**[NS]:** Meaningful difference but not statistically significantly different from 1

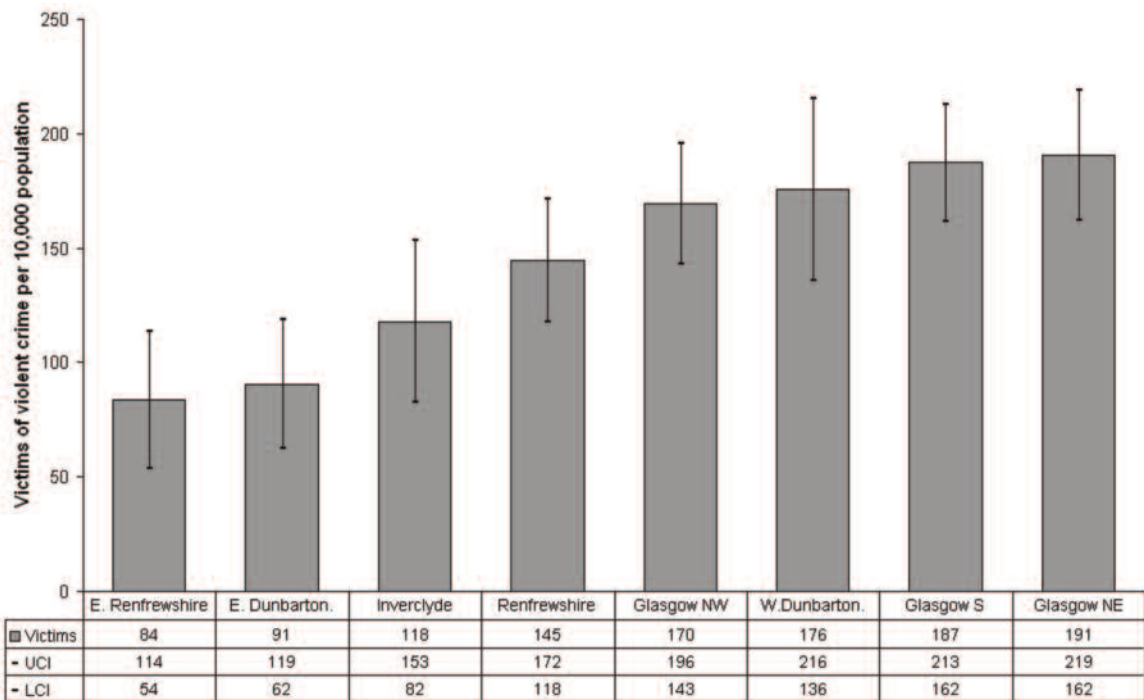
For explanation of area level deprivation see Notes and Definitions ([click here](#))

Section 8. Violence domain

**Figure 61.2.1:** VICTIMS of VIOLENT CRIME - police recorded Greater Glasgow & Clyde, 2009-10



**Figure 61.2.2:** VICTIMS of VIOLENT CRIME - police recorded By local authority/sector, 2009-10



UCI: upper confidence limit; LCI: lower confidence limit

## Section 8. Violence domain

### Offenders of violent crime

<b>Definition</b>	Number of offenders of a violent crime <sup>i</sup> recorded by the Strathclyde Police per 10,000 population, age and sex standardised <sup>ii</sup>	
<b>Source</b>	Violence Reduction Unit of the Strathclyde Police, 2009-2010	
<b>GG&amp;C estimate</b>	84 offenders of a violent crime per 10,000 population were recorded for 2009-2010 (equivalent to 0.8% of the population)	
<b>Summary</b>	<ul style="list-style-type: none"> <li>Men were nearly four times more likely to be offenders of violent crime than women, which represents a greater difference than for victims of violent crime.</li> <li>As with victims of violent crime, the young and those living in the most deprived quintile were much more likely to be offenders of violent crime than older individuals or those living in the least deprived quintile.</li> <li>The number of offenders of violent crime varied dramatically by local authority (Figure 61.2.4 to 61.2.5).</li> </ul>	
<b>Geography</b>	<b>GG&amp;C</b> 84	<b>Rest of Scotland</b> n/a

#### Inequalities in the number of offenders of violent crime per 10,000: GG&C

<b>Sex</b>	<b>Female</b>		<b>Male</b>							Ratio
	36		132							3.8 [ \$ ]
<b>Age</b>	<b>0-14</b>	<b>15-19</b>	<b>20-24</b>	<b>25-29</b>	<b>30-34</b>	<b>35-39</b>	<b>40-44</b>	<b>45-49</b>	<b>50+</b>	Trend
	31	248	201	154	141	117	93	65	19	Strong
<b>Area level deprivation</b>	<b>5 (least deprived)</b>		<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>				Ratio
(SIMD quintiles)	22		30	53	78	144				6.5 [ \$ ]

**i:** Violent crime included: murder, attempted murder, serious assault, simple/petty assault, robbery, assault with intent to rob

**ii:** All estimates standardised to the European Standard Population, by age and sex where appropriate

Ratio represents the highest to lowest; deprivation ratios are based on the first and last categories

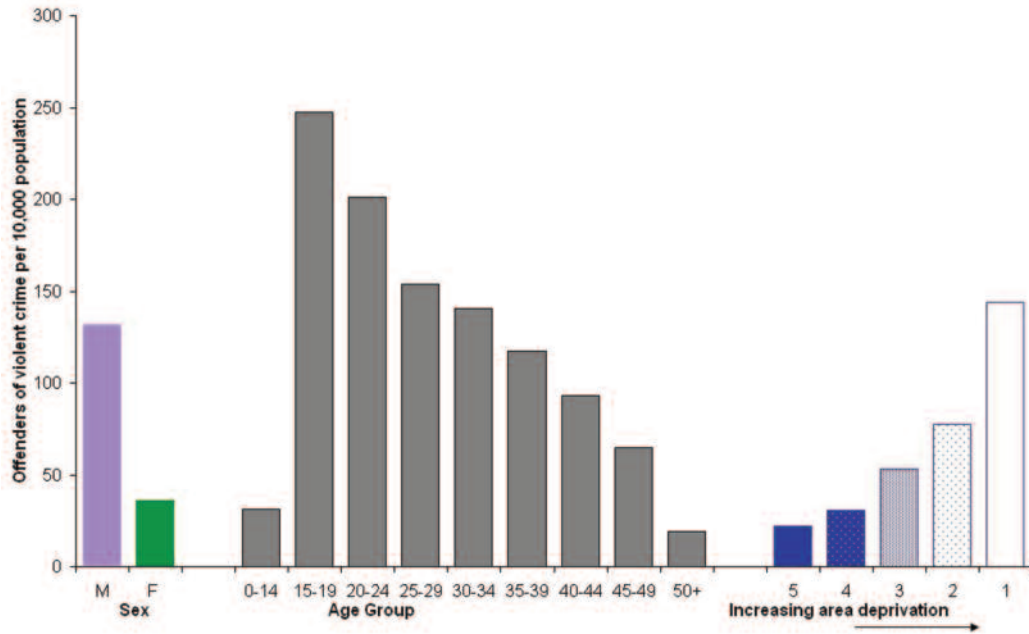
**[ \$ ]:** Statistically significantly different from 1

**[ NS ]:** Meaningful difference but not statistically significantly different from 1

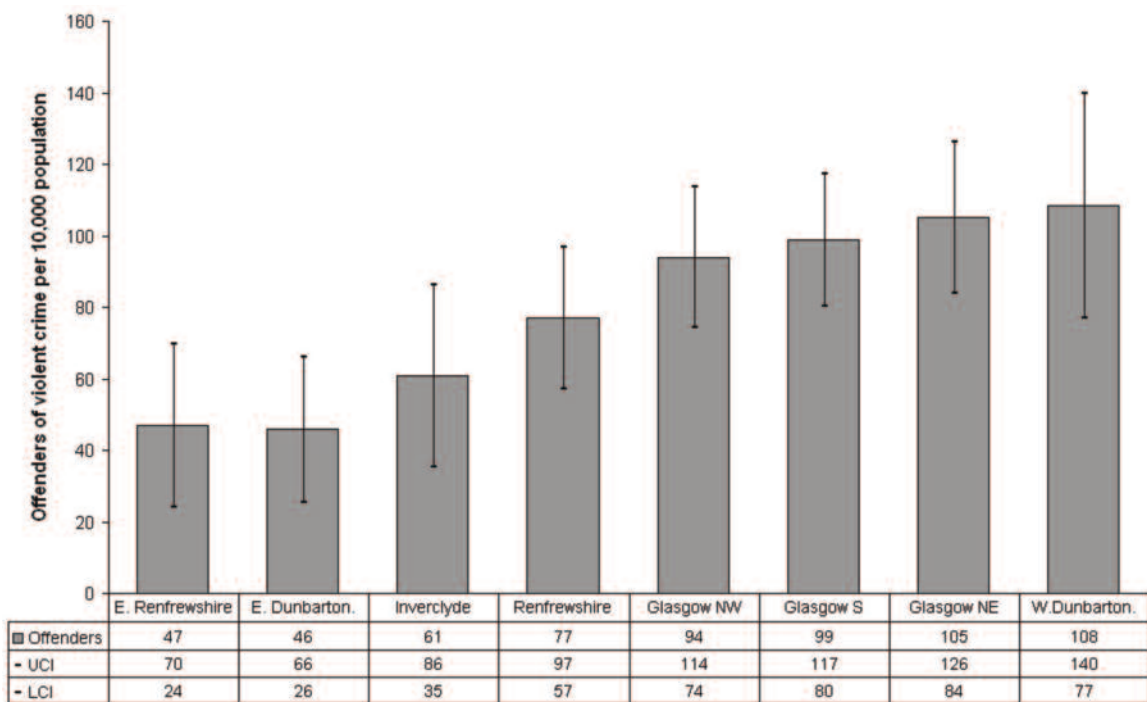
For explanation of area level deprivation see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Violence domain**

**Figure 61.2.3:** OFFENDERS of VIOLENT CRIME - police recorded  
 Greater Glasgow & Clyde, 2009-10



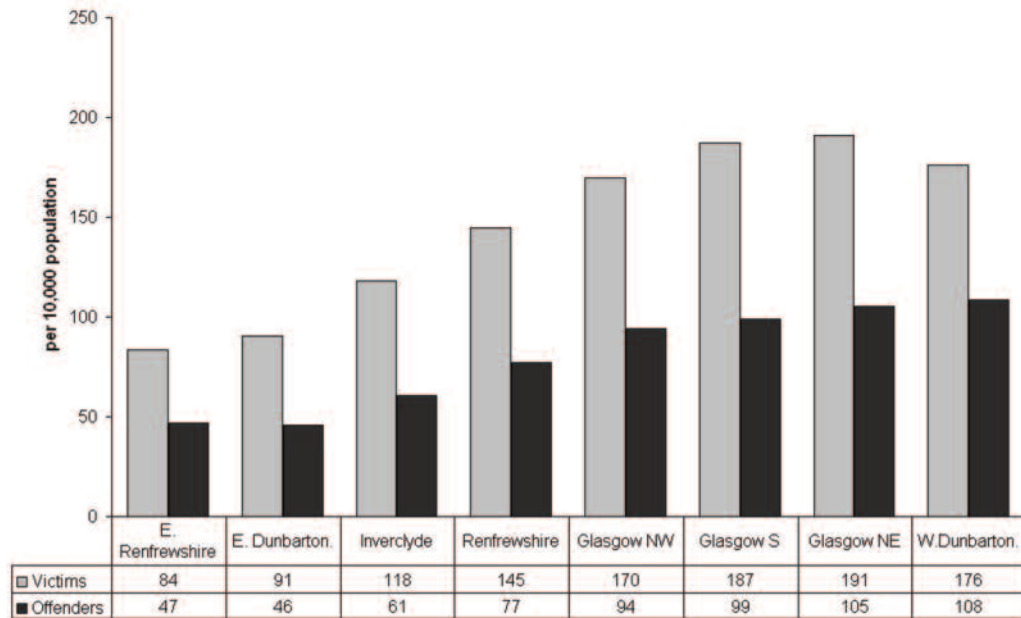
**Figure 61.2.4:** OFFENDERS of VIOLENT CRIME - police recorded  
 By local authority/sector, 2009-10



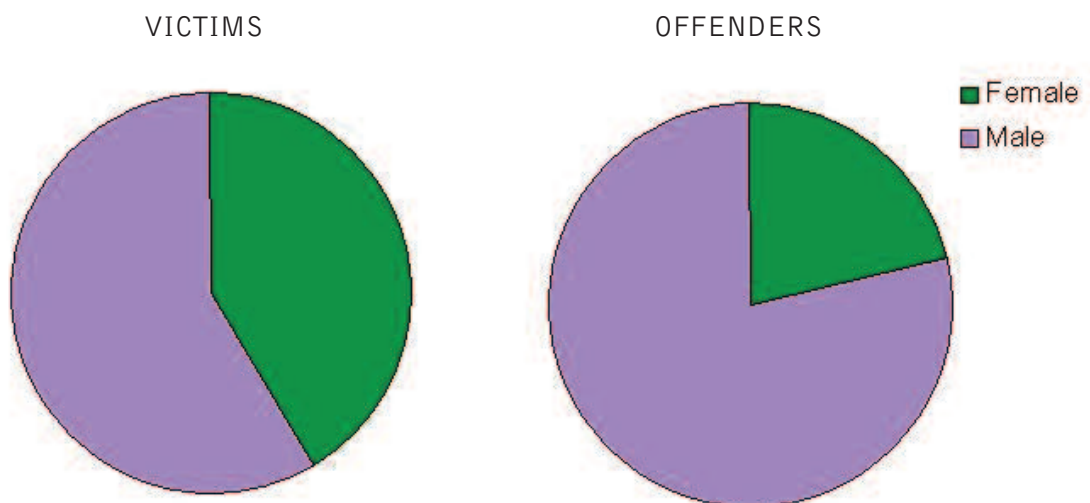
**UCI:** upper confidence limit; **LCI:** lower confidence limit

## Section 8. Violence domain

**Figure 61.2.5:** VICTIMS and OFFENDERS of VIOLENT CRIME - police recorded  
By local authority/sector, 2009-10



**Figure 61.2.6:** VICTIMS and OFFENDERS of VIOLENT CRIME - police recorded  
Greater Glasgow & Clyde by SEX, 2009-10









## Section 9. Methods

### **Mental Health in Focus:**

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# Contents

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## Statistical analysis

Data analysis was carried out using PASW Statistics version 18. Estimates were rounded to reflect the level of certainty i.e. several decimal places were presented if the data supported that level of accuracy. Ratios were calculated using un-rounded estimates. Statistical significance between means was determined by a two tailed t-test, and between proportions was determined by Pearson's chi-squared test. P-values of 0.05 or below were taken to support statistical significance. 95% confidence intervals were generated using standard formulae.

*Interpreting statistical significance:* Achieving a statistically significant result will depend not only on the size of the difference between comparison groups but also the size of the sample and the variation in the measure across the population. Therefore, with large samples (e.g. total population data, GP practice data) or for measures with very little variation across the population (small standard errors, e.g. the WEMWBS) small differences reach statistical significance but do not necessarily reflect meaningful difference. Similarly, for small samples (e.g. GG&C data from the nurse section of the Scottish Health Survey) relatively large differences fail to reach statistical significance. Therefore, statistical significance has guided the interpretation of differences between comparison groups, with differences that fail to reach statistical significance highlighted where appropriate. Sample sizes are presented in '*Indicators definitions and sources*'.

## Weighting survey data

Survey data were weighted by the appropriate weighting variable provided. For indicators using the Scottish Health Survey 2009 data pre-revised Scottish Health Survey weights were used. The revised weights, released just prior to publication of this report, are only marginally different to the originally released weights and are expected to alter estimates by a maximum of 1 percentage point. Analysis of indicators using 2009 Scottish Health Survey will be repeated and any substantially different estimates published.

## Standardising

Data were standardised to the Standard European Population. For rare outcomes, confidence intervals of standardised rates were wide. To provide more certainty crude rates were often presented with their confidence intervals, although it is appreciated that different age and sex distributions of populations may need to be considered when interpreting crude rates. Comparisons between crude and standardised rates were made and any relevant differences highlighted.

# A Profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 9. Methods

### Geographical boundaries

Unless otherwise stated, GG&C refers to NHS Greater Glasgow & Clyde (as defined in 2006).

Where data were only available for local authority areas, figures for Greater Glasgow & Clyde were estimated by aggregating over the six major local authorities in the health board area (i.e. East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde, Renfrewshire and West Dunbartonshire).

One intermediate zone in East Renfrewshire – Busby – falls across both GG&C and Lanarkshire health boards and was generally excluded from the analysis.

Three neighbourhoods in Glasgow City span more than one sector (Table M.1). Unless otherwise stated, analysis by sector included only the population resident in the relevant sector.

**Table M.1:** Distribution of three neighbourhoods which span more than one sector

Neighbourhood	Sector	
	Glasgow NE	Glasgow NW
City Centre & Merchant City	10148	4830
Sighthill, Roystonhill & Germiston	10890	1851
Lambhill & Milton	1037	11844

### Time trend data

In 2006 the health board boundary changed when regions of NHS Argyll and Clyde were amalgamated with NHS Greater Glasgow to create NHS Greater Glasgow & Clyde. In the main, only data from after the boundary change have been included in this report, unless there were notable time trends or comparable geographies could be obtained.

## Definitions of populations & categories

### **Area deprivation:** Scottish Index of Multiple Deprivation (SIMD)

SIMD is an index which assigns a numerical measure of deprivation to geographical areas in Scotland. The index is built up from information on seven domains – current income; employment; health; education, skills and training; geographic access to services; housing; and crime – to produce an overall deprivation score. It is a *relative* measure of deprivation. For this report geographical areas were categorised into quintiles based on their deprivation score. An area in the most deprived quintile has a deprivation score which is the lowest fifth in Scotland.

Several versions of SIMD have now been produced, each using up-to-date domain information with some modifications to the methods between versions. Unless otherwise stated, SIMD 2006 has been used throughout this report.

### **Occupational classification:** National Statistics Socioeconomic Classification (NS-SEC)

Occupational group classification was based on the NS-SEC, a method of coding occupations into categories. The information about employment status (e.g. occupation, whether the respondent is an employer, self-employed or an employee; whether a supervisor, manager etc), which is usually gathered by self-report, is coded to the unit groups (OUG) of the Standard Occupational Classification 2000 (SOC 2000). The three-class version was used for this report. The three categories, and examples of occupations included, are given below:

<b>Occupational categories</b>	<b>Description</b>
Managerial and professional	Includes higher and lower managerial roles, recognised professional roles (teacher, doctor, police officer, etc).
Intermediate	Includes clerical roles (e.g. personal assistant), employers of small organisations and other miscellaneous occupations (e.g. nursery nurse).
Routine and manual	Includes lower supervisory, technical, semi-routine, service and routine roles.

The three-class version is usually expected to be related to outcomes in an ordinal fashion, although it is recognised that the Intermediate occupational group includes quite disparate occupations. In addition, in the Scottish Health Survey data there were few records in GG&C in the intermediate group, which produced unstable estimates and fluctuations. For this reason, comparisons between occupational groups have focused on the managerial and professional category and the routine and manual category.

**Minority ethnic groups:** In general the ethnic minority sample in survey data was too small to analyse the indicators by ethnicity. However, for the indicators in the discrimination domain ethnicity was described. An individual was defined as being from an ethnic minority if they reported their ethnicity as anything other than white Scottish, English, (Northern) Irish or British (those with unknown ethnicity or who refused to answer the question were coded as missing).

**Mental health diagnostic categories:** Two indicators (psychiatric inpatient admissions and mental health related incapacity benefit claims) could be analysed by diagnosis. Psychiatric diagnoses (ICD-10 F codes) were grouped into seven broad categories based on the ICD-10 diagnoses, in consultation with a psychiatrist (Table M.2). Numbers in the learning difficulties category were small for both indicators and were excluded from diagnosis specific analysis, but included when all psychiatric diagnoses were analysed.

## Section 9. Methods

**Table M.2** Mental health categories defined by ICD-10 diagnostic codes

Category	ICD-10 codes	Name
1	F10.0 - F10.9	Alcohol-induced disorders
2	F11.0 - F19.9	Drug-induced disorders
3	F20.0 - F29.X	Schizophrenia and related disorders
4	F30.0 - F39.X	Mood [affective] disorders (includes depression)
5	F40.0 - F48.9	Neurotic and related disorder (includes anxiety)
6	F70.0 - F79.9; F80.0 - F89.X;	Learning difficulties
7	F00-09; F50.0 - F59.X; F60.0 - F69.X; F90.0 - F98.9; F99.X;	Other (includes: organic, including symptomatic, mental disorders; behavioural syndromes associated with physiological disturbances and physical factors; disorders of adult personality and behaviour; behavioural and emotional disorders with onset usually occurring in childhood and adolescence; unspecified mental disorder)
All	All of above	

## Data sources

A comprehensive overview of the national survey data streams used in this report is available on the ScotPHO website<sup>1</sup>. Descriptions of data sources not detailed there are described below.

*Annual Population Survey:* The Annual Population Survey (APS) combines results from the Labour Force Survey (LFS) and the English, Welsh and Scottish Labour Force Survey boosts. The APS is the primary source for information on local labour markets providing headline estimates on employment, unemployment and economic activity. The APS is the largest annual household survey in Scotland and provides a wealth of information about individuals' personal circumstances and their work. The survey is made up of individuals living at private households in the UK and is designed to be representative of the national population.

*Quality and Outcomes Framework depression diagnosis register from QMAS database:* The national Quality and Outcomes Framework (QOF) was introduced on 1 April 2004 to measure and remunerate GPs within the agreed General Medical Service contract. The Quality Management Analysis System (QMAS) is an IT system which collates and publishes QOF data. Participation by practices in the QOF is voluntary, therefore not all practices are included, but participation rates are very high, with most practices taking part. The target registers of interest to this report were the depression and mental health registers. These registers detail the proportion of the GP registered population with the relevant diagnosis. For specific information about the two registers see indicators 4.2 and 10.2 below.

*PsyCIS:* is a Psychosis Clinical Information System for monitoring the long-term follow up care of patients in the Greater Glasgow area with a diagnosis of psychosis. The system is maintained by a team who systematically collect and record clinical and demographic information on the patients diagnosed with psychosis and under the care of adult Community Mental Health Teams in selected areas within GG&C. Patient information is updated on an annual basis. There are no data available for Renfrewshire or Inverclyde.

<sup>1</sup> <http://www.scotpho.org.uk>

*Population data:* were obtained from the General Register Office for Scotland. For small geographical areas *small area population estimates* (SAPE) were used.

**Table M.3 Data sources by indicator**

Data source	Indicators
Annual Population Survey	Adult learning, Worklessness (42.1), Education
Scottish Health Survey	Positive mental health, Life satisfaction, Common mental health problems, Depression (4.1), Anxiety, Alcohol dependency, Physical activity, Healthy eating, Alcohol consumption, Self-reported health, Long-standing physical condition or disability, Limiting long-standing physical condition or disability, Involvement in local community, Influencing local decisions, Social contact, Social support, Caring, General trust, Neighbourhood trust, Victim of discrimination, Victim of harassment, Work-related stress, Work-life balance, Working life demands, Working life control, Manager support, Colleague support
Scottish Household Survey	Volunteering, Neighbourhood safety, Home safety, Financial management, Financial inclusion, Neighbourhood satisfaction, Greenspace
Scottish Household Condition Survey	Noise, House condition, Overcrowding (subjective & objective)
Quality and Outcomes Framework	Depression (4.2), Psychosis (10.2)
General Register Office for Scotland	Mental health related drug deaths, Mental health related alcohol deaths, Suicide
PsyCIS	Psychosis (10.1)
Scottish Crime and Justice Survey	Drug use, Perception of local crime, Non-violent neighbourhood crime, Perception of racial discrimination in Scotland, Partner abuse (60.1), Neighbourhood violence (61.1)
Violence Reduction Unit of the Strathclyde Police	Police-recorded acquisitive crime, Partner abuse (60.2), violence crime (61.2) – victims and offenders
Scottish Morbidity Record 04 linked file	Psychiatric inpatient discharges
Department of Work and Pensions	Mental health related incapacity benefit claims (42.3)
Office for National Statistics (via NOMIS)	Job Seekers Allowance claims (42.2),

Unless otherwise stated survey data were obtained from the UK Data Archive.

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### Indicator definitions and sources

<b>Positive mental health (WEMWBS) (Indicator 1)</b>	
Source	Scottish Health Survey [2008, main – self completed, 16yrs+]
Definition	Mean score on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS, minimum-maximum=14-70) for adults (16yrs+)
Total valid N	N=5787 (unweighted total)
Missing	(unweighted) n=678 refused/not obtained [Scotland]. This is comparatively high because these data were collected through a self-completed form
Details	Variable used = 'WEMWBS'; individual weight used The WEMWBS scale is a positively worded, 14-item, self-completed questionnaire covering most aspects of positive mental health known at the time of development. The questionnaire is made up of 14 questions about thoughts and feelings over the previous two weeks (see Appendix 1) with each question scored on a five-point scale giving a minimum score of 14 and a maximum of 70.

<b>Life satisfaction (Indicator 2)</b>	
Source	Scottish Health Survey [2008, main, 16yrs+]
Definition	Mean score of how satisfied adults (16 yrs+) are with their life (0=extremely dissatisfied, 10=extremely satisfied)
Total valid N	N=6438 (unweighted total)
Missing	(unweighted) n=27 refused/don't know [Scotland]
Details	Variable used = 'lifesat'; individual weight used The question ' <i>All things considered, how satisfied are you with your life as a whole nowadays?</i> ' is scored on an 11-point scale.



<b>Common mental health problems (General Health Questionnaire-12) (Indicator 3)</b>	
Source	Scottish Health Survey [2008, main - self completed, 16yrs+]
Definition	Percentage of adults with a score of 4 or more on the General Health Questionnaire-12
Total valid N	N=6171 (unweighted total)
Missing	(unweighted) n=635 refused/not obtained [Scotland]. This is comparatively high because these data were collected through a self-completed form
Details	Based on variable = 'GHQg2'; individual weight used The GHQ-12 is a validated scale* which consists of 12 questions about general mental health over the previous few weeks. Each question is scored on a 4-point scale. A score of 4 or more is considered indicative of possible common mental health problems.  * Goldberg et al, Psychol Med. 1997 Jan; 27(1):191-7.

<b>Depression (Indicator 4.1)</b>	
Source	Scottish Health Survey [2008, nurse interview, 16yrs+]
Definition	Percentage of adults with a symptom score of 2 or more on the depression section of the Revised Clinical Interview Schedule (CIS-R)
Total valid N	N=1123 (unweighted total)
Missing	(unweighted) n=0
Details	Based on variable = 'DVG11'; nurse weight used The depression section of the CIS-R consists of up to 4 questions asking about symptoms of depression in the previous week, providing a score from 0 to 4. A score of 2 or more indicates moderate to high symptoms of depression. See Appendix 2 for more details of the CIS-R.

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<b>Depression (QOF depression register) (Indicator 4.2)</b>	
Source	Quality and Outcomes Framework depression diagnosis register from QMAS database, accessed via ISD Scotland website. Data from 2006-2007, 2007-2008, 2008-2009 used with total GP list sizes of 5396413, 5417896 and 5367651, respectively. All GP practice types are included (see Data Sources above for more details of this data source)
Definition	Number of adults (18yrs+) on the depression primary care register (DEP2)* per 100 persons (0yrs+) registered with the GP *(all depression READ codes, excluding those included on the Mental Health register)
Details	The DEP2 register includes those with a new diagnosis of depression, recorded between the preceding 1 April and 31 March. READ codes, which are alphanumeric codes used by GPs to code consultations, were used to identify individuals with depression. All depression-related READ codes, including post-natal depression, were included but psychosis-related depression READ codes were excluded  The number of patients on the depression register is recorded for each GP practice in Scotland, with a few exceptions. The size of the depression register is presented as a proportion of the total GP register size  No data on age or sex of the individuals on the depression register is available

<b>Anxiety (Indicator 5)</b>	
Source	Scottish Health Survey [2008, nurse interview, 16yrs+]
Definition	Percentage of adults (16yrs+) with a symptom score of 2 or more on the anxiety section of the Revised Clinical Interview Schedule (CIS-R)
Total valid N	N=1123 (unweighted total)
Missing	(unweighted) n=0
Details	Based on variable = 'DVJ12'; nurse weight used The anxiety section of the CIS-R consists of up to four questions asking about symptoms of anxiety, providing a score from 0 to 4. A score of 2 or more indicates moderate to high symptoms of anxiety. See Appendix 2 for more details of the CIS-R.

**Alcohol dependency (Indicator 6)**

Source	Scottish Health Survey [2008, main - self completed, 16yrs+]
Definition	Percentage of adults (16yrs+) who score 2 or more on the CAGE questionnaire, suggestive of alcohol dependency
Total valid N	N=4589 (unweighted total)
Missing	(unweighted) n=139 refused, n=456 schedule not obtained. This latter figure is comparatively high because these data are collected through a self completed form
Details	<p>Based on variables 'dcut, dguilt, dcritic, dnerves'; individual weight used</p> <p>The CAGE questionnaire consists of four questions (Have you ever felt you should <b>C</b>ut down on your drinking? Have people <b>A</b>nnoyed you by criticizing your drinking?, Have you ever felt bad or <b>G</b>uilty about your drinking?, Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (<b>E</b>ye opener)?). Alcohol dependency is defined as a positive response (i.e. yes) to two or more of these questions. See Appendix 3 for more details.</p> <p>For the NHS Health Scotland 2008 report of the national mental health indicators missing values were coded as no alcohol dependency. In this report these are converted to missing, which gives slightly higher estimates</p>

**Mental health related drug deaths (Indicator 7)**

Source	General Register Office for Scotland, 2000-2009 (using year of registration), (16yrs+)
Definition	<p>Mental health related drug deaths in adults (16yrs+) per 100,000 population</p> <p>Mental health related drug deaths included deaths where the principal cause of death was ICD-10 coded F11-F16 &amp; F19 (mental and behavioural disorders due to use of opioids, cannabinoids, sedatives/hypnotics, cocaine, stimulants, hallucinogens, and multiple/psychoactive drug use)</p>
Details	<p>2833 mental health related drug deaths with geographical data were identified in Scotland between 2000-2009.</p> <p>Rates by geography, over time and by area deprivation were age and sex standardised to the European Standard Population; rates by sex and age were presented as crude rates. Estimates were based on single year data, except SIMD quintile estimates which were based on 2005-2009 data and local authority estimates which were based on 2006-2009 data.</p>
Missing Data	4077 (0.7%) of all deaths (all ages) recorded by the General Register Office for Scotland (2000-2009 inclusive) had no geographical data, 24 of these were mental health related drug deaths.

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<b>Mental health related alcohol deaths (Indicator 8)</b>	
Source	General Register Office for Scotland, 2000-2009 (using year of registration), (16yrs+)
Definition	Mental health related alcohol deaths in adults (16yrs+) per 100,000 population  Mental health related alcohol deaths included deaths where the principal cause of death was ICD-10 coded F10 (mental and behavioural disorders due to use of alcohol)
Details	Estimates for GG&C and the rest of Scotland were based on 2007-2009 data and were age and sex standardised to the European Standard population. Age, sex and area deprivation specific estimates were also based on 2007-2009 and were average annual crude rates. Estimates for local authorities were based on 2007-2009 data and estimates for small areas (neighbourhood/intermediate zone) used data from 2000-2009; both were average annual crude rates
Total valid N	3480 mental health related alcohol deaths in 16+ year olds registered in Scotland were identified between 2000 and 2009, inclusive
Missing data	4077 (0.7%) of all deaths (all ages) recorded by the General Register Office for Scotland (2000-2009 inclusive) had no geographical data, 24 of these were mental health related alcohol deaths

<b>Suicide (Indicator 9)</b>	
Source	General Register Office for Scotland, 2000-2009 (using year of registration), (16yrs+)
Definition	Adult (16yrs+) suicides per 100,000 population  Suicides include deaths by intentional self-harm or by undetermined intent (includes deaths ICD-10 coded X60-X84, Y10-Y34, Y87.0, Y87.2 as principal cause of death)
Details	Estimates for GG&C and the rest of Scotland used single year data, age and sex standardised to the European Standard population. Estimates for small areas (neighbourhood/intermediate zone) used data from 2000-2009, estimates for local authorities were based on 2006-2009, both were average annual crude rates. Estimates by SIMD quintile used data from 2005-2009 and were age and sex standardised average annual rates
Total valid N	8176 suicides in 16+ year olds registered in Scotland were identified between 2000 and 2009, inclusive. 746 suicides were identified in 2009, 737 were in those over 16 years of age
Missing data	4077 (0.7%) of all deaths (all ages) recorded by the General Register Office for Scotland (2000-2009 inclusive) had no geographical data, 212 of these were suicides

**Psychosis (Indicator 10.1)**

Source	PsyCIS, a register of all adults with a diagnosis of psychosis in East Dunbartonshire, East Renfrewshire, West Dunbartonshire & Glasgow City (PsyCIS area), 2005-2010
Definition	The number of open psychosis patients on a psychosis patient register (PsyCIS) per 100 population (18-64 yrs)
Valid N	N=4071 in the PsyCIS area
Details	Open records refers to patients currently being seen by a mental health team. Data were extracted from the database in March 2010 by the PsyCIS team  No comparable data are available for other regions of Scotland

**Psychosis (QOF Mental health register) (Indicator 10.2)**

Source	Quality and Outcomes Framework mental health diagnosis register from QMAS database, accessed via ISD Scotland website. Data from 2006-2007, 2007-2008, 2008-2009 used with total GP list sizes of 5396413, 5417896 and 5367651, respectively. All GP practice types are included (see Data Sources above for more details of this data source)
Definition	Percentage of the GP registered population (0yrs+) on the mental health primary care register. This largely consists of people with a diagnosis of schizophrenia, bipolar disorder or other psychoses
Valid N	N=43,327 (Scotland, 2008-2009)
Details	READ codes, which are alphanumeric codes used by GPs to code consultations, were used to identify individuals with a diagnosis of schizophrenia, bipolar disorder or other psychoses at some point in the primary care setting. Individuals on the register may not currently be in receipt of treatment either from the GP or mental health services  No data on age or sex of the individuals on the register is available

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### Psychiatric discharges (Indicator 11.1)

Source	Scottish Morbidity Record 04 linked file, individuals 16 years or above on admission, 2001-2009 (ISD Scotland)
Definition	Number of persons (resident in Scotland) discharged from a psychiatric hospital (includes NHS facilities only) per 1000 population (16yrs+)
Details	<p>Individuals were counted once per three year time period, regardless of the number of admissions made. It was not possible to link the same individual if they were admitted to a different Community Health (&amp; Care) Partnerships (CH(C)P), therefore a person admitted more than once in the three year period to a different CH(C)P would be counted more than once.</p> <p>Denominators for time periods 2001-2003, 2004-2006 and 2007-2009 used 2002, 2005 and 2008 population estimates (supplied by General Register Office for Scotland), respectively. For analysis by intermediate zones/neighbourhoods data from 2001-2009 were combined. Combined population data from 2002, 2005 and 2008 were used as the denominator making the small area estimates comparable with GG&amp;C and local authority estimates.</p>
Diagnosis	Where admissions are presented by diagnoses the main diagnosis was used. Seven diagnostic categories were developed, based on the ICD-10 code – see Table M.2

### Adult learning (Indicator 20)

Source	Annual Population Survey (Jan-Dec 2009), including females aged 16-59 and males aged 16-64.
Definition	Percentage of adults (no longer in continuous full-time education) that had participated in adult learning (taught or non-taught ) in the previous year
Caveat	These data exclude those who had undertaken job related training or education in the previous 3 months, but will include those who had undertaken job related training or education more than 3 months previously
Sample size	N=18,556 respondents in Scotland, N=3935 from GG&C.

**Physical activity (Indicator 21)**

Source	Scottish Health Survey [2008, main, 16-74yrs]
Definition	Percentage of adults (16-74yrs) who reported taking the recommended levels of physical activity in the previous four weeks
Total valid N	N=5742 (unweighted total)
Missing	No data available on missing values
Details	<p>The recommended levels were defined as taking at least 30 minutes of exercise on at least five days a week. For this analysis exercise could be accumulated in bouts of 15 minutes or more (although it is recognised that the Government recommendations state that activity can be accumulated in bouts as short as 10 minutes)</p> <p>Kindly provided by the Scottish Health Survey team, based on a number of questions probing about different types of physical activity including work-related activity</p>

**Healthy eating (Indicator 22)**

Source	Scottish Health Survey [2008, main, 16yrs+]
Definition	Percentage of adults who reported eating at least five portions of fruit or vegetables in the previous day
Total valid N	N=7977 (unweighted total). Individual weight used.
Missing	(unweighted) n=4 (refused)
Details	Based on variable = 'DVG11', a survey-team derived variable based on a large set of questions (over 20) probing about fruit and vegetable intake the previous day

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### Alcohol consumption: weekly drinking within recommended limits (Indicator 23)

Source	Scottish Health Survey [2008, main, 16yrs+]
Definition	Percentage of adults (16+) whose usual weekly alcohol consumption, based on the previous 12 months, was within the recommended weekly limits of 21 units for men and 14 units for women. Includes adults reporting no alcohol consumption
Total valid N	N=6375 (unweighted total). Individual weight used.
Missing	Unweighted: n=35 (refused), n=24 (didn't know)
Details	Variable = overlim, derived by the Scottish Health Survey team  Respondents were probed about the amount and the frequency (almost every day; five or six days a week; three or four days a week; once or twice a week; once or twice a month; once every couple of months; once or twice a year; not at all in the last 12 months) they consumed a variety of drinks – including wine, normal strength lager, strong lager, cider, spirits, fortified wine, etc

### Alcohol consumption: units drunk on heaviest drinking day (Indicator 24)

Source	Scottish Health Survey [2008, main, 16yrs+]
Definition	Mean number of units of alcohol consumed on the heaviest drinking day in the previous seven days, including only those who reported drinking some alcohol in the previous week
Total valid N	N=3974 (unweighted total). Individual weight used.
Missing	(Unweighted) n=35 (refused), n=24 (didn't know)
Details	Variable = d7ut08, derived by the Scottish Health Survey team  Respondents who reported at least some alcohol consumption in the previous week were probed about the amount consumed on each day of the previous week. Each type of drink was asked about separately.



**Drug use (Indicator 25)**

Source	Scottish Crime and Justice Survey [2008, main, 16-59yrs]
Definition	Percentage of adults (16-59 yrs) who reported taking illicit drugs in the previous 12 months. Illicit drugs were defined as amphetamine, cannabis, cocaine, crack, ecstasy, heroin, LSD, magic mushrooms, methadone/physeptone, temazepam, valium, anabolic steroids, poppers, crystal meth, ketamine, glues, solvents, gas or aerosols
Total valid N	N=7467 (unweighted total). Individual weight used.
Missing	(Unweighted) n=11 (incomplete responses)
Details	Respondents who reported taking illicit drugs in the previous 12 months were asked specifically about the above 18 drugs

**Self-reported health (Indicator 26)**

Source	Scottish Health Survey [2008, main, 16yrs+]
Definition	Percentage of adults (16yrs+) who perceived their health in general to be good or very good
Total valid N	N=6462 (unweighted total). Individual weight used.
Missing	N=3 (refused/don't know)
Details	Respondents were asked in a single question (var= GenHelf) to rate their health, the possible responses being: very good, good, fair, bad or very bad. Responses were collapsed into two categories (good/very good or fair/bad/very bad)

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<b>Long-standing physical condition or disability (Indicator 27)</b>	
Source	Scottish Health Survey [2008, main, 16yrs+]
Definition	Percentage of adults (16yrs+) who report a long-standing physical illness, disability or infirmity
Total valid N	N=6464 (unweighted total). Individual weight used
Missing	N=1 (refused/don't know)
Details	Respondents were asked in a single question if they had a long-standing physical or mental condition or disability that has troubled them for at least 12 months or that is likely to affect them for at least 12 months. Those who reported a long-standing illness were probed about their conditions, with a maximum of six conditions recorded. If any of these six were recorded as mental-health related (var= compm3) they were excluded from the numerator, leaving only <i>physical</i> long-standing condition or disability

<b>Limiting long-standing physical condition or disability (Indicator 28)</b>	
Source	Scottish Health Survey [2008, main, 16yrs+]
Definition	Percentage of adults (16yrs+) who have a <i>limiting</i> long-standing physical illness, disability or infirmity
Total valid N	N=6464 (unweighted total). Individual weight used
Missing	N=1 (refused/don't know)
Details	Includes those respondents who reported a long-standing physical illness, disability or infirmity (see indicator 27, above) and also reported that their condition limited their activity (var= limitill)

**Volunteering (Indicator 30)**

Source	Scottish Household Survey [2007-2008, 16yrs+]
Definition	Percentage of adults (16yrs+) who participated in volunteering at least five to six times in the previous year
Total valid N	N=12539 (unweighted total)
Details	<p>Respondents were asked a series of questions about volunteering (var= rf11a, vol1aa to vol1ao, vol1ba to vol1bo, vol2). Prompt questions were included which asked specifically about volunteering in a number of groups (for example, sports groups, charities, churches, political groups, social groups, etc). Those who reported some volunteering were asked about the frequency of volunteering</p> <p>This method is slightly different from the method used for the national mental health indicators (Taulbut M, Parkinson J, Catto S and Gordon D. <i>Scotland's Mental Health and its Context: Adults 2009</i>. Glasgow: NHS Health Scotland, 2009) and as such is not directly comparable. The main difference between the two methods relates to the way in which the denominator was calculated. For further information contact Deborah Shipton (<a href="http://www.gcph.co.uk">www.gcph.co.uk</a>)</p>

**Involvement in local community (Indicator 31)**

Source	Scottish Health Survey [2009, 16yrs+, Schedule A, a sub-set of main sample]
Definition	Percentage of adults (16yrs+) who feel involved in their community a great deal or a fair amount
Total valid N	N=2578 (unweighted total), vera09wt weight used
Missing	N=16 refused/don't know
Details	<p>A random sample of 2,928 respondents was asked additional questions (Schedule A). One such question asked how involved they feel in the local community, with possible responses being 'a great deal', 'a fair amount', 'not very much' or 'not at all'</p> <p>The analysis of sub-populations (age, sex, deprivation) was based on data from all of Scotland (i.e. not limited to respondents from GG&amp;C). This was to ensure that the sample was large enough to provide robust estimates.</p>

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### Influencing local decisions (Indicator 32)

Source	Scottish Health Survey [2009, 16yrs+, Schedule A, a sub-set of main sample]
Definition	Percentage of adults (16yrs+) who agreed or strongly agreed they could influence decisions affecting their local area
Total valid N	N=2555 (unweighted total), vera09wt weight used.
Missing	N=39 refused/don't know
Details	<p>A random sample of 2,928 respondents was asked additional questions (Schedule A). One such question asked if the respondent agreed they could influence decisions affecting their local community, with possible responses being '<i>strongly agree</i>', '<i>agree</i>', '<i>neither agree nor disagree</i>', '<i>disagree</i>' or '<i>strongly disagree</i>'. N=27 individuals who reported they '<i>didn't have an opinion</i>' in free text were recoded as '<i>neither agree nor disagree</i>'</p> <p>The analysis of sub-populations (age, sex, deprivation) was based on data from all of Scotland (i.e. not limited to respondents from GG&amp;C). This was to ensure that the sample was large enough to provide robust estimates.</p>

<b>Social contact (Indicator 33)</b>	
Source	Scottish Health Survey [2009, 16yrs+, Schedule A, a sub-set of main sample]
Definition	Percentage of adults (16yrs+) who had contact with friends or relatives not living with them at least once a week (in person, by phone, letter, email or through the internet)
Total valid N	N=2584 (unweighted total), vera09wt weight used.
Missing	N=10 refused/don't know
Details	<p>A random sample of 2,928 respondents was asked additional questions (Schedule A). One such question asked how frequently they had contact with relatives, friends or neighbours not living with them, with possible responses being '<i>on most days</i>', '<i>once or twice a week</i>', '<i>once or twice a month</i>', '<i>less than once a month</i>' and '<i>never</i>'</p> <p>The analysis of sub-populations (age, sex, deprivation) was based on data from all of Scotland (i.e. not limited to respondents from GG&amp;C). This was to ensure that the sample was large enough to provide robust estimates</p>

<b>Social support (Indicator 34)</b>	
Source	Scottish Health Survey [2009, 16yrs+, Schedule A, a sub-set of main sample]
Definition	Percentage of adults (16yrs+) with a primary support group of three or more to rely on for comfort and support in a personal crisis
Total valid N	N=2571 (unweighted total), vera09wt weight used
Missing	N=23 refused/don't know
Details	<p>A random sample of 2,928 respondents was asked additional questions (Schedule A). One such question asked how many people the respondent could turn to in a crisis</p> <p>The analysis of sub-populations (age, sex, deprivation) was based on data from all of Scotland (i.e. not limited to respondents from GG&amp;C). This was to ensure that the sample was large enough to provide robust estimates</p>

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### Caring (Indicator 35)

Source	Scottish Health Survey [2008, main, 16yrs+]
Definition	Percentage of adults (16yrs+) who provide 20 or more hours of care per week to a member of their household or to someone not living with them [excluding help provided in the course of their employment and excluding care of their own children]
Total valid N	N=6460 (unweighted total), individual weight used
Missing	N=5 refused/don't know
Details	Respondents were asked if they provided any regular help or care for any sick, disabled or frail person (var=RG15) and those responding 'yes' were asked how many hours per week they provided care (var=RG17)

### General trust (Indicator 36)

Source	Scottish Health Survey [2009, 16yrs+, Schedule A, a sub-set of main sample]
Definition	Percentage of adults (16yrs+) who reported they trust most people
Total valid N	N=2574 (unweighted total), vera09wt weight used
Missing	N=20 refused/don't know
Details	<p>A random sample of 2,928 respondents was asked additional questions (Schedule A). One such question asked whether the respondent felt that <u>people</u> could be trusted, with possible responses '<i>most people could be trusted</i>' or '<i>can't be too careful in dealing with people</i>' (n=182 respondents who responded that it would depend on other circumstances were grouped with those that responded in the negative (i.e. '<i>can't be too careful in dealing with people</i>'))</p> <p>The analysis of sub-populations (age, sex, deprivation) was based on data from all of Scotland (i.e. not limited to respondents from GG&amp;C). This was to ensure that the sample was large enough to provide robust estimates</p>

<b>Neighbourhood trust (Indicator 37)</b>	
Source	Scottish Health Survey [2009, 16yrs+, Schedule A, a sub-set of main sample]
Definition	Percentage of adults (16yrs+) who reported they trust most people in their neighbourhood
Total valid N	N=2497 (unweighted total), vera09wt weight used
Missing/ Excluded	N=65 (refused/don't know), n=32 (just moved to area)
Details	<p>A random sample of 2,928 respondents was asked additional questions (Schedule A). One such question asked whether the respondent felt that people in their <u>neighbourhood</u> could be trusted, with possible responses '<i>most can be trusted</i>', '<i>some can be trusted</i>', '<i>A few can be trusted</i>' or '<i>no-one can be trusted</i>'</p> <p>The analysis of sub-populations (age, sex, deprivation) was based on data from all of Scotland (i.e. not limited to respondents from GG&amp;C). This was to ensure that the sample was large enough to provide robust estimates.</p>

<b>Neighbourhood safety (Indicator 38)</b>	
Source	Scottish Household Survey [2007-2008, 16yrs+]
Definition	Percentage of adults (16yrs+) who feel very or fairly safe walking alone in their neighbourhood after dark
Total valid N	N=18375 (unweighted total), individual weight used
Missing (indicator)	N=1046 (don't know)
Missing (other)	N=6856 records with indicator data were missing NS-SEC data
Details	<p>Respondents were asked if they felt safe walking in their neighbourhood after dark, with possible responses '<i>very safe</i>', '<i>fairly safe</i>', '<i>a bit unsafe</i>', '<i>very unsafe</i>' and '<i>don't know</i>' (var=rb4za)</p> <p>The occupational group was taken from the adult with the highest income.</p>

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### Home safety (Indicator 39)

Source	Scottish Household Survey [2007-2008, 16yrs+]
Definition	Percentage of adults (16yrs+) who feel very or fairly safe when home alone at night
Total valid N	N=19301 (unweighted total), individual weight used
Missing (indicator)	N=118 (don't know)
Missing (other)	N=7596 records with indicator data were missing NS-SEC data
Details	<p>Respondents were asked how safe they felt at home alone at night, with possible responses 'very safe', 'fairly safe', 'a bit unsafe', 'very unsafe' and 'don't know' (var=rb4zb)</p> <p>The occupational group was taken from the adult with the highest income</p>

### Perception of local crime (Indicator 40)

Source	Scottish Crime and Justice Survey [2008, 16yrs+]
Definition	Percentage of adults (16yrs+) who perceive crime to be very or fairly common in their local area
Total valid N	N=3996 (unweighted total), individual weight used
Missing	N= 31 (don't know or refused to answer all 8 relevant questions)
Details	<p>A random sample of the survey respondents (module A) were asked how common they thought the following list of crimes were in the local area: car/vehicle theft (var=qaco_01), theft from vehicles (var=qaco_02), damage to property (var=qaco_03), homes broken into (var=qaco_04), muggings (var=qaco_05), assaults/attacks on the street (var=qaco_06), assaults/attacks because of ethnicity/colour/religion (var=qaco_07), drug dealing/abuse (var=qaco_09). Possible responses included: 'very common', 'fairly common', 'not very common', 'not at all common', 'don't know'. Respondents were included if they answered at least one of the eight questions listed above. Crime was perceived to be common if the respondent reported any one of the eight listed crimes as 'fairly common' or 'very common'.</p>



**Non-violent neighbourhood crime: survey data (Indicator 41.1)**

Source	Scottish Crime and Justice Survey [2008, 16yrs+]
Definition	Percentage of adults (16yrs+) who had been a victim of a non-violent crime occurring locally (within 15 minutes walk from the respondent's home) in the previous year. Non-violent crime was defined as household crime (excluding domestic violence), theft from person and other personal theft
Details	These data were kindly provided by the Scottish Crime and Justice Survey team

**Police-recorded acquisitive crime (Indicator 41.2)**

Source	Violence Reduction Unit of the Strathclyde Police, 2005-2009
Definition	Number of acquisitive crimes recorded by the Strathclyde Police per 10,000 population in GG&C (comparable data for the rest of Scotland is not available)
Details	Estimates are crude rates. These data were provided at the datazone level. Of the n=46296 acquisitive crimes recorded by the Strathclyde Police for 2009 n=27771 occurred in the GG&C health board area  Acquisitive crime included theft from and of vehicles, theft from houses and other locked places. It does not include fraud, shoplifting, theft from a person (i.e. mugging, etc) or violent crime

**Worklessness: workless adults who want to work (Indicator 42.1)**

Source	Annual Population Survey, 2004-2009
Definition	Percentage of working age adults (women aged 16-59 and men aged 16-64) who are unemployed or economically inactive and who want to work (excluding students)
Details	Data were kindly provided by the Annual Population Survey team

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### Worklessness: Job Seekers Allowance claims (Indicator 42.2)

Source	Office for National Statistics, accessed via NOMIS, 2002-2010
Definition	Percentage of the working age population claiming Job Seekers Allowance (JSA)
Details	Working age was defined by NOMIS for both men and women as those aged 16-64. The GG&C area excluded North and South Lanarkshire. Suppressed cells – those with between one to two claimants – were re-coded as zero. This may have resulted in under-estimation in some circumstances, particularly where data were used at datazone level (i.e. neighbourhood/intermediate zone estimates). Sensitivity analysis was performed whereby suppressed cells were re-coded as 1.5. Differences were minimal

### Worklessness: mental health related incapacity benefits claimants (Indicator 42.3)

Source	Department of Work and Pensions, obtained by the Scottish Observatory for Work and Health, University of Glasgow, 2000-2008
Definition	Number of incapacity benefit (IB) claimants in the first quarter per 1000 working age population (men aged 16 to 64 and women aged 16 to 59), claiming for mental health reasons
Details	Data are presented for any mental health reason and by diagnostic category. For diagnostic categories see Table M.2

### Education (Indicator 43)

Source	Annual Population Survey, accessed through NOMIS, 2008
Definition	Percentage of the working age population (16-59 for women and 16-64 for men) with at least one educational qualification (academic or vocational)
Valid N	Not available
Details	The GG&C area excludes North and South Lanarkshire

**Victim of discrimination (Indicator 44)**

Source	Scottish Health Survey [2009, 16yrs+, Schedule A, a sub-set of main sample]
Definition	Percentage of adults (16yrs+) who report being unfairly treated or discriminated against in the previous year
Total valid N	N=2581 (unweighted total), vera09wt weight used
Missing	N=13 (refused/don't know)
Details	<p>A random sample of 2,928 respondents was asked additional questions (Schedule A). This section included a series of 13 questions (var=Disc1 to Disc13) asking if the respondent had experienced discrimination because of accent, ethnicity, age, language, colour, nationality, mental ill-health, disability/other health problems, sex, religion, sexual orientation, location of residence or any other reason</p> <p>Ethnic minority was defined as any nationality other than white Scottish, English, (Northern) Irish or Welsh</p> <p>The analysis of sub-populations (age, sex, deprivation) was based on data from all of Scotland (i.e. not limited to respondents from GG&amp;C). This was to ensure that the sample was large enough to provide robust estimates</p>

**Perception of racial discrimination in Scotland (Indicator 45)**

Source	Scottish Crime and Justice Survey [2008, 16yrs+]
Definition	Percentage of adults (16yrs+) who think racial discrimination is a big problem in Scotland
Total valid N	N=15158 (unweighted total), individual weight used
Missing	N= 845 (don't know/refused)
Details	<p>Respondents were asked 'How much of a problem is racial discrimination in Scotland today?' with possible responses '<i>not a problem</i>', '<i>a bit of a problem</i>' or '<i>a big problem</i>' (var=qspr_3)</p> <p>Ethnic minority respondents were defined as any nationality other than white Scottish, English, (Northern) Irish or Welsh</p>

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### Victim of harassment (Indicator 46)

Source	Scottish Health Survey [2009, 16yrs+, Schedule A, a sub-set of main sample]
Definition	Percentage of adults (16yrs+) who have experienced harassment or abuse in the previous year
Total valid N	N=2583 (unweighted total), vera09wt weight used
Missing	N=11 (refused/don't know)
Details	<p>A random sample of 2,928 respondents was asked additional questions (Schedule A). This section included a series of 13 questions (var=Harass1 to Harass13) asking if the respondent had experienced harassment because of accent, ethnicity, age, language, colour, nationality, mental ill-health, disability/other health problems, sex, religion, sexual orientation, location of residence or any other reason</p> <p>Ethnic minority was defined as any nationality other than white Scottish, English, (Northern) Irish or Welsh</p> <p>The analysis of sub-populations (age, sex, deprivation) was based on data from all of Scotland (i.e. not limited to respondents from GG&amp;C). This was to ensure that the sample was large enough to provide robust estimates</p>

### Financial management (Indicator 47)

Source	Scottish Household Survey [2007-2008]
Definition	Percentage of households managing very or quite well financially these days
Total valid N	N=16066 (unweighted total), individual weight used
Missing (indicator)	N=275 (don't know/refused)
Missing (other)	N=3031 records with indicator data were missing NS-SEC data
Details	<p>Respondents were asked how the household was managing financially now-a-days, with possible responses 'very well', 'quite well', 'get by alright', 'don't manage very well', 'have some financial difficulties', 'are in deep financial trouble' (var=hk2)</p> <p>The occupational group was taken from the adult with the highest income</p>

**Financial inclusion (Indicator 48)**

Source	Scottish Household Survey [2007-2008]
Definition	Percentage of households with access to a bank, building society, credit union or post office card account
Total valid N	N=20851 (unweighted total), individual weight used
Missing (indicator)	N=937 (don't know/refused)
Missing (other)	N=7301 (39%) records with indicator data were missing NS-SEC data
Details	<p>Respondents were asked if they or their partner had one of the following accounts: bank, building society, credit union or post office card account (variables = hi1a to hi1f)</p> <p>The occupational group was taken from the adult with the highest income</p>

**Neighbourhood satisfaction (Indicator 49)**

Source	Scottish Household Survey [2007-2008, 16yrs+]
Definition	Percentage of adults (16yrs+) who feel their neighbourhood is a very or fairly good place to live
Total valid N	N=19647 (unweighted total), individual weight used
Missing (indicator)	N=67 (no opinion)
Missing (other)	N=7807 (40%) records with indicator data were missing NS-SEC data
Details	<p>Respondents were asked how they rated their area as a place to live, with possible responses 'very good', 'fairly good', 'fairly poor', 'very poor' or 'no opinion' (var=rb1)</p> <p>The occupational group was taken from the adult with the highest income</p>

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### Noise (Indicator 50)

Source	Scottish Household Condition Survey [2003-2008, 16yrs+]
Definition	Percentage of adults (16yrs+) who are bothered often or fairly often by noise when home indoors
Total valid N	N=11309 (unweighted total for combined surveys 2005-2008).
Missing data	No information available on missing data
Details	Data were kindly provided by the Scottish Household Condition Survey team. Rolling averages (2003-2006, 2004-2007, 2005-2008) from consecutive survey years were presented to provide robust estimates

### Greenspace (Indicator 51)

Source	Scottish Household Survey [2007-2008, 16yrs+]
Definition	Percentage of adults (16yrs+) who feel that they have a safe and pleasant park, green or other area of grass in their neighbourhood, excluding personal private garden space, which they and their family can use
Total valid N	N=19647 (unweighted total), individual weight used
Missing (indicator)	N=25 (refused)
Missing (other)	N=4937 (40%) records with indicator data were missing NS-SEC data
Details	A random sample of respondents (streams two, four, seven and nine) was asked ' <i>leaving aside any private garden space that you might have, is there a park, green or other area of grass in this neighbourhood that you and your family can use that is safe and pleasant?</i> ', with 'yes' or 'no' as possible responses (var = area4)  The occupational group was taken from the adult with the highest income

**Household condition (Indicator 52)**

Source	Scottish Household Condition Survey [2003-2008, 16yrs+]
Definition	Percentage of adults (16yrs+) who rated their house or flat as good or fairly good
Total valid N	N=11,309 (unweighted total for combined surveys 2005-2008)
Missing data	No information available on missing data
Details	Data were kindly provided by the Scottish Household Condition Survey team.  Respondents were asked to rate the condition of their accommodation, with possible responses 'very good', 'fairly good', 'average', 'poor' or 'fairly poor'. Rolling averages (2003-2006, 2004-2007, 2005-2008) from consecutive survey years were presented to provide robust estimates

**Overcrowding (subjective) (Indicator 53.1)**

Source	Scottish Household Condition Survey [2003-2008, 16yrs+]
Definition	Percentage of adults (16yrs+) who feel their home has too few rooms
Total valid N	N=11,332 (unweighted total for combined surveys 2005-2008)
Missing data	No information available on missing data
Details	Data were kindly provided by the Scottish Household Condition Survey team  Respondents were asked 'In your view, does your house/flat have too few rooms, too many rooms, or about the right number?'. Rolling averages (2003-2006, 2004-2007, 2005-2008) from consecutive survey years were presented to provide robust estimates

## Section 9. Methods

### Overcrowding (objective) (Indicator 53.2)

Source	Scottish Household Condition Survey [2005-2008, 16yrs+]
Definition	Percentage of adults (16yrs+) living in overcrowded accommodation as defined using the 'bedroom standard', a recognised measure of overcrowding
Total valid N	N=11309 (unweighted total for combined surveys 2005-2008)
Missing data	No information available on missing data
Details	<p>Data were kindly provided by the Scottish Household Condition Survey team</p> <p><i>Bedroom standard:</i> is a recognised measure of overcrowding. It allocates a required number of bedrooms to a household depending on the age, gender and marital status of each occupant. This is then compared with the actual number of bedrooms in the dwelling. If actual number of bedrooms is less than the required number of bedrooms the dwelling is considered to be overcrowded. The allocation of bedrooms is done in the following manner:</p> <ul style="list-style-type: none"> <li>• One bedroom for each married or co-habiting couple of opposite sex</li> <li>• One bedroom for each same sex or civil partnership couple</li> <li>• One bedroom for any other person aged 21 or over</li> <li>• One bedroom for each pair of adolescents aged 10-20 (single) of the same sex</li> <li>• One bedroom for each pair of children aged &lt;10 (irrespective of sex)</li> <li>• Any unpaired person aged 10-20 is paired if possible with a child aged &lt;10 of the same sex. If not possible the person is given a separate bedroom as are any unpaired children aged &lt;10</li> </ul>



**Work-related stress (Indicator 54)**

Source	Scottish Health Survey [2009, 16yrs+, Schedule A, a sub-set of main sample]
Definition	Percentage of adults (16yrs+) that thought their job was very or extremely stressful
Total valid N	N=1357 (unweighted total), vera09wt weight used.
Missing/ Excluded	N=19 (refused/don't know)
Details	<p>A random sample of 2,928 respondents was asked additional questions (Schedule A). Those in paid employment were asked how stressful, in general, they found their job (var=StrWork), with possible responses '<i>not at all stressful</i>', '<i>mildly stressful</i>', '<i>moderately stressful</i>', '<i>very stressful</i>', '<i>extremely stressful</i>'</p> <p>The analysis of sub-populations (age, sex, deprivation) was based on data from all of Scotland (i.e. not limited to respondents from GG&amp;C). This was to ensure that the sample was large enough to provide robust estimates</p>

**Work-life balance (Indicator 55)**

Source	Scottish Health Survey [2009, 16yrs+, Schedule A, a sub-set of main sample]
Definition	Mean score of satisfaction with work-life balance for adults (16yrs+) [extremely dissatisfied=0, extremely satisfied=10] – limited to paid work
Total valid N	N=1357 (unweighted total), vera09wt weight used.
Missing	N=19 (refused/don't know)
Details	<p>A random sample of 2,928 respondents was asked additional questions (Schedule A). Those in paid employment were asked to score how satisfied they were with the balance between time in paid work and time on other aspects of life (var= WorkBal)</p> <p>The analysis of sub-populations (age, sex, deprivation) was based on data from all of Scotland (i.e. not limited to respondents from GG&amp;C). This was to ensure that the sample was large enough to provide robust estimates</p>

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### Working life demands (Indicator 56)

Source	Scottish Health Survey [2009, 16yrs+, Schedule A, a sub-set of main sample]
Definition	Percentage of adults (16yrs+) who report that they often or always had unrealistic time pressures at work
Total valid N	N=1357 (unweighted total), vera09wt weight used
Missing	N=19 (refused/don't know)
Details	<p>A random sample of 2,928 respondents was asked additional questions (Schedule A). Those in paid employment were asked if they had unrealistic time pressures at work (var=demand), with possible responses '<i>always</i>', '<i>often</i>', '<i>sometimes</i>', '<i>seldom</i>', '<i>never</i>'</p> <p>The analysis of sub-populations (age, sex, deprivation) was based on data from all of Scotland (i.e. not limited to respondents from GG&amp;C). This was to ensure that the sample was large enough to provide robust estimates</p>

### Working life control (Indicator 57)

Source	Scottish Health Survey [2009, 16yrs+, Schedule A, a sub-set of main sample]
Definition	Percentage of adults (16yrs+) who often or always have a choice in deciding the way they do their work
Total valid N	N=1357 (unweighted total), vera09wt weight used.
Missing	N=19 (refused/don't know)
Details	<p>A random sample of 2,928 respondents was asked additional questions (Schedule A). Those in paid employment were asked if they have a choice in deciding how they do their work (var= Contrl), with possible responses '<i>always</i>', '<i>often</i>', '<i>sometimes</i>', '<i>seldom</i>', '<i>never</i>'</p> <p>The analysis of sub-populations (age, sex, deprivation) was based on data from all of Scotland (i.e. not limited to respondents from GG&amp;C). This was to ensure that the sample was large enough to provide robust estimates</p>

**Manager support (Indicator 58)**

Source	Scottish Health Survey [2009, 16yrs+, Schedule A, a sub-set of main sample]
Definition	Percentage of adults (16yrs+) who agree or strongly agree that their manager encourages them at their work
Total valid N	N=1341 (unweighted total), vera09wt weight used.
Missing	N=35 (refused/don't know)
Details	<p>A random sample of 2,928 respondents was asked additional questions (Schedule A). Those in paid employment were asked if their line manager encourages them at work (var=support1), with possible responses being '<i>strongly agree</i>', '<i>tend to agree</i>', '<i>neutral</i>', '<i>tend to disagree</i>', '<i>strongly disagree</i>'</p> <p>The analysis of sub-populations (age, sex, deprivation) was based on data from all of Scotland (i.e. not limited to respondents from GG&amp;C). This was to ensure that the sample was large enough to provide robust estimates</p>

**Colleague support (Indicator 59)**

Source	Scottish Health Survey [2009, 16yrs+, Schedule A, a sub-set of main sample]
Definition	Percentage of adults (16yrs+) who agree or strongly agree that they get help and support they need from colleagues at their work
Total valid N	N=1340 (unweighted total), vera09wt weight used.
Missing/ Excluded	N=36 (refused/don't know)
Details	<p>A random sample of 2,928 respondents was asked additional questions (Schedule A). Those in paid employment were asked if they got the help and support they need from colleagues at work (var = Support2), with possible responses being '<i>strongly agree</i>', '<i>tend to agree</i>', '<i>neutral</i>', '<i>tend to disagree</i>', '<i>strongly disagree</i>'</p> <p>The analysis of sub-populations (age, sex, deprivation) was based on data from all of Scotland (i.e. not limited to respondents from GG&amp;C). This was to ensure that the sample was large enough to provide robust estimate.</p>

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### Partner abuse: population survey data (Indicator 60.1)

Source	Scottish Crime and Justice Survey [2008-2009, 16yrs+]
Definition	Percentage of adults (16yrs+) who reported being physically or emotionally abused by a partner or ex-partner in the previous 12 months
Details	These data were kindly provided by the Scottish Crime and Justice Survey team. Partner abuse as measured by the SCJS was any psychological or physical abuse undertaken against a man or a woman carried out by a male or female partner or ex-partner (including any boyfriend, girlfriend, husband, wife or civil partner). Total sample size information was not available.

### Partner abuse: police recorded (Indicator 60.2)

Source	Violence Reduction Unit of the Strathclyde Police, 2005-2009
Definition	Recorded domestic violence per 10,000 population, defined as physical, sexual or emotional abuse which takes place within the context of a close relationship
Missing	Of the 45542 domestic violence incidents recorded by the Strathclyde Police between 2005 and 2009, 80 victims with no sex data were excluded. N=23165 incidents were in GG&C
Details	All estimates were standardised to the European Standard Population, by age and sex where appropriate with the exception of neighbourhood/intermediate zone estimates, which were crude rates

**Neighbourhood violence: survey data (Indicator 61.1)**

Source	Scottish Crime and Justice Survey [2008-2009, 16yrs+]
Definition	Percentage of adults (16yrs+) who had experienced violence, excluding violence by a household member, occurring locally (within 15 minutes walk from the victim's home) in the previous year
Details	These data were kindly provided by the Scottish Crime and Justice Survey team

**Neighbourhood violence: victims of violent crime (police recorded) (Indicator 61.2)**

Source	Violence Reduction Unit of the Strathclyde Police, 2006-2007 to 2009-2010
Definition	Number of victims of a violent crime recorded by the Strathclyde Police per 10,000 population in GG&C health board area (comparable data for the rest of Scotland is not available)
Missing	Of the 133310 offenders of violent crime recorded by the Strathclyde Police between 2006-2007 and 2009-2010, n=9020 were missing datazone data. Of the 72709 victims of a violent crime living in the GG&C health board n=22 were missing sex and n=203 were missing age data
Details	<p>Violent crime included: murder, attempted murder, serious assault, simple/petty assault, robbery, assault with intent to rob</p> <p>At the time of analysis small area level 2009 population data was not available; 2008 small area population estimates were used for 2009 crime data</p> <p>All estimates were standardised to the European Standard Population, by age and sex where appropriate, with the exception of the small area estimates (neighbourhoods/intermediate zones). Estimates for small areas combine data from 2006-2007 to 2009-2010 to produce average crude annual rates</p>

## Section 9. Methods

<b>Neighbourhood violence: offenders of violent crime (police recorded) (Indicator 61.2)</b>	
Source	Violence Reduction Unit of the Strathclyde Police, 2006-2007 to 2009-2010
Definition	Number of offenders of a violent crime recorded by the Strathclyde Police per 10,000 population in GG&C (comparable data for the rest of Scotland is not available), 2009-2010
Missing	Of the 83358 offenders of violent crime recorded by the Strathclyde Police between 2006-2007 and 2009-2010, n=9187 were missing datazone data. Of the n=41508 offenders of a violent crime involving offenders residing in GG&C n=9 were missing sex and n=61 were missing age data
Details	<p>Violent crime included: murder, attempted murder, serious assault, simple/petty assault, robbery, assault with intent to rob</p> <p>At the time of analysis small area level 2009 population data was not available; 2008 small area population estimates were used for 2009 crime data</p> <p>All estimates were standardised to the European Standard Population, by age and sex where appropriate, with the exception of the small area estimates (neighbourhoods/intermediate zones). Estimates for small areas combine data from 2006-2007 to 2009-2010 to produce average crude annual rates</p>



## Section 10. Appendices

### **Mental Health in Focus:**

A profile of mental health and wellbeing in Greater Glasgow & Clyde





## Appendix 1: WEMWBS Questionnaire

### The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

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## Appendix 2: Revised Clinical Interview Schedule (CIS-R)

The **depression** score from the Revised Clinical Interview Schedule (CIS-R) is constructed from responses to the following four questions. A score of 2 or more indicates moderate to high severity of depression symptoms. These questions are preceded by a general screening question ('Almost everyone becomes sad, miserable or depressed at times. Have you had a spell of feeling sad, miserable or depressed in the past month?').

1. In the past week have you been able to enjoy or take an interest in things as much as usual? [responses=yes/no]
2. Since last [Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday] on how many days have you felt [depressed or unable to take an interest in things / sad, miserable or depressed / unable to enjoy or take an interest in things]? [responses=four days or more, one to three days, None]
3. Have you felt [depressed or unable to take an interest in things / sad, miserable or depressed /unable to enjoy or take an interest in things] for more than three hours in total (on any day in the past week)? [responses=yes/no]
4. In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company? [responses=yes at least once/no]

The **anxiety** score from the Revised Clinical Interview Schedule (CIS-R) is constructed from responses to the following four questions. These were asked of those who reported experiencing anxiety and phobia or reported sometimes feeling anxious. A score of 2 or more indicates moderate to high severity of anxiety symptoms.

1. On how many of the past seven days have you felt generally anxious/nervous/tense? [responses=four days or more, one to three days; None]
2. In the past week, has your anxiety/nervousness/tension been: [responses = very unpleasant; a little unpleasant; not unpleasant]
3. In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown on this card? (list of symptoms include heart racing/pounding, hands sweating/shaking, feeling dizzy, difficulty breathing, butterflies in stomach, dry mouth, nausea) [responses=yes, no]
4. Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days? [responses=yes, no]

### Appendix 3: CAGE Questionnaire

The CAGE Questionnaire is made up for the following four question:

1. Have you ever felt you should **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener)?

'Yes' responses coded 1 and 'No' responses coded 0. A total score of 2 or greater is considered clinically significant for alcohol dependency.

Developed by Dr. John Ewing, founding Director of the Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill.

# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 10. Appendices

### Appendix 4: Availability of indicators for sub-regions in GG&C

#### Appendix 4a: Availability of **mental health** outcome indicators by local authority and small area geography (neighbourhood or intermediate zone)

Domain	Indicator	Local Authority	Neighbourhood/Intermediate zone
Positive MH	1. Positive mental health		
	2. Life satisfaction		
Negative mental health	3. Common mental health problems		
	4. Depression		
	4.1 Depression (survey data)		
	4.2 Depression (QOF data)	✓	
	5. Anxiety		
	6. Alcohol Dependency		
	7. MH related drug deaths	✓	✓
	8. MH related alcohol deaths	✓	✓
	9. Suicide	✓	✓
	10. Psychosis		
	10.1 Patient register (PsyCIS)	✓	✓
	10.2 QOF data	✓	
	11. Psychiatric inpatient discharges	✓	✓

**MH:** mental health

#### Appendix 4b: Availability of **individual** indicators by local authority and small area geography (neighbourhood or intermediate zone)

Domain	Indicator	Local Authority	Neighbourhood/Intermediate zone
L & D	20. Adult learning	✓	
Healthy living	21. Physical activity		
	22. Healthy eating		
	23. Alcohol consumption - recommended levels		
	24. Alcohol consumption - heaviest drinking day		
	25. Drug use	✓	
General health	26. Self-reported health		
	27. Long-standing illness		
	28. Limiting long-standing illness		

**L&D:** Learning and development

**Appendix 4c:** Availability of **community & structural** indicators by local authority and small area geography (neighbourhood or intermediate zone)

Domain	Indicator	Local Authority	Neighbourhood/ Intermediate zone
Comm. partic	30. Volunteering	√	
	31. Involvement in local community		
	32. Influencing local decisions		
Social network & supp.	33. Social contact		
	34. Social support		
	35. Caring		
Comm. safety & trust	36. General trust		
	37. Neighbourhood trust		
	38. Neighbourhood safety	√	
	39. Home safety	√	
	40. Perception of local crime	√	
	41. Non-violent neighbourhood crime		
	41.1. survey data		
	41.2. Police-recorded	√	√
Social inclusion	42. Worklessness		
	42.1. Workless adults: want work		
	42.2. Job Seekers Allowance	√	√
	42.3. MH incapacity benefit	√	√
	43. Education	√	
Discrim.	44. Victim of discrimination		
	45. Per'd racial discrim. in Scotland	√	
	46. Victim of harassment		
Financial security	47. Financial management	√	
	48. Financial inclusion	√	
Physical environ.	49. Neighbourhood satisfaction	√	
	50. Noise	√	
	51. Greenspace	√	
	52. House condition	√	
	53. Overcrowding (subjective & objective)	√	
Working life	54. Work-related stress		
	55. Work-life balance		
	56. Working life demands		
	57. Working life control		
	58. Manager support		
	59. Colleague support		
Violence	60. Partner Abuse		
	60.1 survey data		
	60.2 police recorded	√	√
	61. Neighbourhood Violence		
	61.1 survey data		
	61.2 police recorded	√	√

**Comm. Partic.:** Community participation

## **Mental Health in Focus:**

A profile of mental health and wellbeing in Greater Glasgow & Clyde

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