



Section 6. Inequalities by age

Mental Health in Focus:

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

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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.

Introduction

The mental health and wellbeing of Greater Glasgow & Clyde and its sub-regions have been described using 51 separate adult indicators within 14 domains (Figure S6.1). The indicators used are based on the national mental health indicators¹, which were commissioned by the Scottish Government's *National Programme for Improving Mental Health and Wellbeing*.

Analysis of these indicators across different population groups (sex, age, area deprivation and geographical area) was carried out to identify and describe inequalities in mental health and wellbeing. This section summarises the inequalities across age.

Figure S6.1: Domains used to describe the mental health and wellbeing of GG&C

High level mental health outcomes	Contextual factors		
	Individual	Community	Structural
Positive mental health	Learning and development	Community participation	Social inclusion Discrimination
Mental health problems	Healthy living General health	Social networks and support Community safety and trust	Financial security Physical environment Working life Violence

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

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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 healthily¹ 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

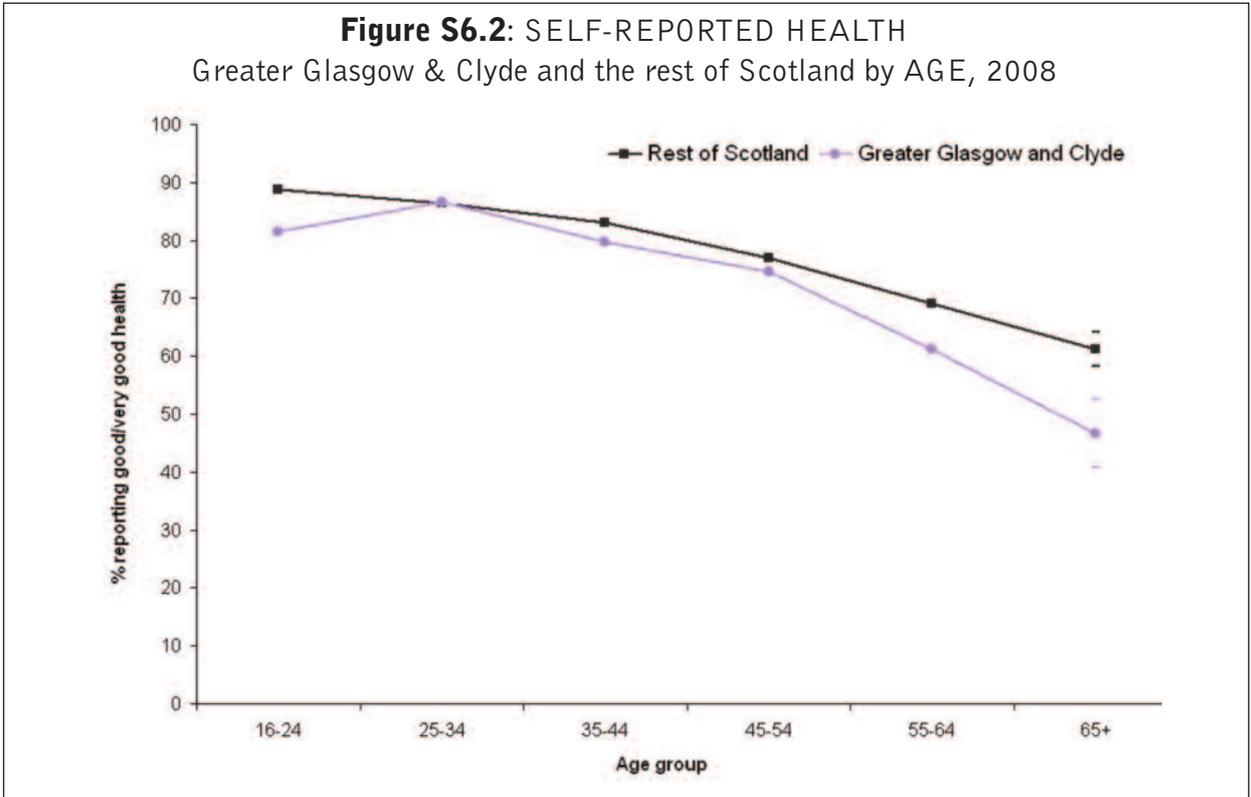
For several indicators older individuals in GG&C had worse outcomes than their counterparts in the rest of Scotland. Older women in GG&C did not enjoy the increased life satisfaction that generally came with advancing age (Figure S6.1). In other domains, the outcomes for older individuals deteriorated 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).



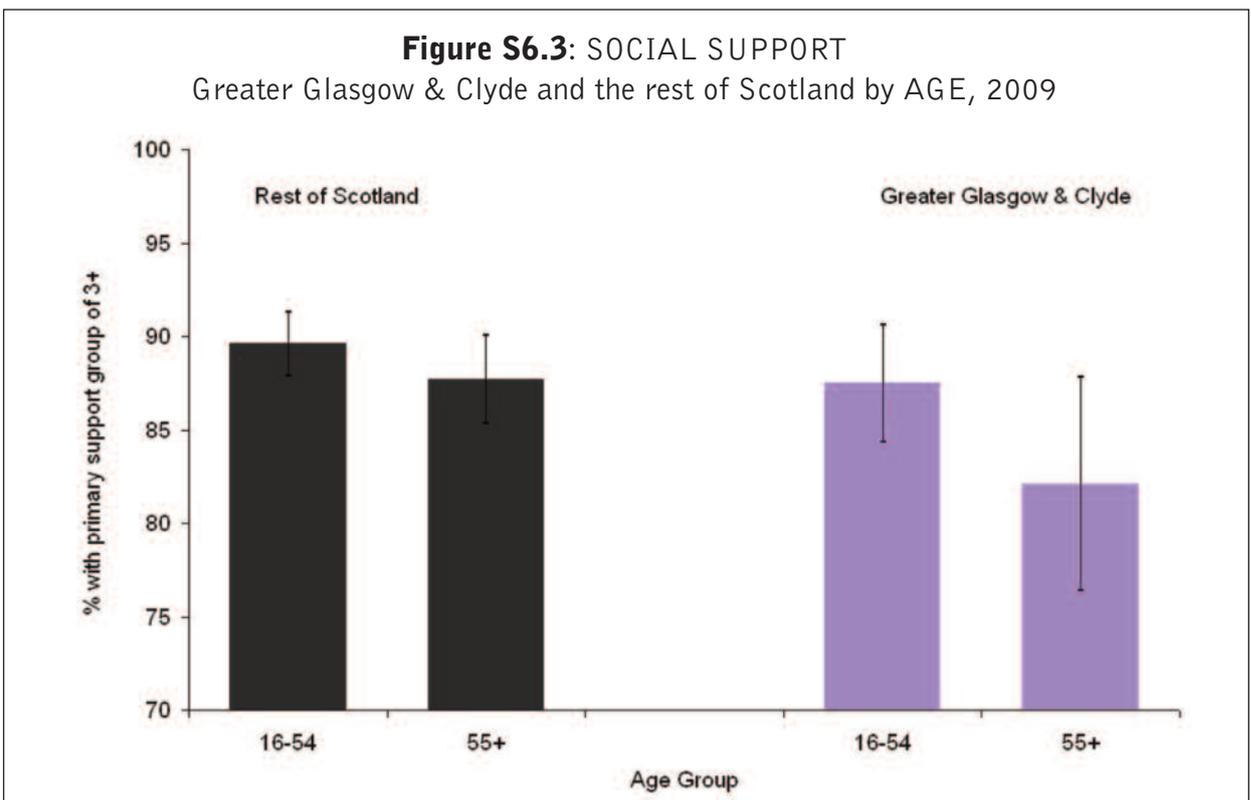
Source: Scottish Health Survey, 2008

¹ Five or more portions of fruit/vegetables a day

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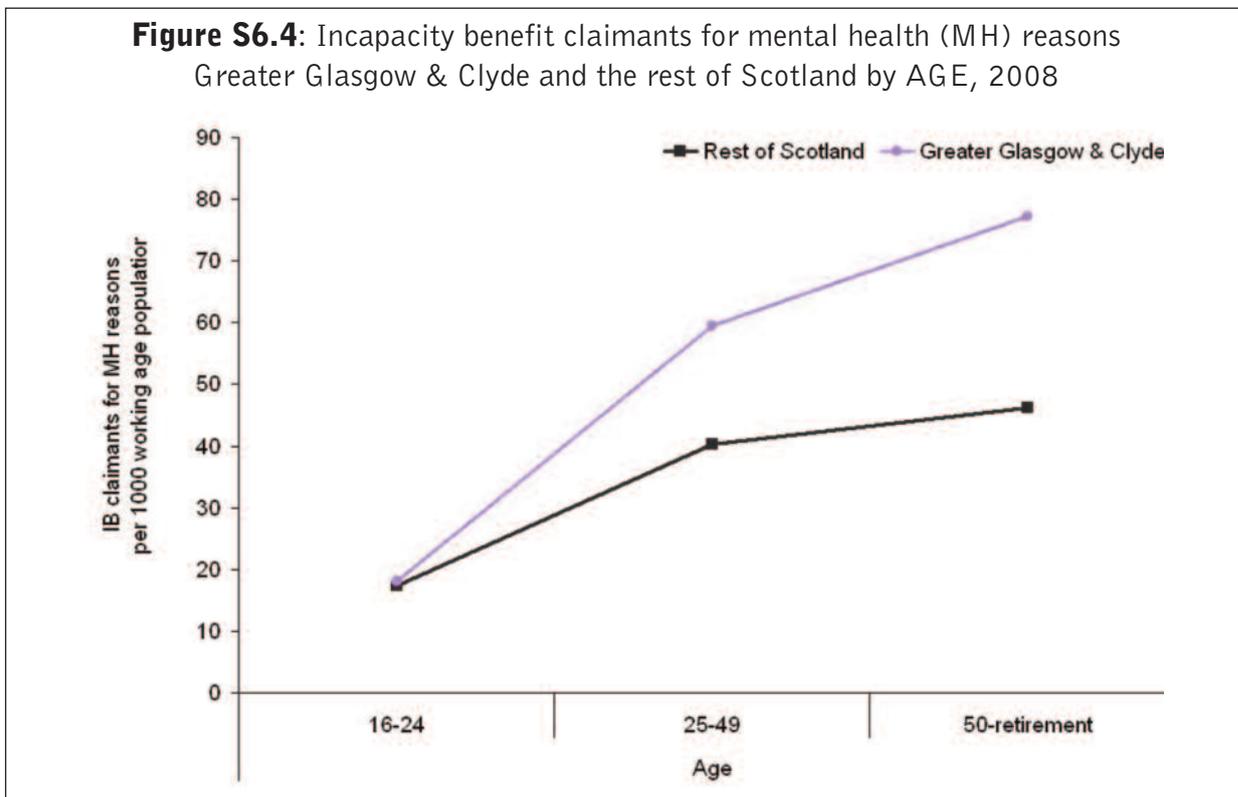
Source: Scottish Health Survey, 2008



Source: Scottish Health Survey, 2009

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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 volunteering² (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.

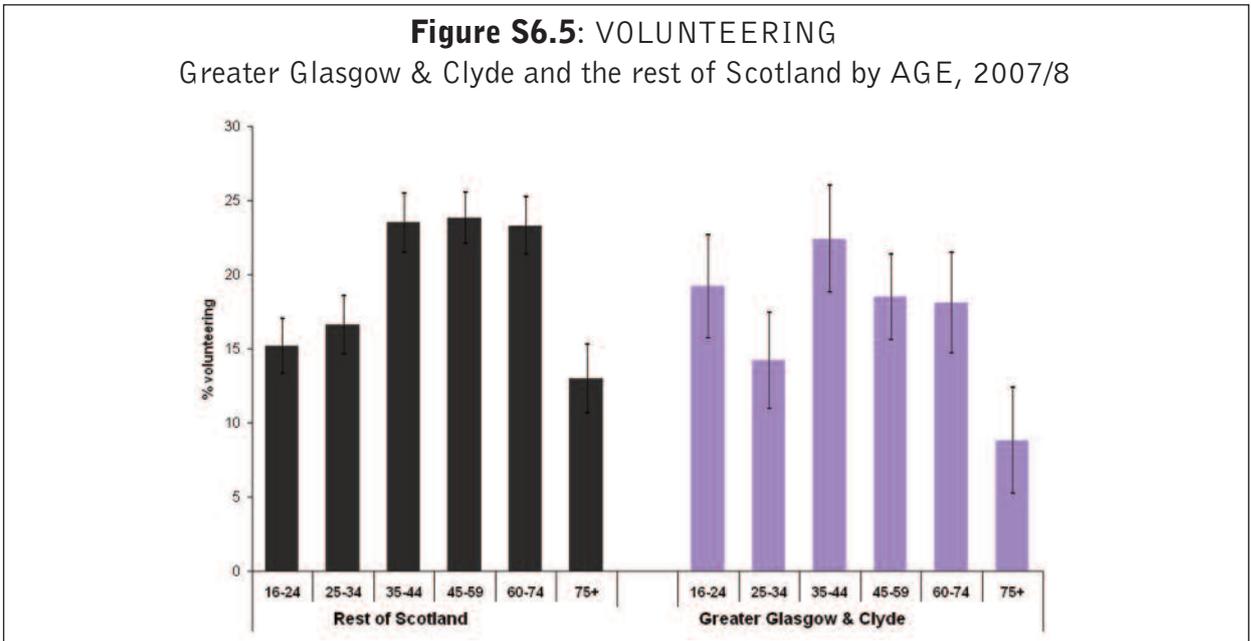
Data deficits for the elderly age group

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.

² At least five to six times a year.

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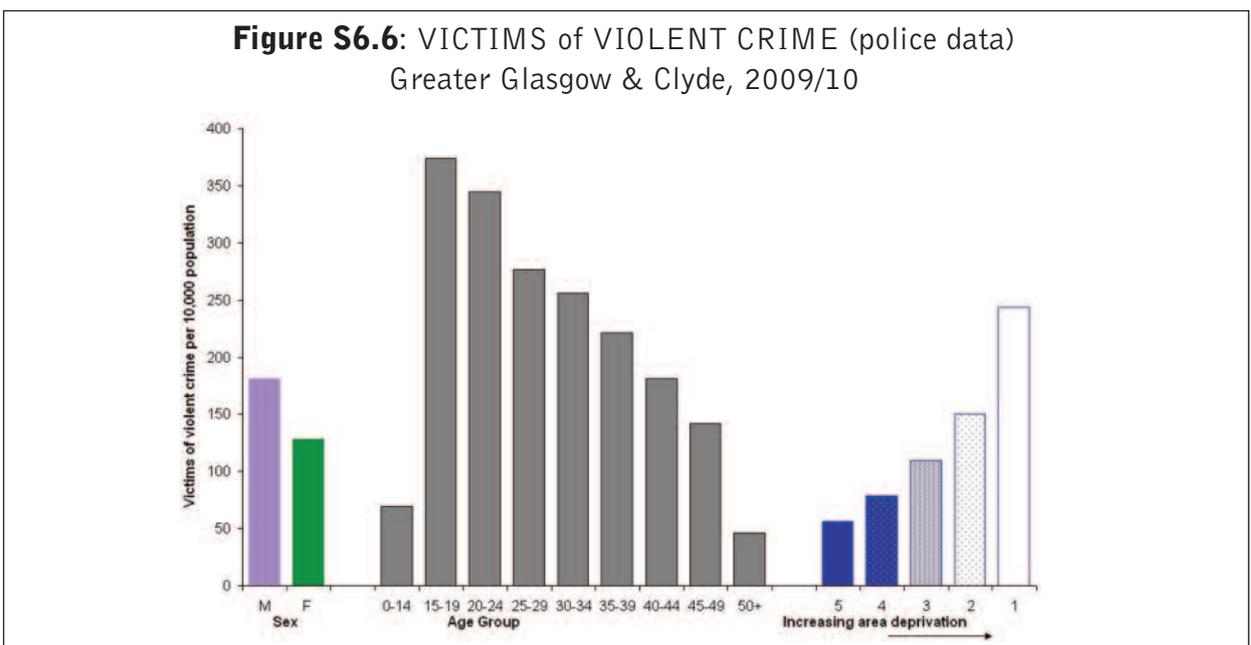
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Source: Scottish Household Survey, 2007-2008

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 Scotland³ 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).



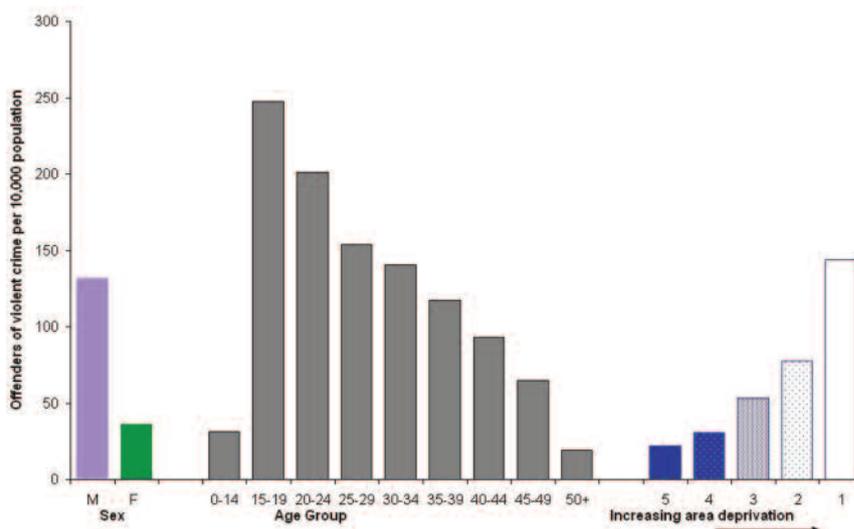
Source: Violence Reduction Unit of the Strathclyde Police, 2009-2010

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

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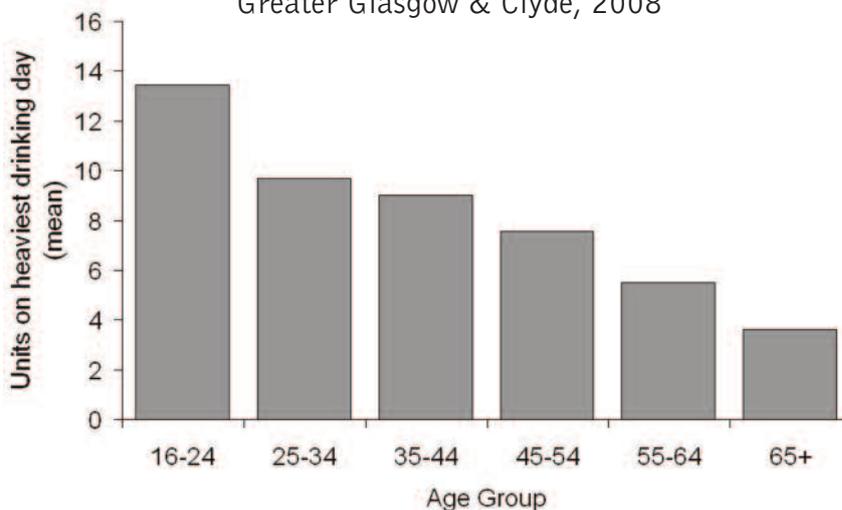
Figure S6.7: OFFENDERS of VIOLENT CRIME (police data)
Greater Glasgow & Clyde, 2009/10



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.

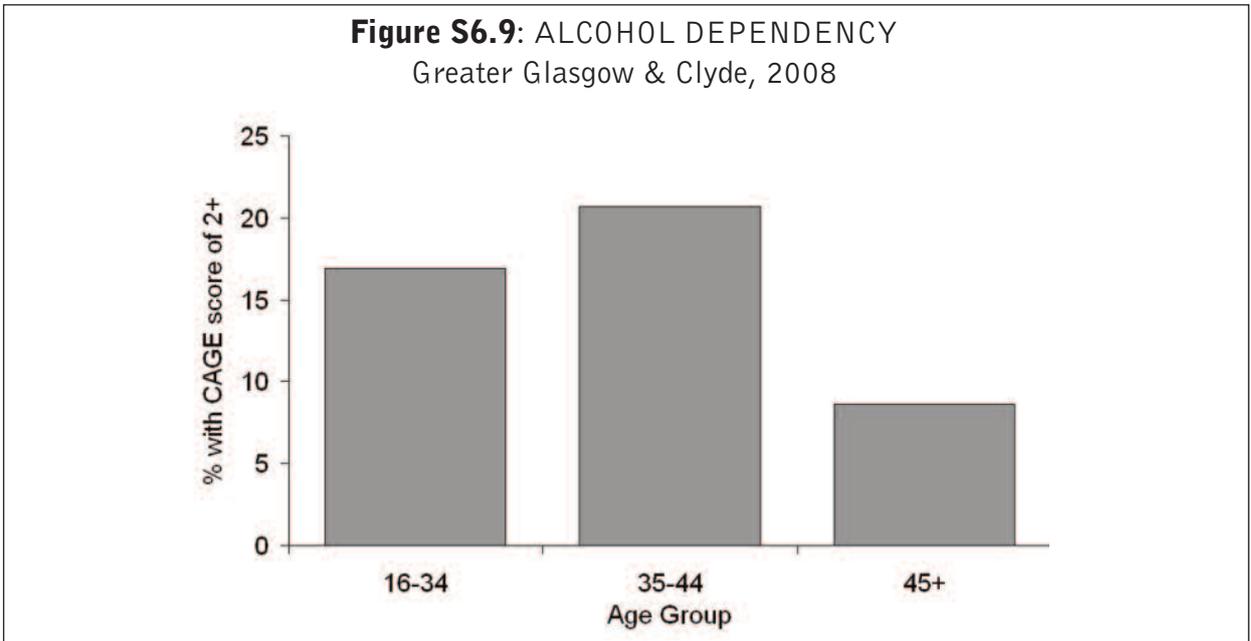
Figure S6.8: ALCOHOL CONSUMPTION
(units drunk on heaviest drinking day)
Greater Glasgow & Clyde, 2008



Source: Scottish Health Survey, 2008

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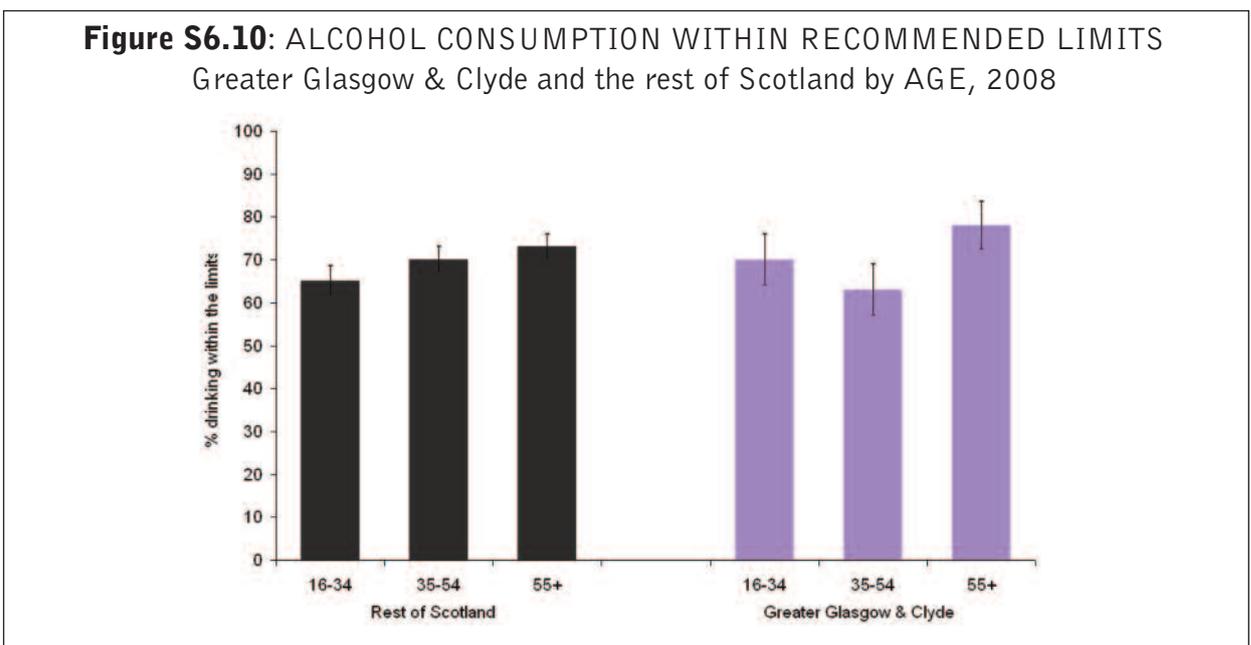
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Source: Scottish Health Survey, 2008

Drugs and alcohol in men in GG&C

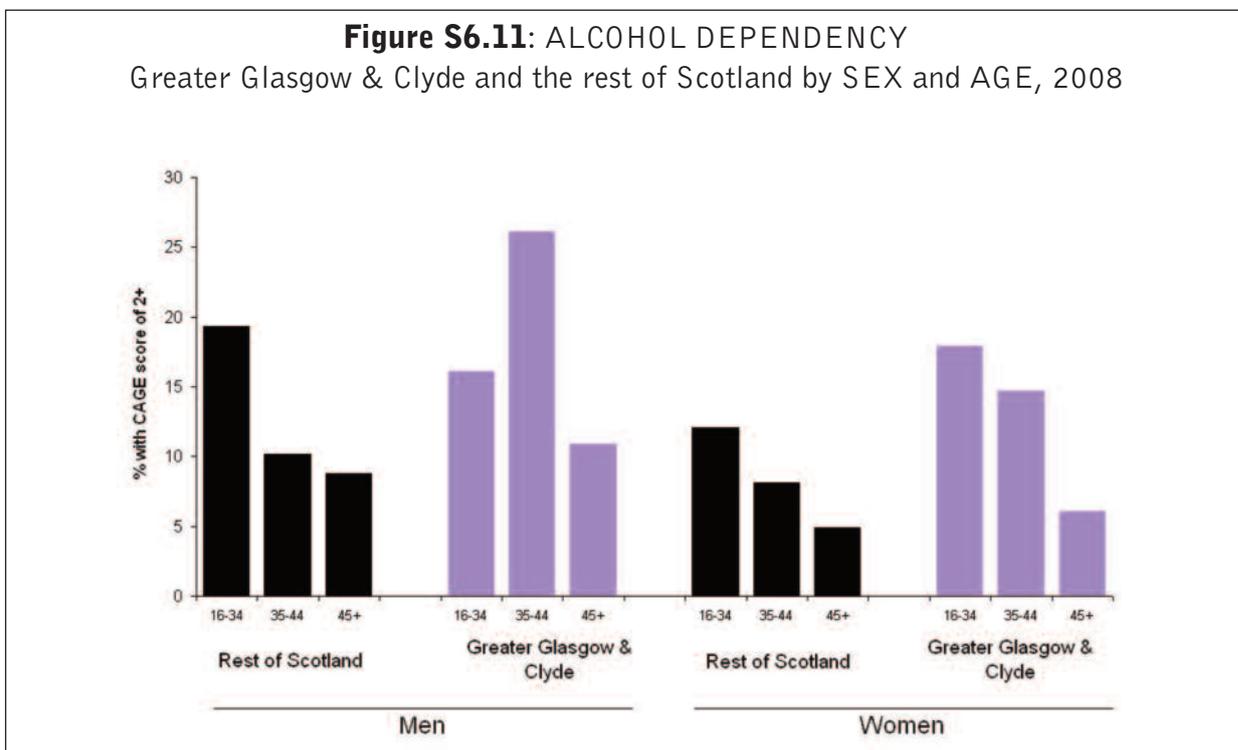
Engagement with alcohol and drugs endured for longer, with reduction in harm seen at a later age, in GG&C compared to the rest of Scotland. The prolonged association with drugs and alcohol in GG&C, particularly for men, was seen for alcohol consumption (Figure S6.10), alcohol dependency (Figure S6.11), 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.



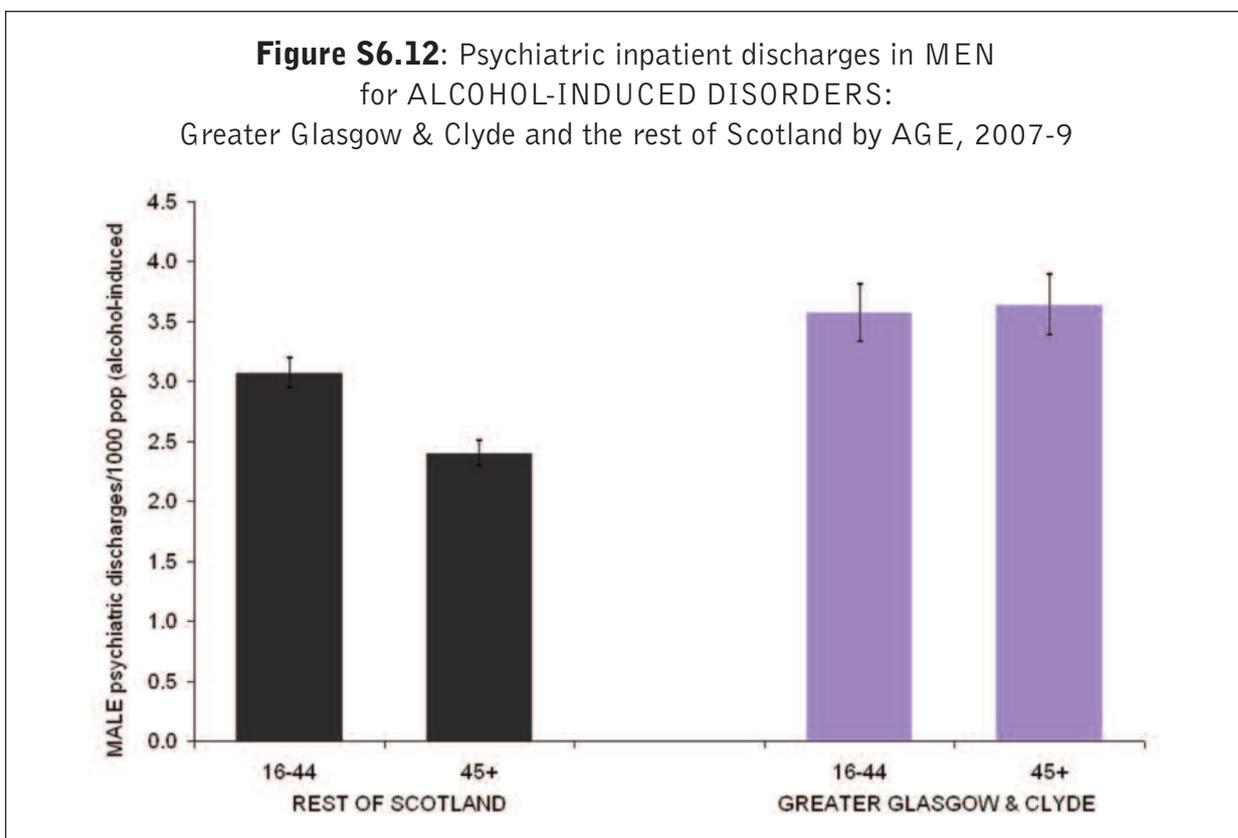
Source: Scottish Health Survey, 2008

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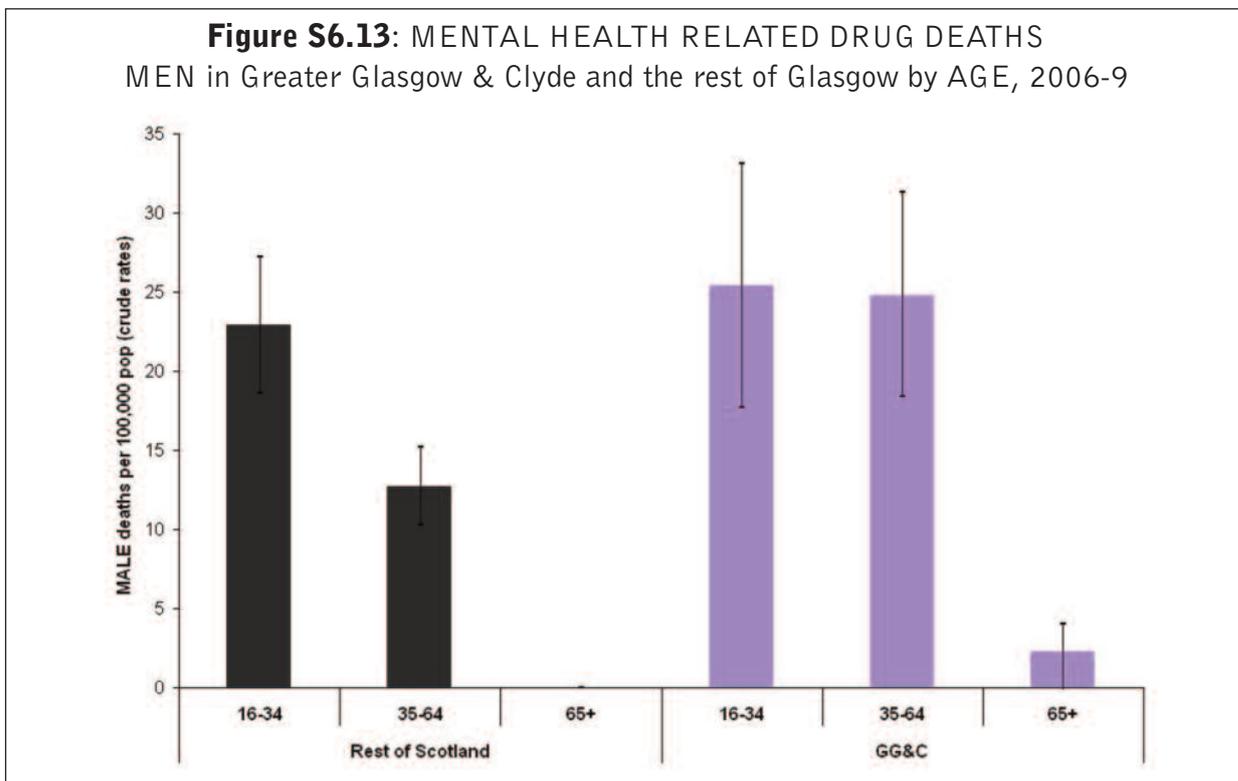
Source: Scottish Health Survey, 2008



Source: Scottish Morbidity Record 04 linked file, ISD Scotland

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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.

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.

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Section 6. Indicator definitions and sources

For more information see Methods (Section 9, www.gcph.co.uk/mentalhealthprofiles)

1. Positive mental health (WEMWBS)

Source: Scottish Health Survey [2008, main, self complete, 16yrs+].

Definition: mean adult score on the Warwick-Edinburgh Mental Wellbeing Scale (min-max=14-70).

2. Life satisfaction

Source: Scottish Health Survey [2008, main, 16yrs+].

Definition: mean score of how satisfied adults are with their life (0=extremely dissatisfied, 10=extremely satisfied).

3. Common mental health problems (GHQ-12)

Source: Scottish Health Survey [2008, main, self complete, 16yrs+].

Definition: percentage of adults with a score of 4 or more on the GHQ-12.

4.1. Depression (Survey)

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).

4.2. Depression (QOF)

Source: Quality and Outcomes Framework depression diagnosis register from QMAS database.

Definition: number of adults (18yrs+) on the depression primary care register (DEP2) per 100 persons (0yrs+) registered with the GP.

5. Anxiety

Source: Scottish Health Survey [2008, nurse interview, 16yrs+].

Definition: percentage of adults with a symptom score of 2 or more on the anxiety section of the Revised Clinical Interview Schedule (CIS-R).

6. Alcohol dependency

Source: Scottish Health Survey [2008, main, self complete, 16yrs+].

Definition: percentage of adults who score 2 or more on the CAGE questionnaire.

7. Mental health related drug deaths

Source: General Register Office for Scotland [2000-2009, 16yrs+].

Definition: mental health related adult drug deaths (ICD-10=F11-F16 & F19) per 100,000 adult population.

8. Mental health related alcohol deaths

Source: General Register Office for Scotland [2000-2009, 16yrs+].

Definition: mental health related adult alcohol deaths (ICD-10=F10) per 100,000 adult population.

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9. Suicide

Source: General Register Office for Scotland [2000-2009, 16yrs+].

Definition: adult suicides per 100,000 adult population (ICD-10=X60-X84, Y10-Y34, Y87.0, Y87.2).

10.1. Psychosis

Source: PsyCIS, a register of all adults [18-64yrs] with a diagnosis of psychosis in East Dunbartonshire, East Renfrewshire, West Dunbartonshire & Glasgow City [2005-2010].

Definition: the number of open psychosis patients on the PsyCIS register per 100 population (18-64 yrs).

10.2. Psychosis (QOF)

Source: Quality and Outcomes Framework mental health diagnosis register from QMAS database.

Definition: percentage of the GP registered population [0yrs+] on the mental health primary care register (largely with a diagnosis of schizophrenia, bipolar disorder or other psychoses).

11. Psychiatric discharges

Source: Scottish Morbidity Record 04 linked file, ISD Scotland [2001-2009].

Definition: number of adults [16yrs+] discharged from a psychiatric hospital per 1000 population [16yrs+]. For information on the diagnostic categories see Section 9, Table M.2.

20. Adult learning

Source: Annual Population Survey [Jan-Dec 2009, 16-59yrs for women, 16-64yrs for men].

Definition: percentage of adults (no longer in continuous full-time education) who had participated in adult learning (taught or non-taught) in the previous year.

21. Physical activity

Source: Scottish Health Survey [2008, main, 16-74yrs].

Definition: percentage of adults who reported taking the recommended levels of physical activity in the previous four weeks.

22. Healthy eating

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.

23. Alcohol Consumption – drinking within recommended limits

Source: Scottish Health Survey [2008, main, 16yrs+].

Definition: percentage of adults whose usual weekly alcohol consumption, based on the previous 12 months, was within the recommended weekly limits (21 units for men, 14 units for women).

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24. Alcohol consumption – units drunk on heaviest drinking day

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.

25. Drug use

Source: Scottish Crime and Justice Survey [2008, main, 16-59yrs].

Definition: percentage of adults who reported taking illicit drugs in the previous 12 months.

26. Self-reported health

Source: Scottish Health Survey [2008, main, 16yrs+].

Definition: percentage of adults who perceived their health in general to be good or very good.

27. Long-standing physical condition or disability

Source: Scottish Health Survey [2008, main, 16yrs+].

Definition: percentage of adults who have a long-standing physical illness, disability or infirmity.

28. Limiting long-standing physical condition or disability

Source: Scottish Health Survey [2008, main, 16yrs+].

Definition: percentage of adults who have a *limiting* long-standing physical illness, disability or infirmity.

30. Volunteering

Source: Scottish Household Survey [2007-2008, 16yrs+].

Definition: percentage of adults who participated in volunteering at least five or six times in the previous year.

31. Involvement in local community

Source: Scottish Health Survey [2009, 16yrs+, sub-set of main sample].

Definition: percentage of adults who feel involved in their community a great deal or a fair amount.

32. Influencing local decisions

Source: Scottish Health Survey [2009, 16yrs+, sub-set of main sample].

Definition: percentage of adults who agreed or strongly agreed they could influence decisions affecting their local area.

33. Social contact

Source: Scottish Health Survey [2009, 16yrs+, sub-set of main sample].

Definition: percentage of adults 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).

34. Social support

Source: Scottish Health Survey [2009, 16yrs+, sub-set of main sample].

Definition: percentage of adults with a primary support group of three or more to rely on for comfort and support in a personal crisis.

35. Caring

Source: Scottish Health Survey [2008, 16yrs+].

Definition: percentage of adults 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].

36. General trust

Source: Scottish Health Survey [2009, 16yrs+, sub-set of main sample].

Definition: percentage of adults who reported they trust most people.

37. Neighbourhood trust

Source: Scottish Health Survey [2009, 16yrs+, sub-set of main sample].

Definition: percentage of adults who reported they trust most people in their neighbourhood.

38. Neighbourhood safety

Source: Scottish Household Survey [2007-2008, 16yrs+].

Definition: percentage of adults who feel very or fairly safe walking alone in their neighbourhood after dark.

39. Home safety

Source: Scottish Household Survey [2007-2008, 16yrs+].

Definition: percentage of adults who feel very or fairly safe when home alone at night.

40. Perception of local crime

Source: Scottish Crime and Justice Survey [2008, 16yrs+].

Definition: percentage of adults who perceive crime to be very or fairly common in their local area.

41.1. Non-violent neighbourhood crime

Source: Scottish Crime and Justice Survey [2008, 16yrs+].

Definition: percentage of adults who had been a victim of a non-violent crime (household crime, excluding domestic violence, theft from person and other personal theft) occurring locally in the previous year.

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41.2. Police-recorded acquisitive crime

Source: Violence Reduction Unit of the Strathclyde Police [2005-2009, GG&C data only].

Definition: number of acquisitive crimes per 10,000 population.

42.1. Worklessness - workless adults who want to work

Source: Annual Population Survey [2004-2008].

Definition: percentage of working age adults (W: 16-59, M: 16-64) who are unemployed or economically inactive and who want to work (excluding students).

42.2. Worklessness - Job Seekers Allowance (JSA) claimants

Source: Office for National Statistics [2002-2010].

Definition: percentage of the working age population (W&M: 16-64) claiming JSA.

42.3. Worklessness - mental health (MH) related incapacity benefits (IB) claimants

Source: Department of Work and Pensions [2000-2008].

Definition: number of IB claimants in the first quarter per 1000 working age population (M: 16-64; W:16-59), claiming for MH reasons.

43. Education

Source: Annual Population Survey [2008].

Definition: percentage of the working age population (W: 16-59; M: 16-64) with at least one educational qualification (academic or vocational).

44. Victim of discrimination

Source: Scottish Health Survey [2009, 16yrs+, sub-set of main sample].

Definition: percentage of adults who reported being unfairly treated or discriminated against in the previous year.

45. Perception of racial discrimination in Scotland

Source: Scottish Crime and Justice Survey [2008, 16yrs+].

Definition: percentage of adults who think racial discrimination is a big problem in Scotland.

46. Victim of harassment

Source: Scottish Health Survey [2009, 16yrs+, sub-set of main sample].

Definition: percentage of adults who have experienced harassment or abuse in the previous year.

47. Financial management

Source: Scottish Household Survey [2007-2008, 16yrs+].

Definition: percentage of households managing very or quite well financially these days.

48. Financial inclusion

Source: Scottish Household Survey [2007-2008, 16yrs+].

Definition: percentage of households with access to a bank, building society, credit union or post office card account.

49. Neighbourhood satisfaction

Source: Scottish Household Survey [2007-2008, 16yrs+].

Definition: percentage of adults who feel their neighbourhood is a very or fairly good place to live.

50. Noise

Source: Scottish Household Condition Survey [2003-2008, 16yrs+].

Definition: percentage of adults who are bothered often or fairly often by noise when home indoors.

51. Greenspace

Source: Scottish Household Survey [2007-2008, 16yrs+].

Definition: percentage of adults 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.

52. Household condition

Source: Scottish Household Condition Survey [2003-2008, 16yrs+].

Definition: percentage of adults who rated their house or flat as good or fairly good.

53.1 Overcrowding (subjective)

Source: Scottish Household Condition Survey [2003-2008, 16yrs+].

Definition: percentage of adults who feel their home has too few rooms.

53.2 Overcrowding (objective)

Source: Scottish Household Condition Survey [2005-2008, 16yrs+].

Definition: percentage of adults living in overcrowded accommodation, as defined using the 'bedroom standard', a recognised measure of overcrowding.

54. Work-related stress

Source: Scottish Health Survey [2009, 16yrs+, sub-set of main sample].

Definition: percentage of adults that think their job is very or extremely stressful.

55. Work-life balance

Source: Scottish Health Survey [2009, 16yrs+, sub-set of main sample].

Definition: mean score of satisfaction with work-life balance for adults [extremely dissatisfied=0, extremely satisfied=10].

56. Working life demands

Source: Scottish Health Survey [2009, 16yrs+, sub-set of main sample].

Definition: percentage of adults who report that they often or always have unrealistic time pressures at work.

57. Working life control

Source: Scottish Health Survey [2009, 16yrs+, sub-set of main sample].

Definition: percentage of adults who often or always have a choice in deciding the way they do their work.

58. Manager support

Source: Scottish Health Survey [2009, 16yrs+, sub-set of main sample].

Definition: percentage of adults who agree or strongly agree that their manager encourages them at their work.

59. Colleague support

Source: Scottish Health Survey [2009, 16yrs+, sub-set of main sample].

Definition: percentage of adults who agree or strongly agree that they get help and support from colleagues at their work.

60.1. Partner abuse - population survey data

Source: Scottish Crime and Justice Survey [2008-2009, 16yrs+].

Definition: percentage of adults who reported being physically or emotionally abused by a partner or ex-partner in the previous 12 months

60.2 Partner abuse - police recorded

Source: : Violence Reduction Unit of the Strathclyde Police [2005-2009, GG&C data only].

Definition: recorded domestic violence incidents per 10,000 population, defined as physical, sexual or emotional abuse which takes place within the context of a close relationship.

61.1. Neighbourhood Violence – population survey data

Source: Scottish Crime and Justice Survey [2008-2009, 16yrs+].

Definition: percentage of adults who had experienced violence, excluding violence by a household member, occurring locally in the previous year.

61.2. Neighbourhood violence – police recorded victims/offenders of violent crime.

Source: Violence Reduction Unit of the Strathclyde Police [2006-2007 to 2009-2010, GG&C data only].

Definition: number of recorded victims/offenders of a violent crime per 10,000 population.

Mental Health in Focus:

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