



## Section 8. Mental health & wellbeing indicators

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

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

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## 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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## 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

#### Inequalities in WEMWBS scores: GG&C

<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</b> (SIMD quintiles)	<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</b> (ns-sec)	<b>Managerial &amp; prof.</b>		<b>Intermediate</b>		<b>Routine &amp; manual</b>		Ratio
	51		50		48		1.06 [ \$ ]

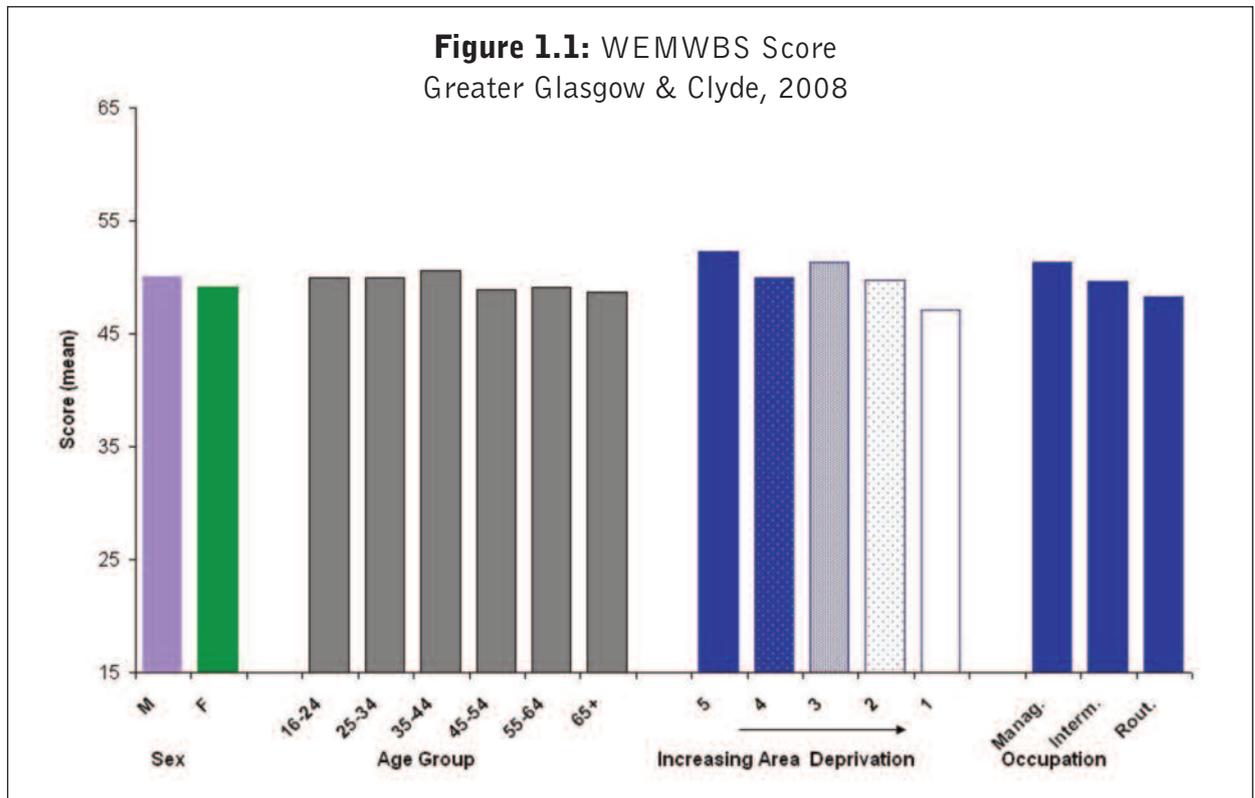
Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories

**[ \$ ]**: 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



## 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 [ \$ ]

#### Inequalities in life satisfaction score: GG&C

<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 [ \$ ]			

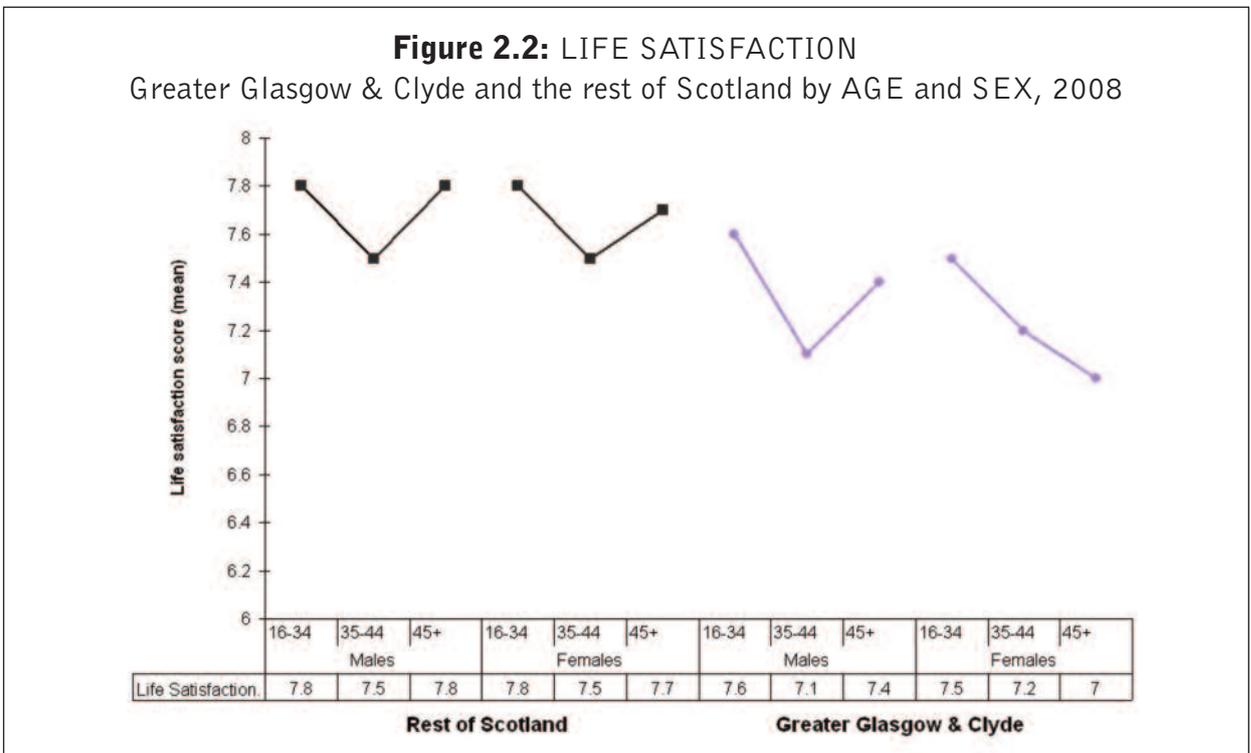
Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories

**[ \$ ]**: 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

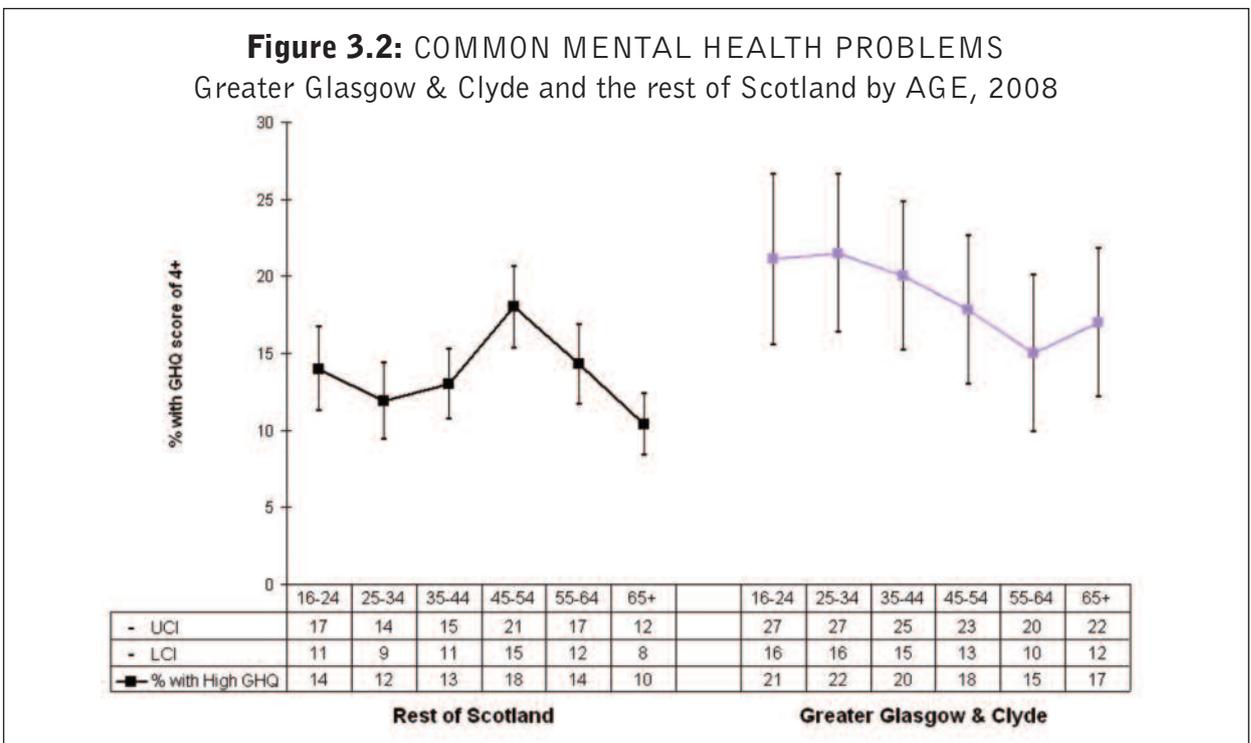
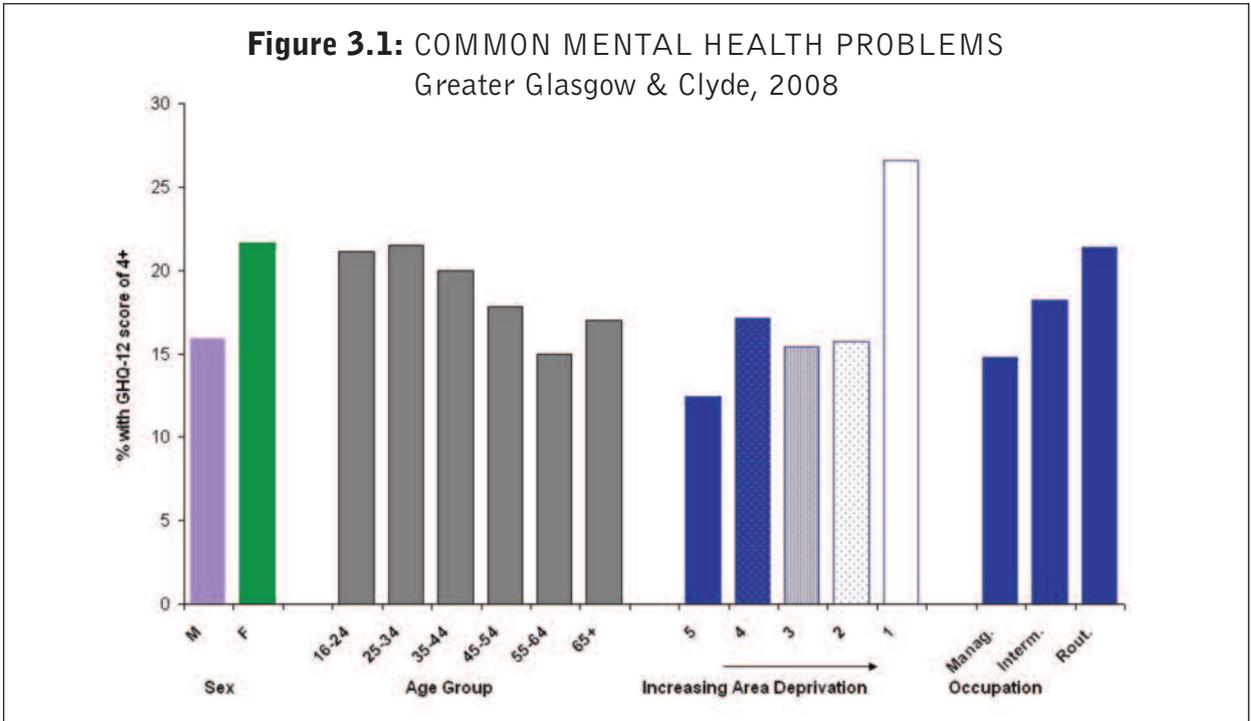
**[ \$ ]**: Statistically significantly different from 1

**[ 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

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<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

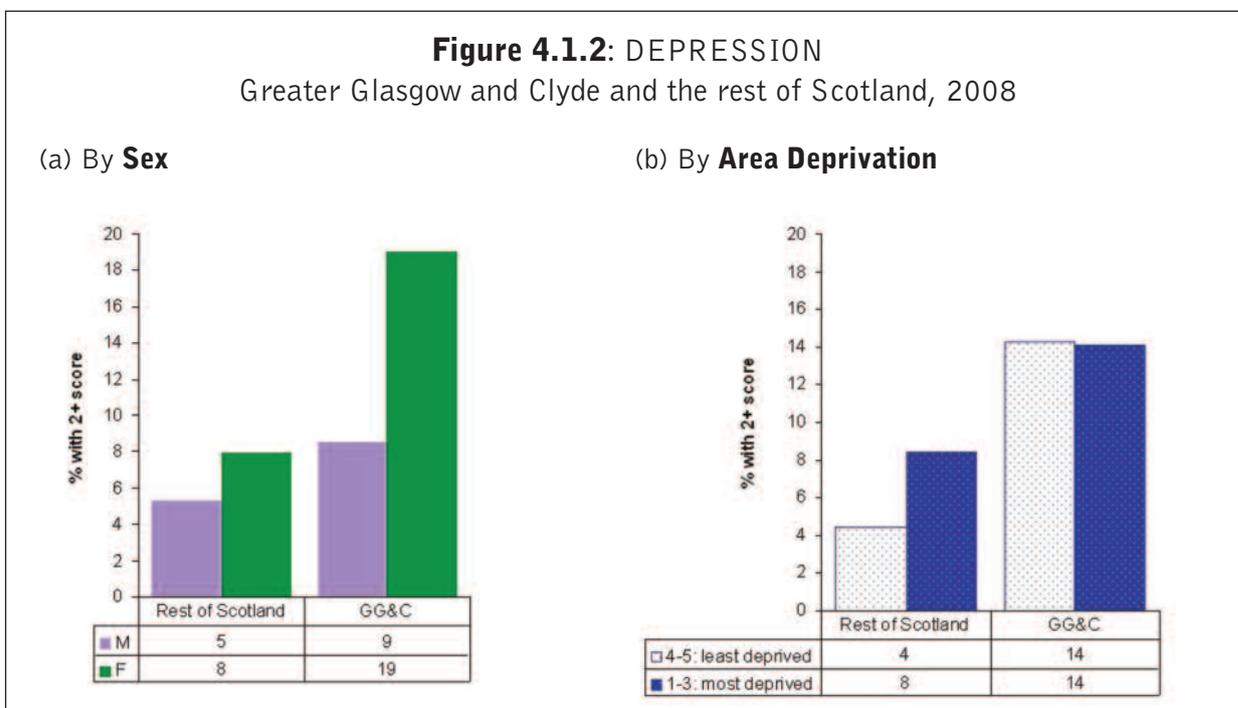
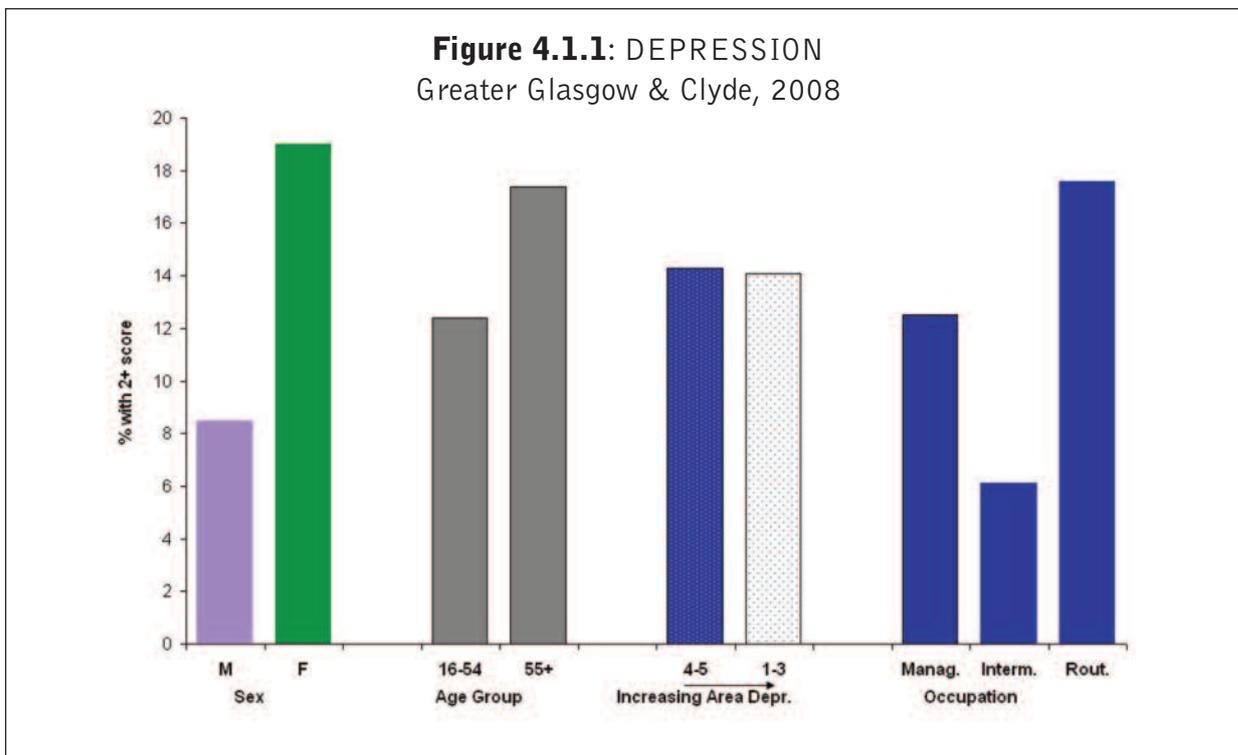
**[NS]:** Meaningful difference but not statistically significantly different from 1

**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 of 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 [§]

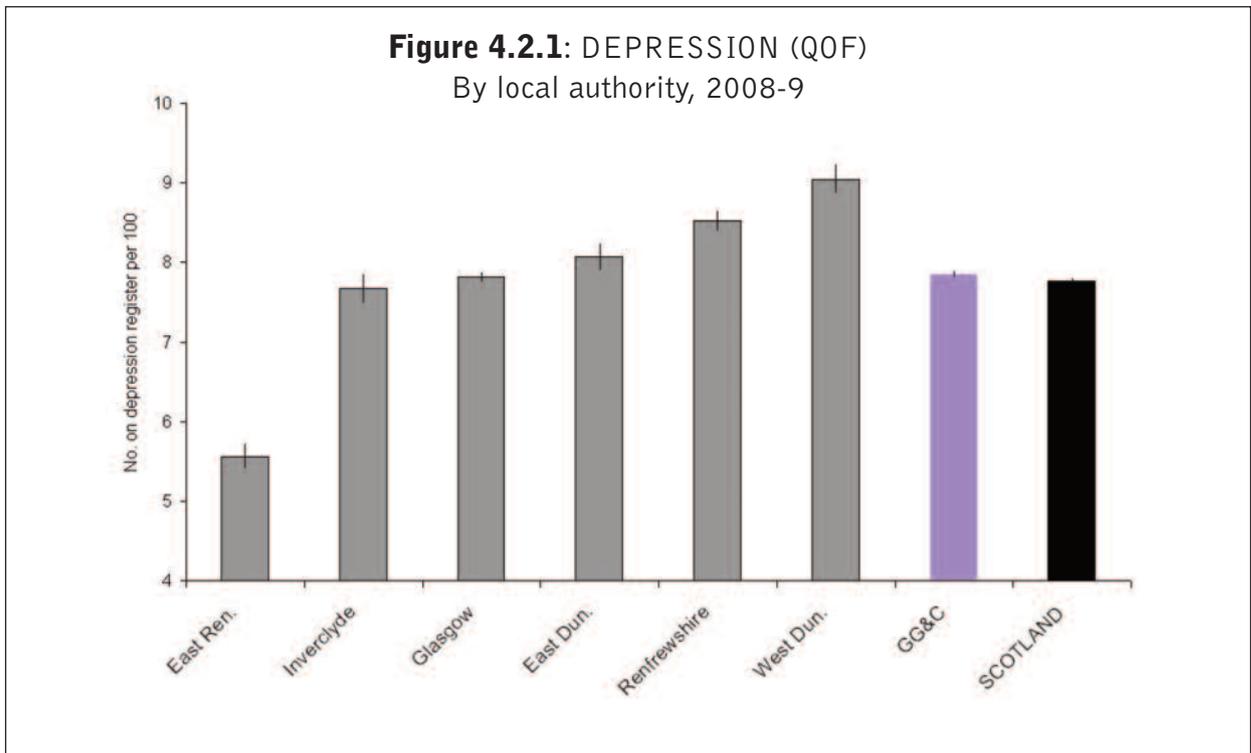
#### Percentage of population<sup>i</sup> on QOF depression register: GG&C

<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.

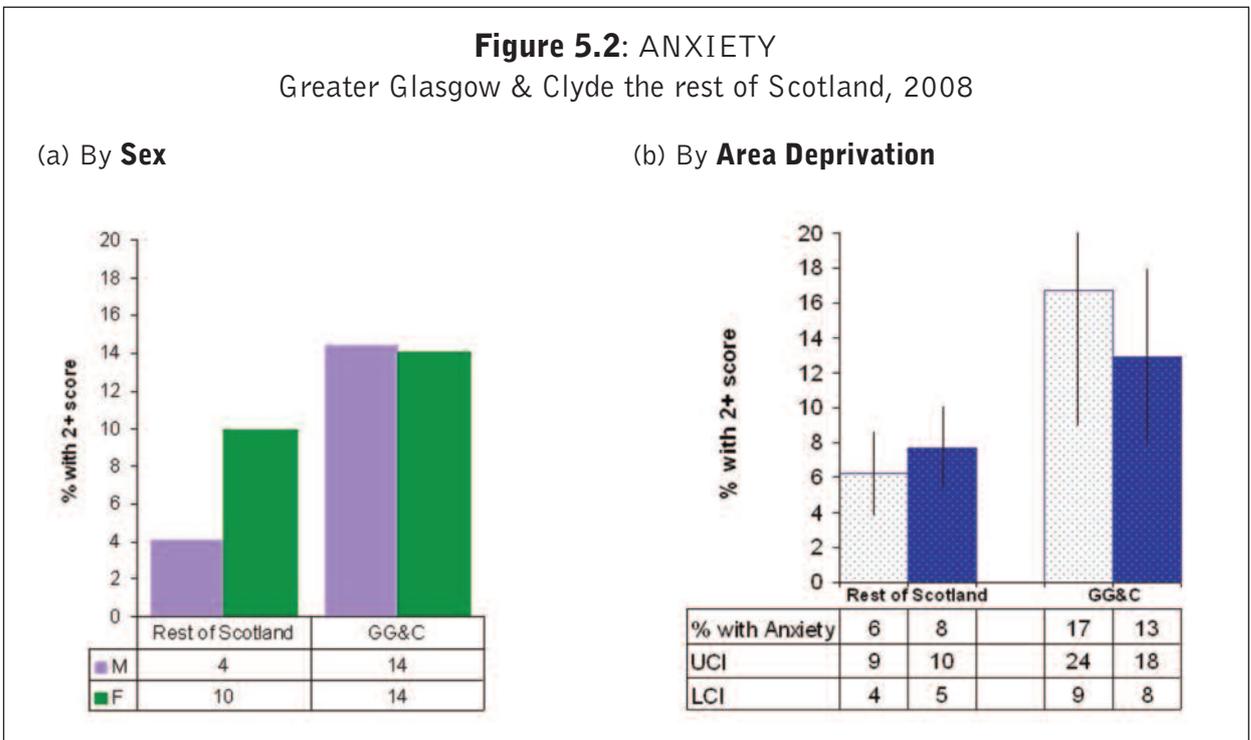
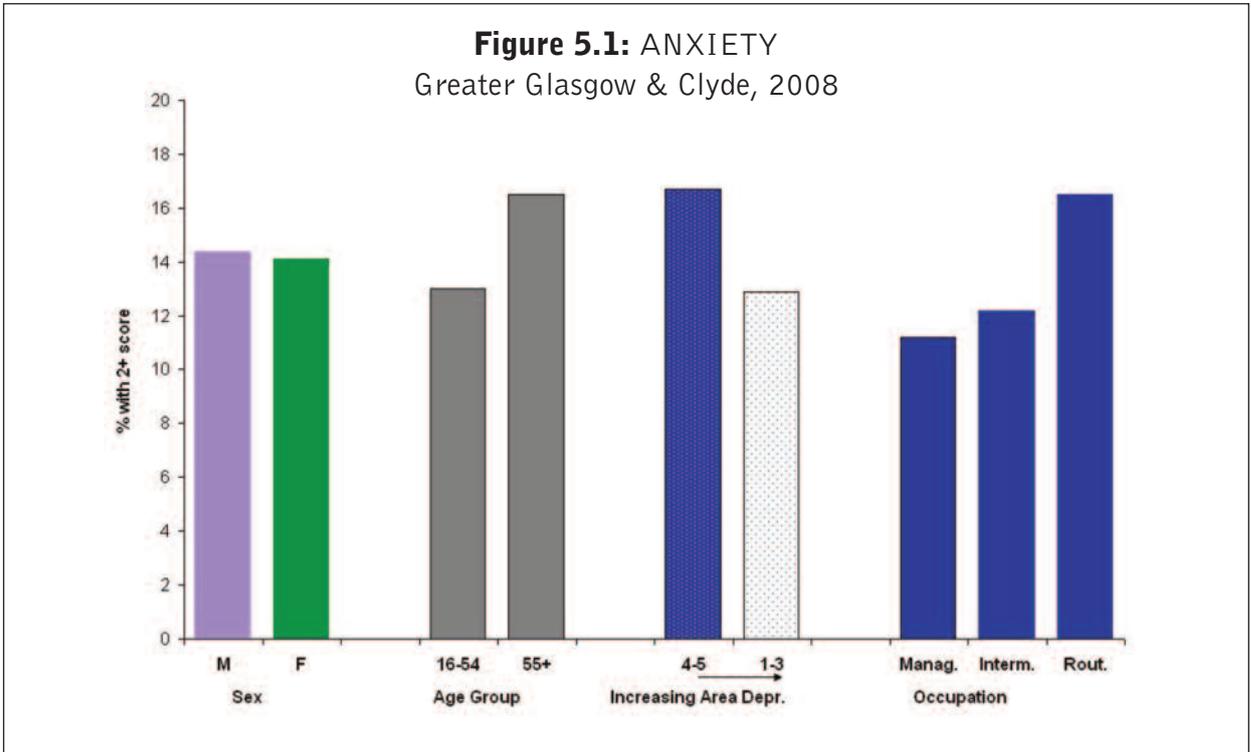
## Section 8. Mental health problems domain

### 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

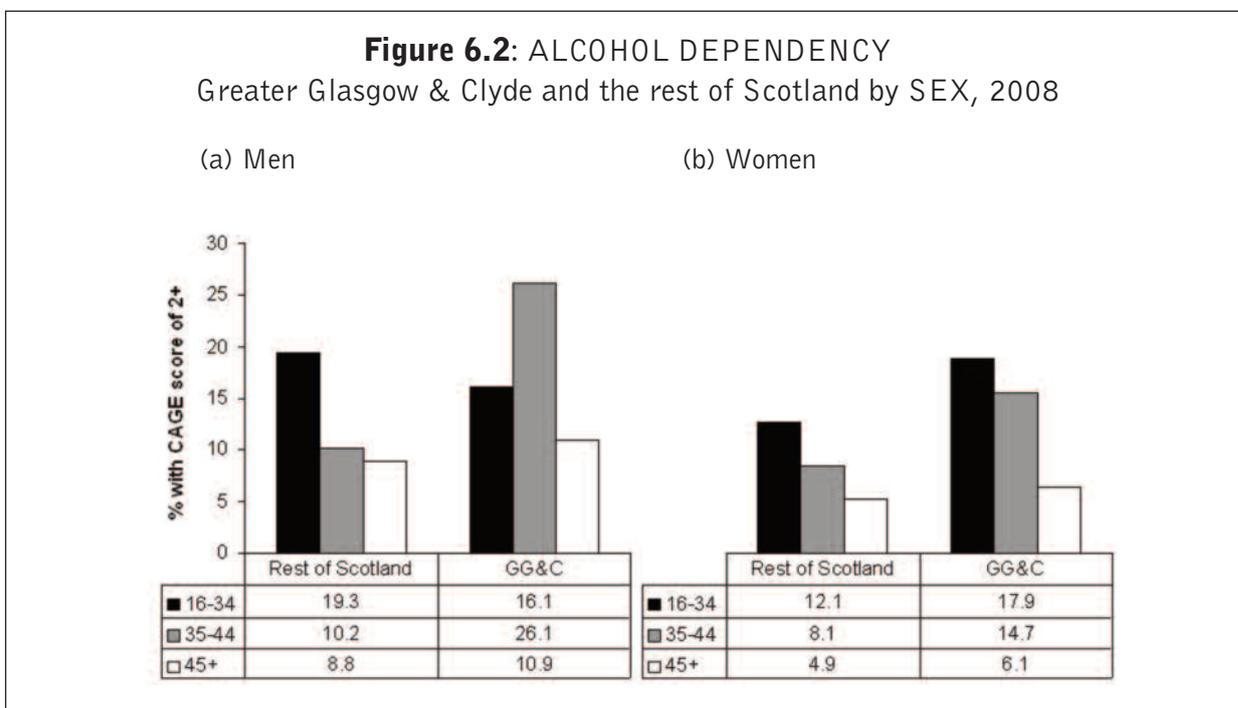
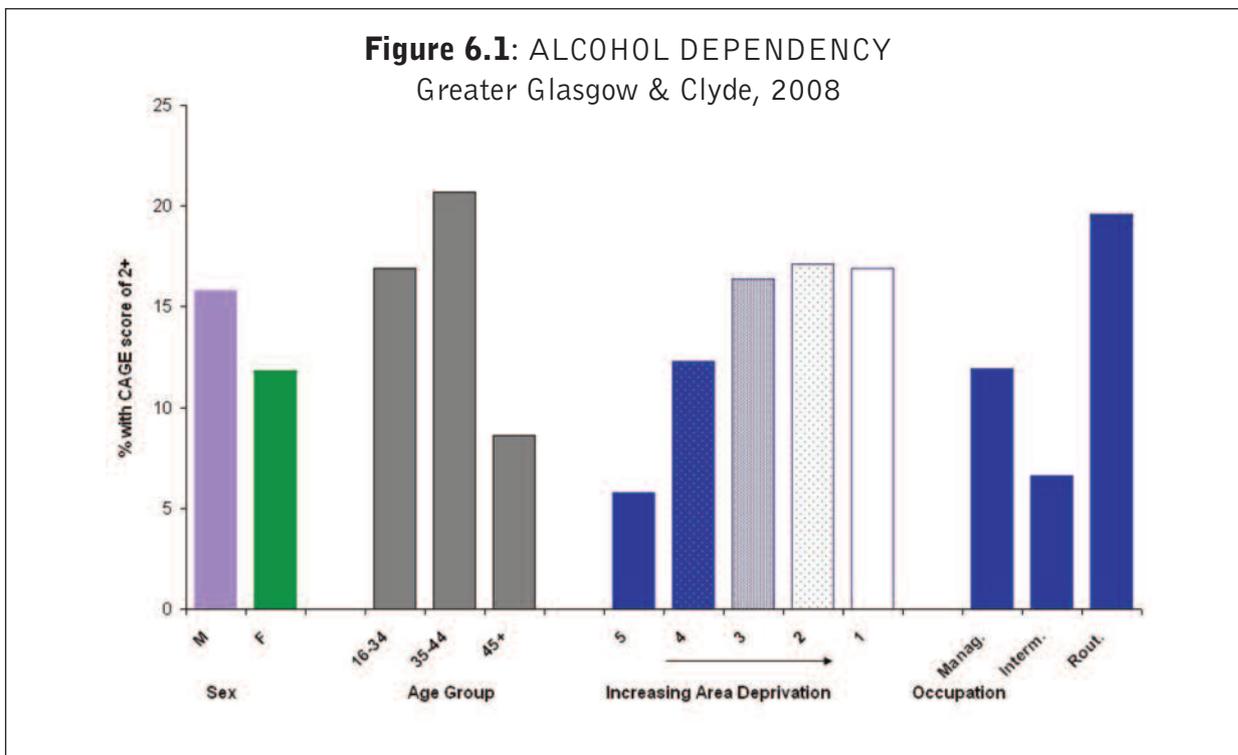
**[NS]**: Meaningful difference but not statistically significantly different from 1

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>	<b>Rest of Scotland</b>	Ratio
	15	9	1.7 [£]

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

<b>Sex</b>	<b>Female</b>	<b>Male</b>	Ratio							
	8	21	2.6 [£]							
<b>Age (Men only)<sup>ii</sup></b>	<b>16-34</b>	<b>35-64</b>	<b>65+</b>	Trend						
	25	25	1	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)	7	11	32	47	128	18 [£]				
<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>
	15	10	15	12	12	10	12	11	15	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

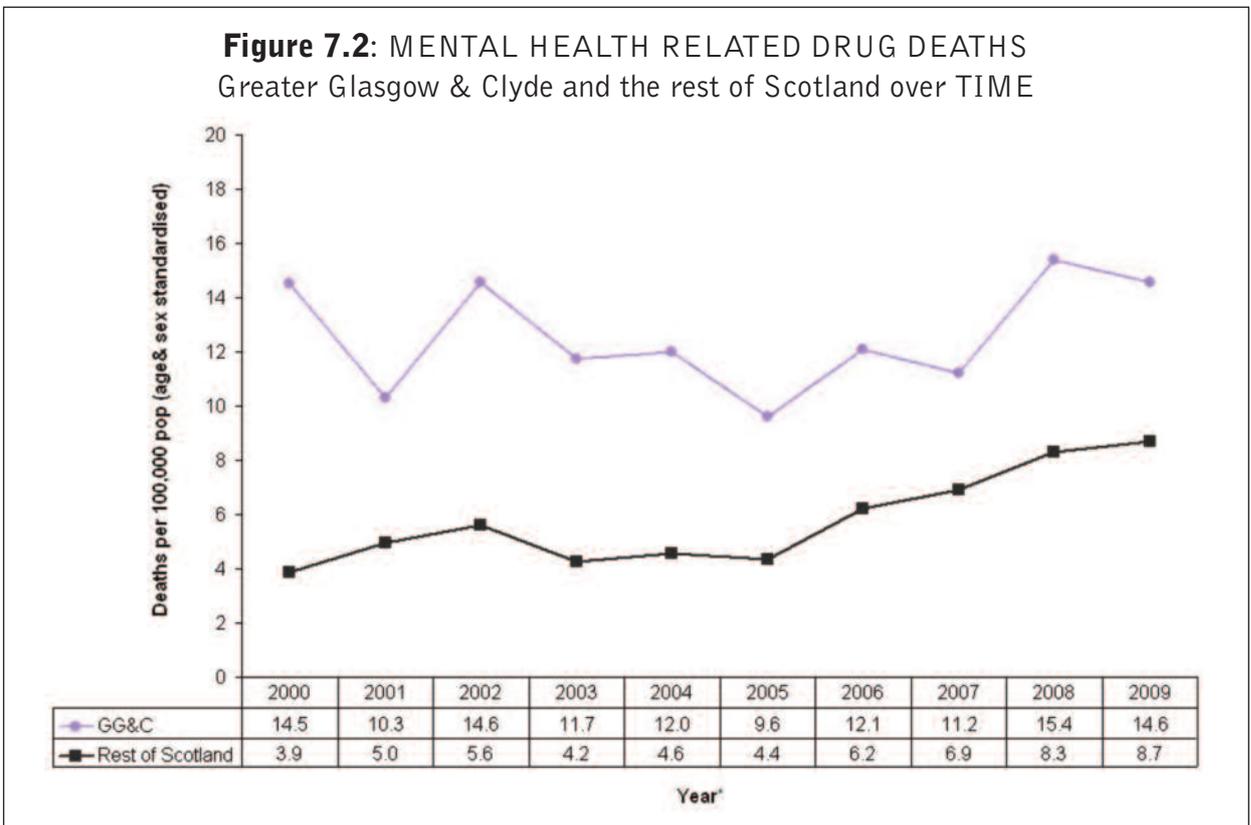
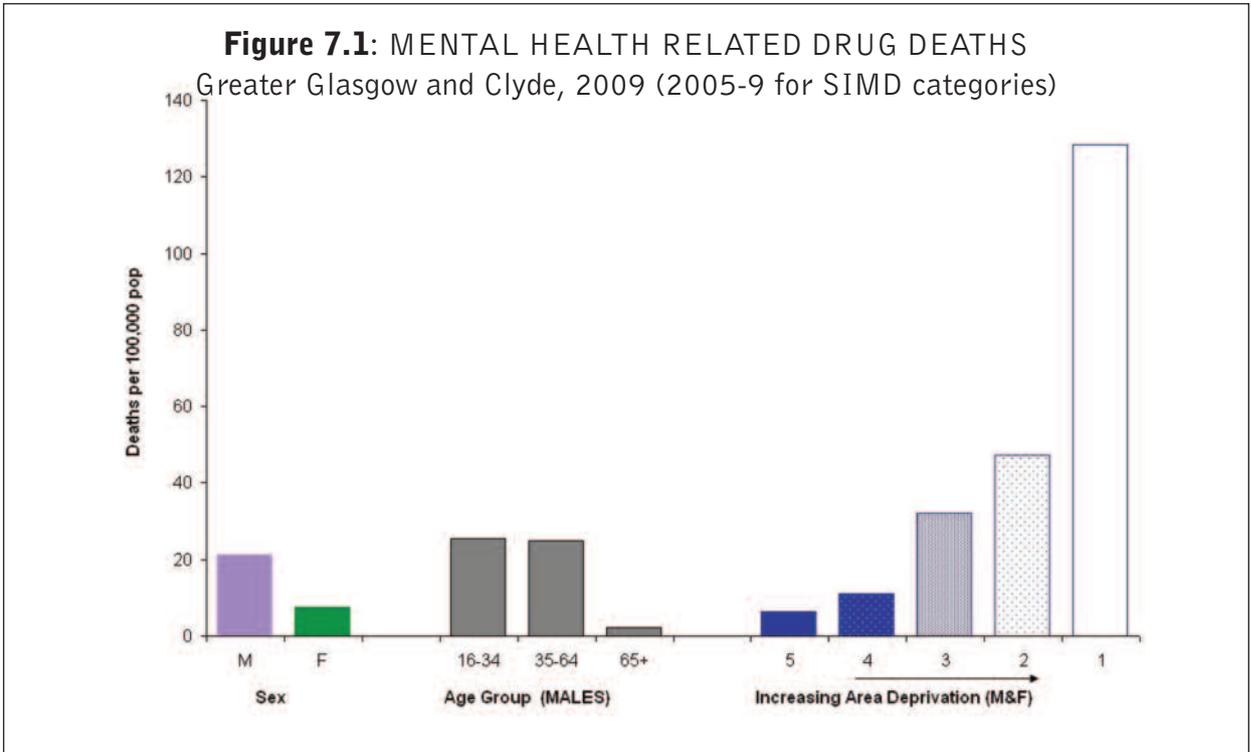
**i:** Based on ICD-10 codes F11-F16, F19.

**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

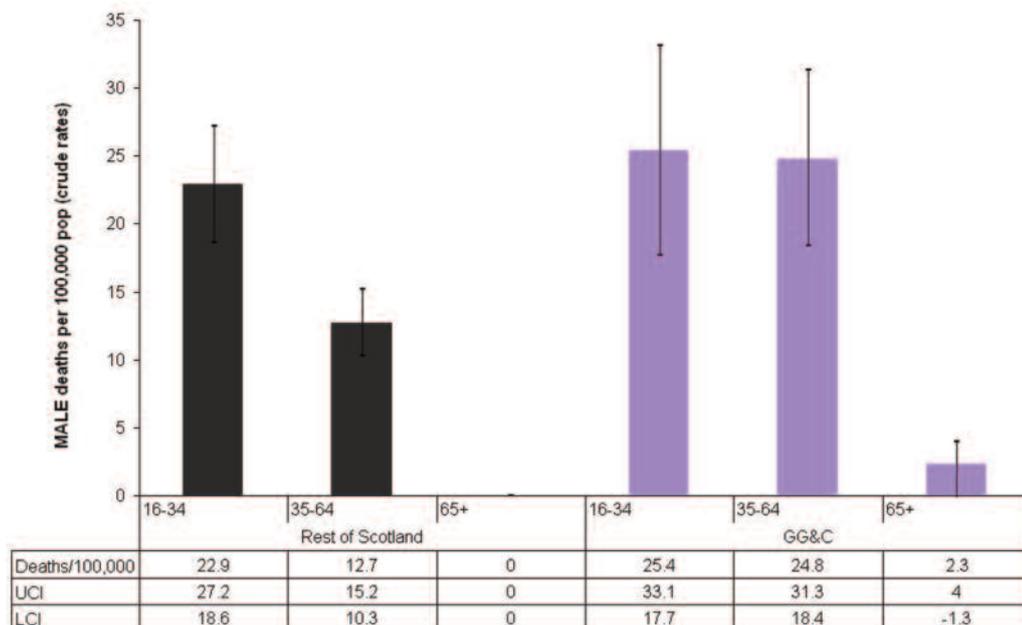


\*Year of registration

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

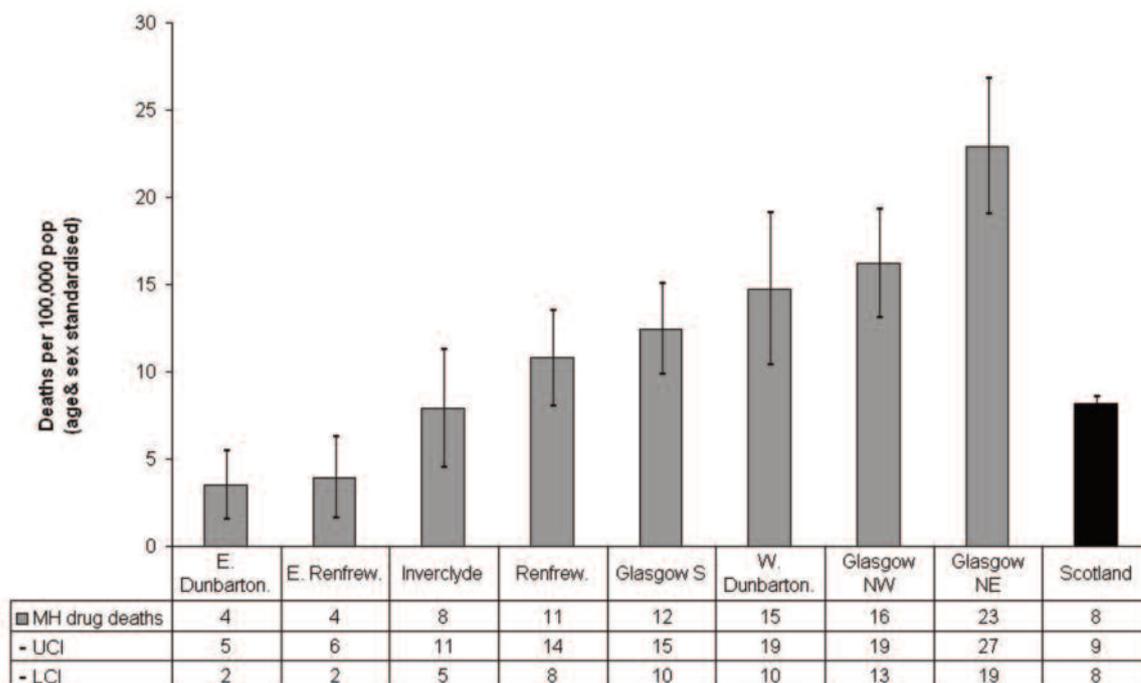
## Section 8. Mental health problems domain

**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

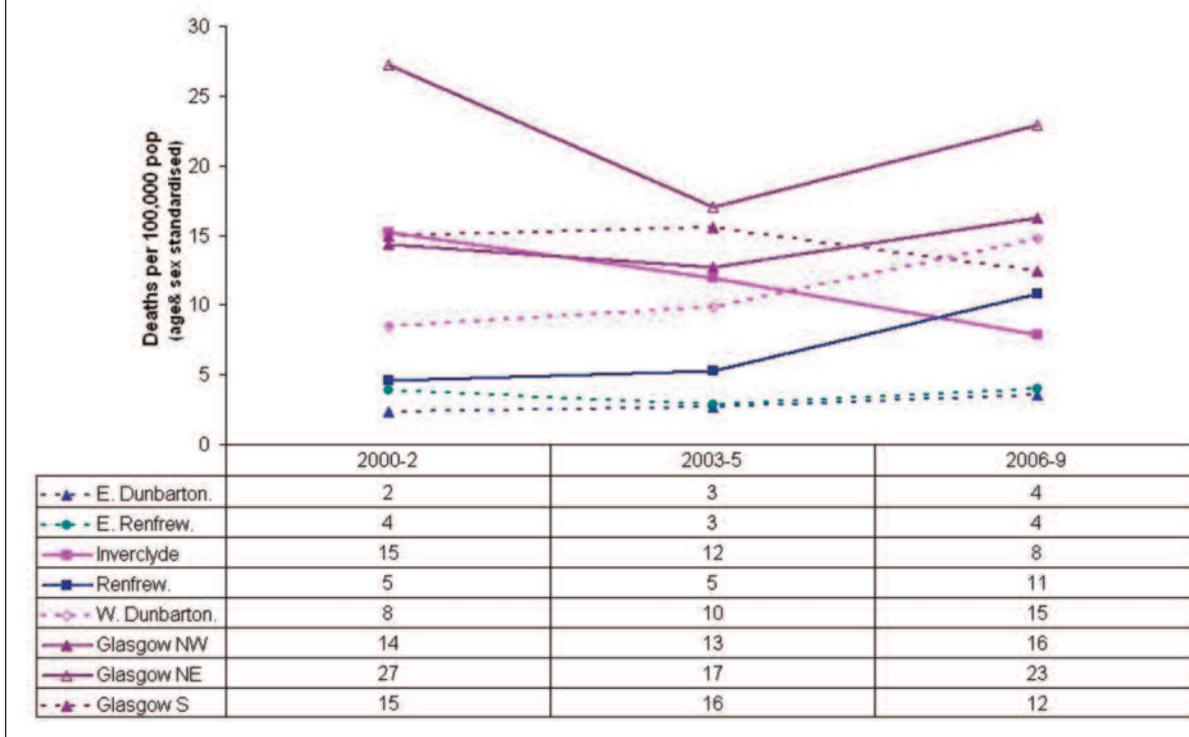
**Figure 7.4: MENTAL HEALTH RELATED DRUG DEATHS By local authority/sector, 2006-9**



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 ' <i>mental and behavioural disorders due to alcohol</i> ' <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

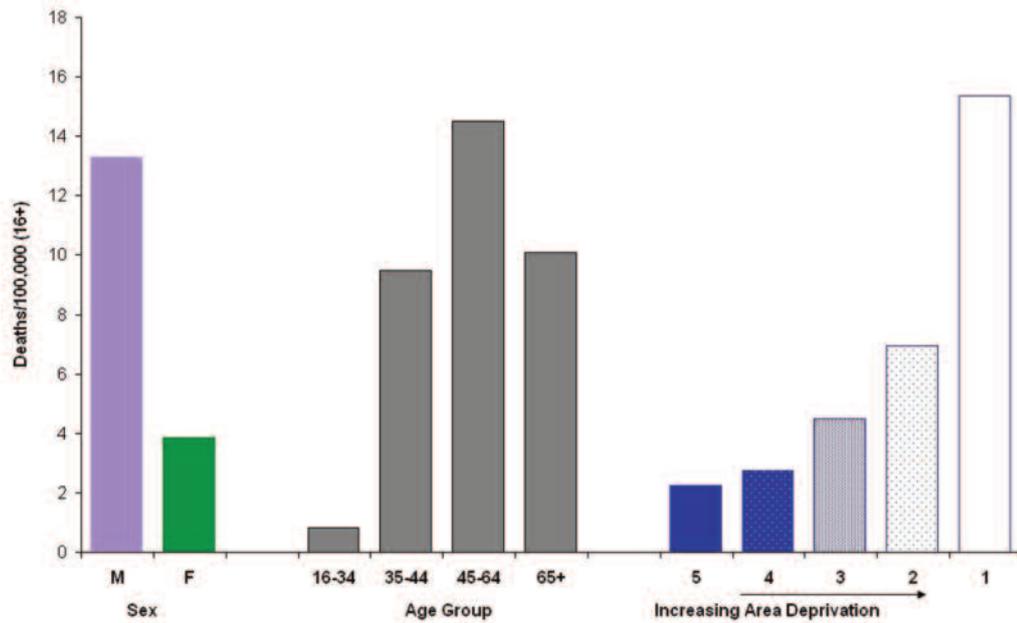
**ii:** Crude rates differ significantly between GG&C and the rest of Scotland although the age and sex adjusted estimates do not.

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

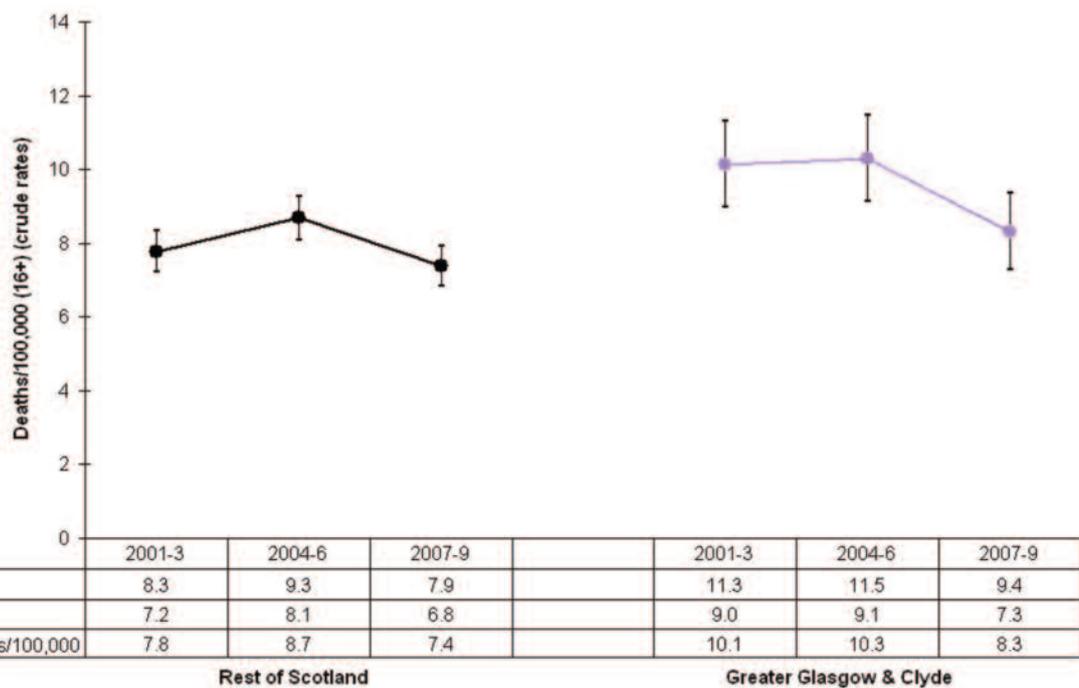
# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Mental health problems domain

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



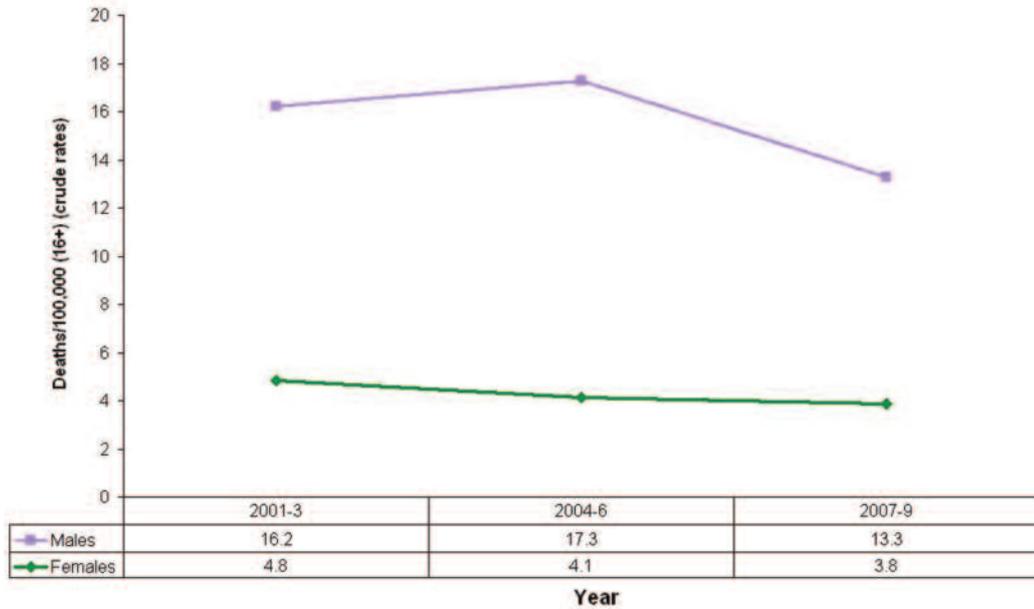
**Figure 8.2:** MENTAL HEALTH RELATED ALCOHOL DEATHS  
Greater Glasgow and Clyde and the rest of Scotland over time, 2001-9



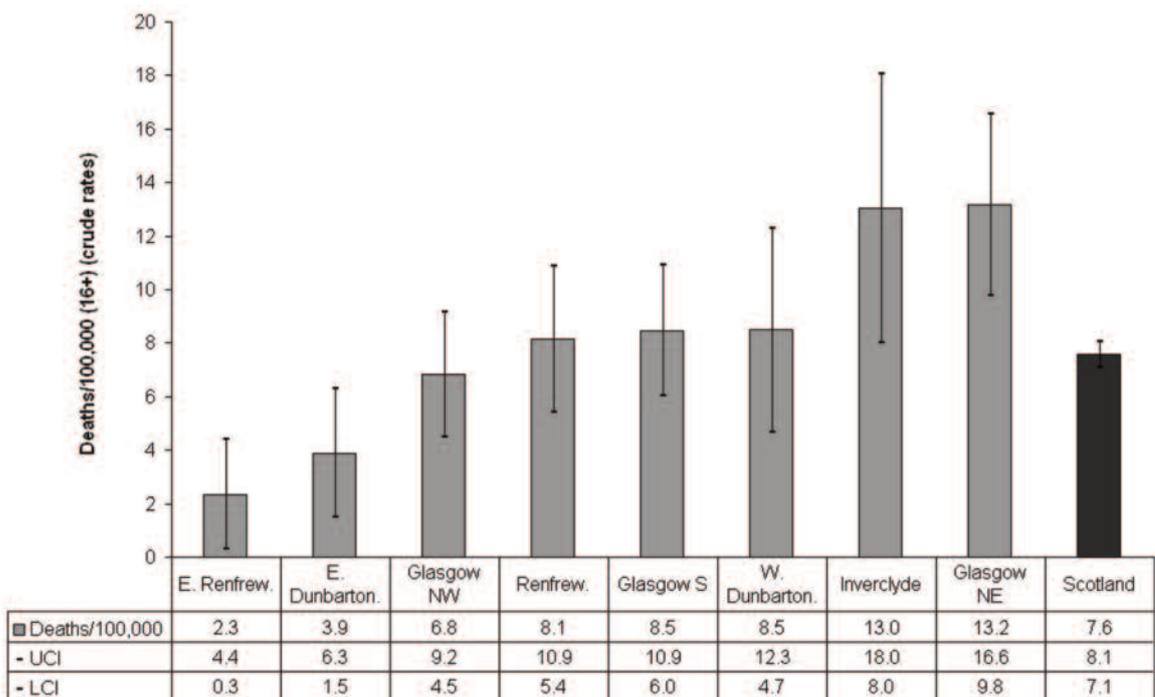
UCI: upper confidence limit; LCI: lower confidence limit

## Section 8. Mental health problems domain

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



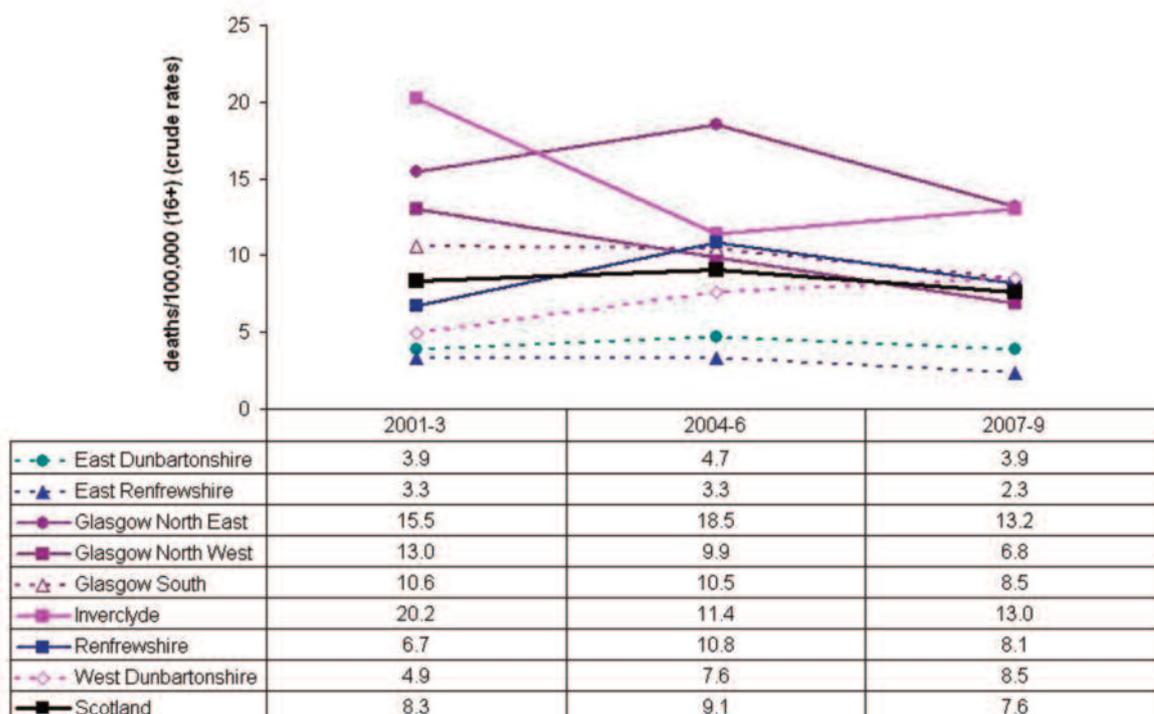
**Figure 8.4:** MENTAL HEALTH RELATED ALCOHOL DEATHS  
By local authority/sector, 2007-9



**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

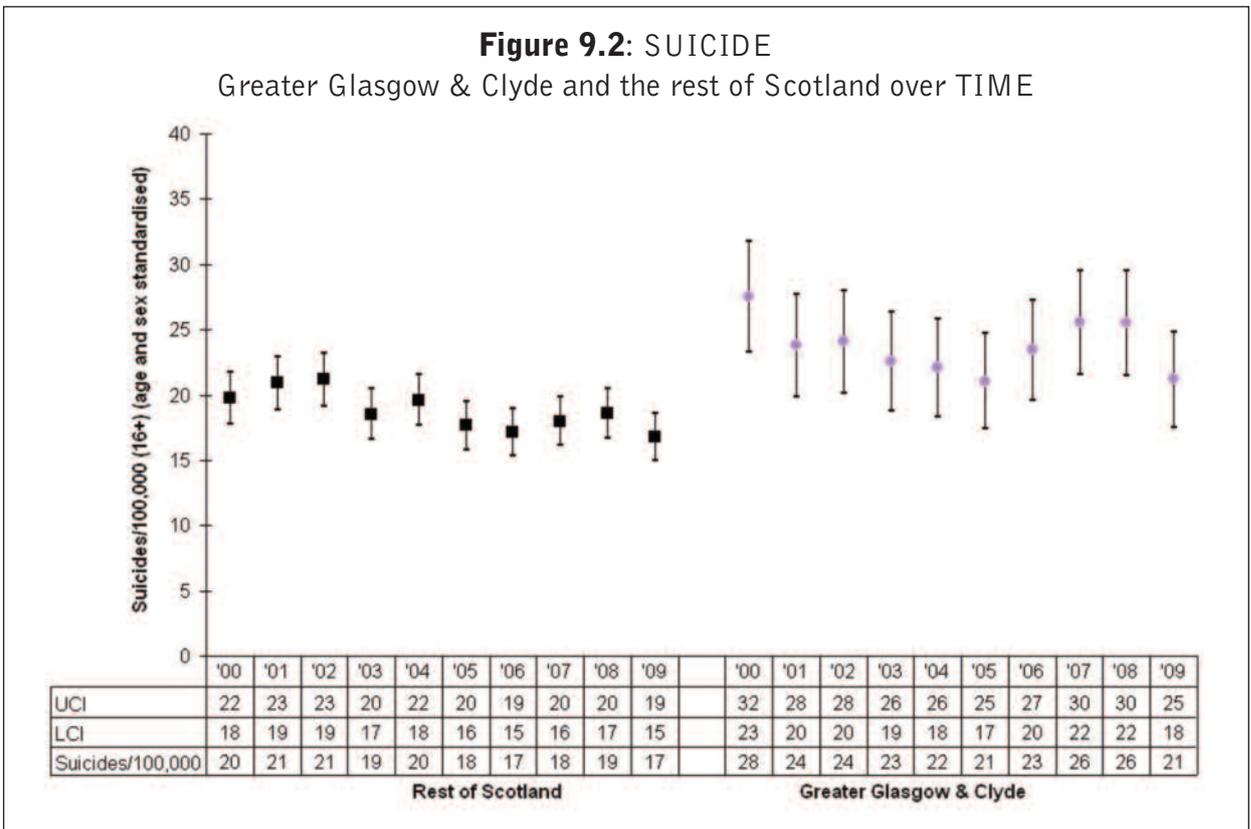
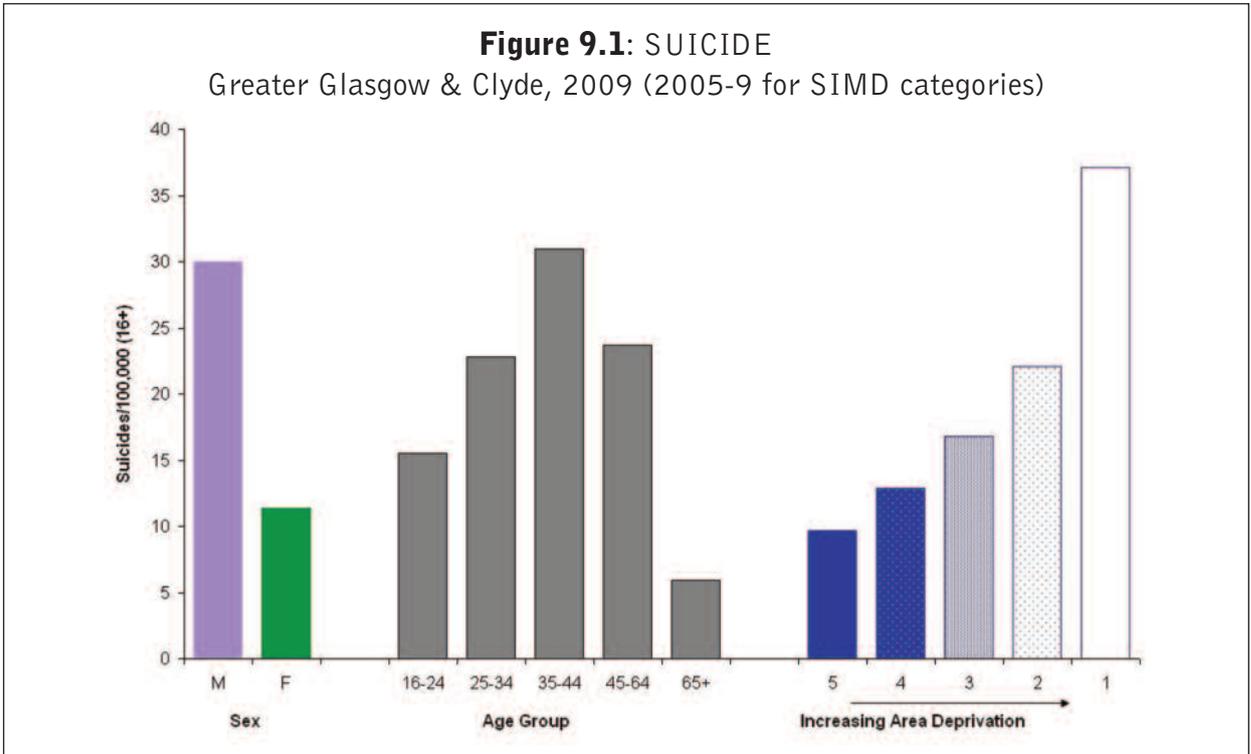
Rates by geography, over time and by area deprivation are age and sex standardised to the European Standard Population; rates by sex and age are crude rates. All figures are for 2009, with the exception of area deprivation which is based on 2005-2009 data.

**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

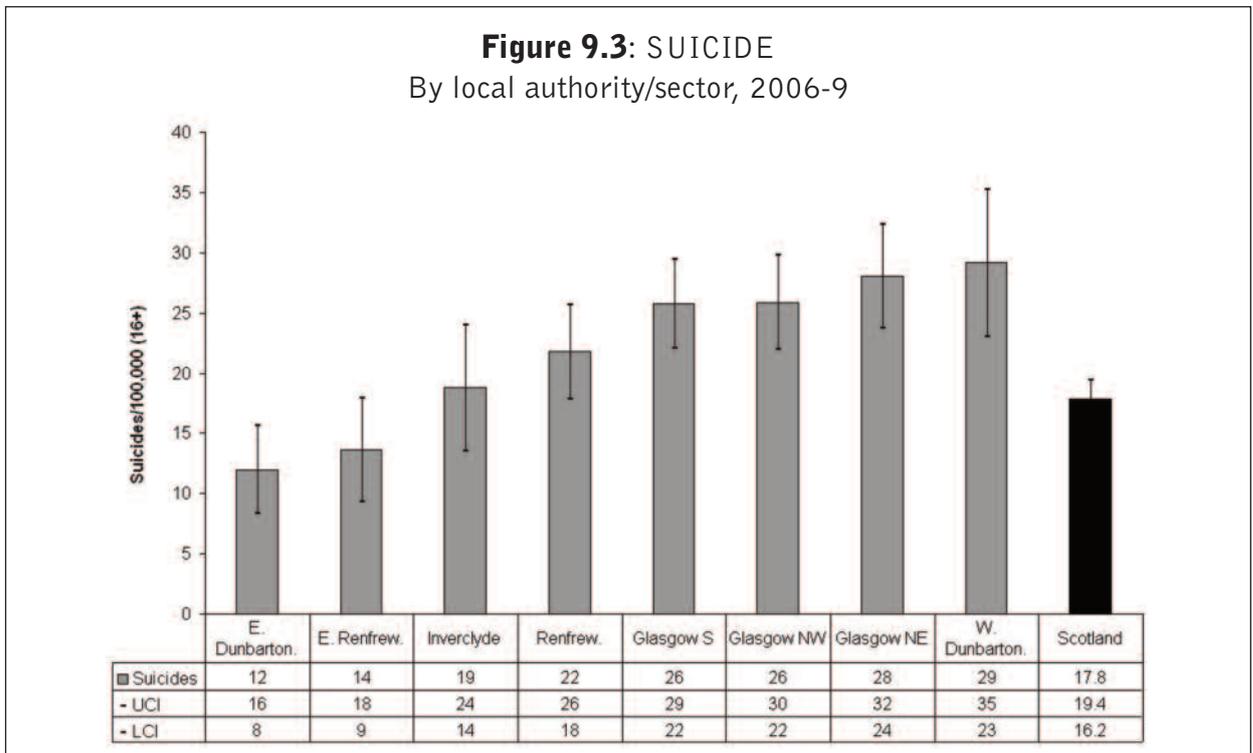
## Section 8. Mental health problems domain



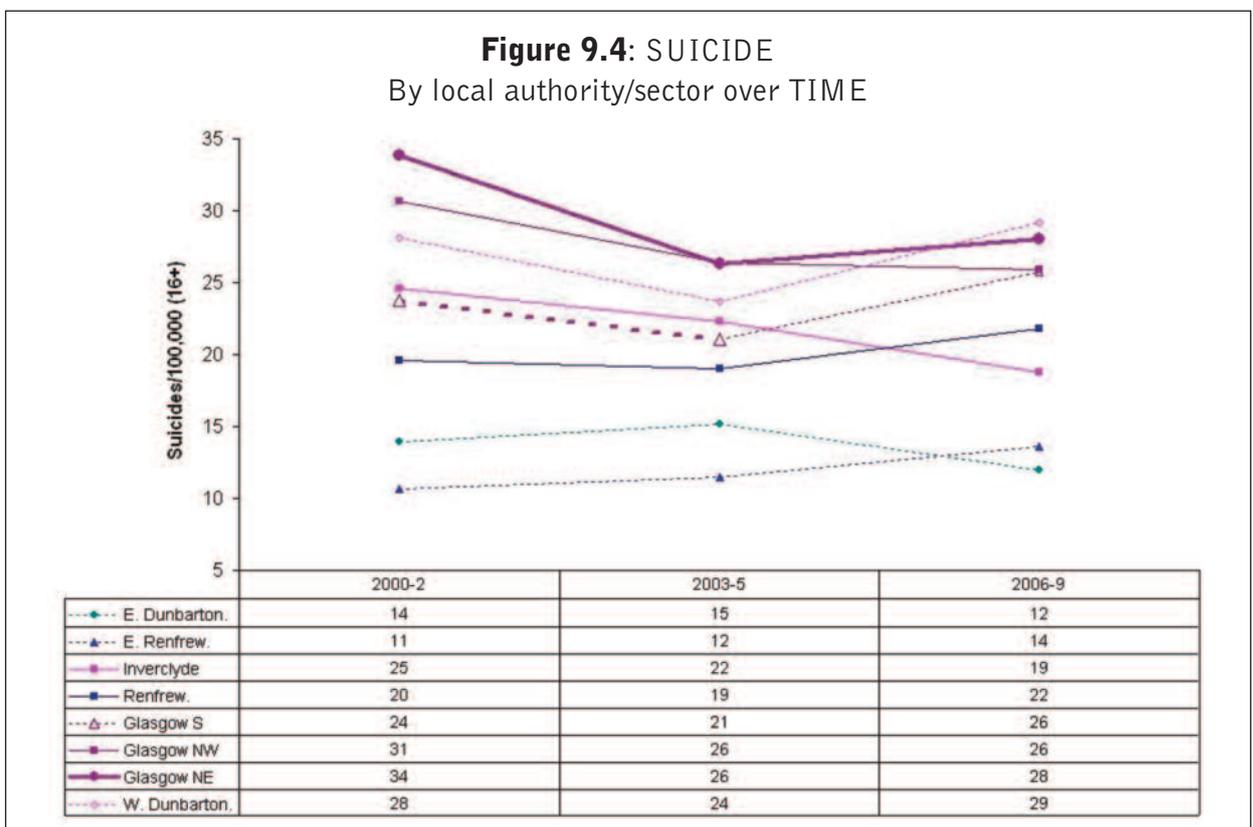
UCI: upper confidence limit; LCI: lower confidence limit

# 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

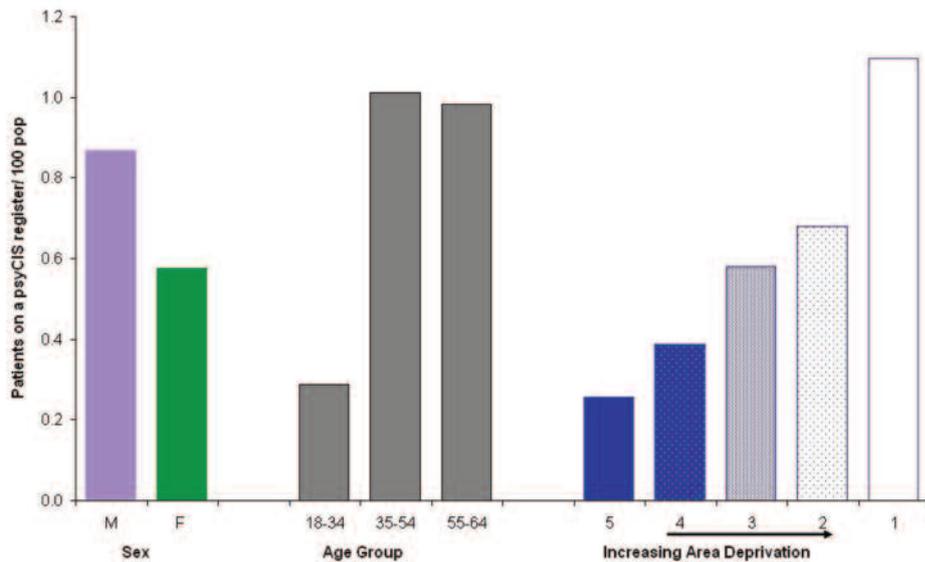
[£]: Statistically significantly different from 1

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

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

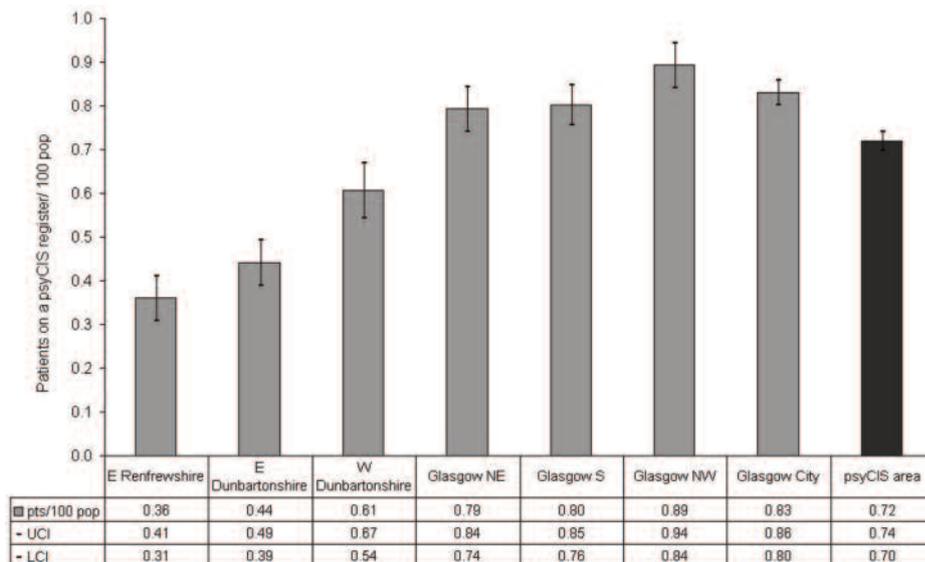
## Section 8. Mental health problems domain

**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

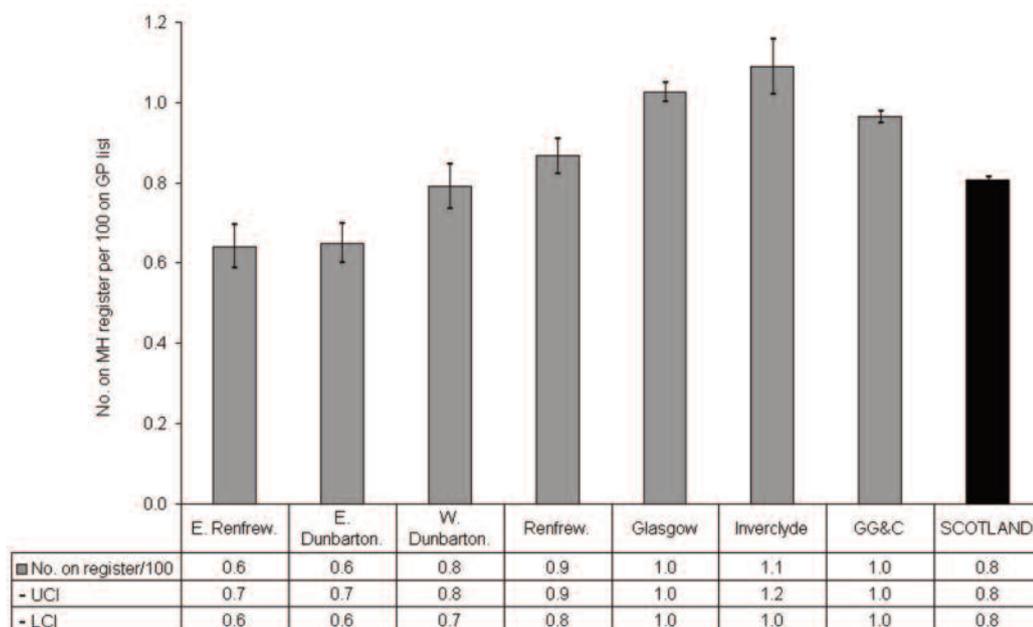
**[NS]**: Meaningful difference but not statistically significantly different from 1

**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

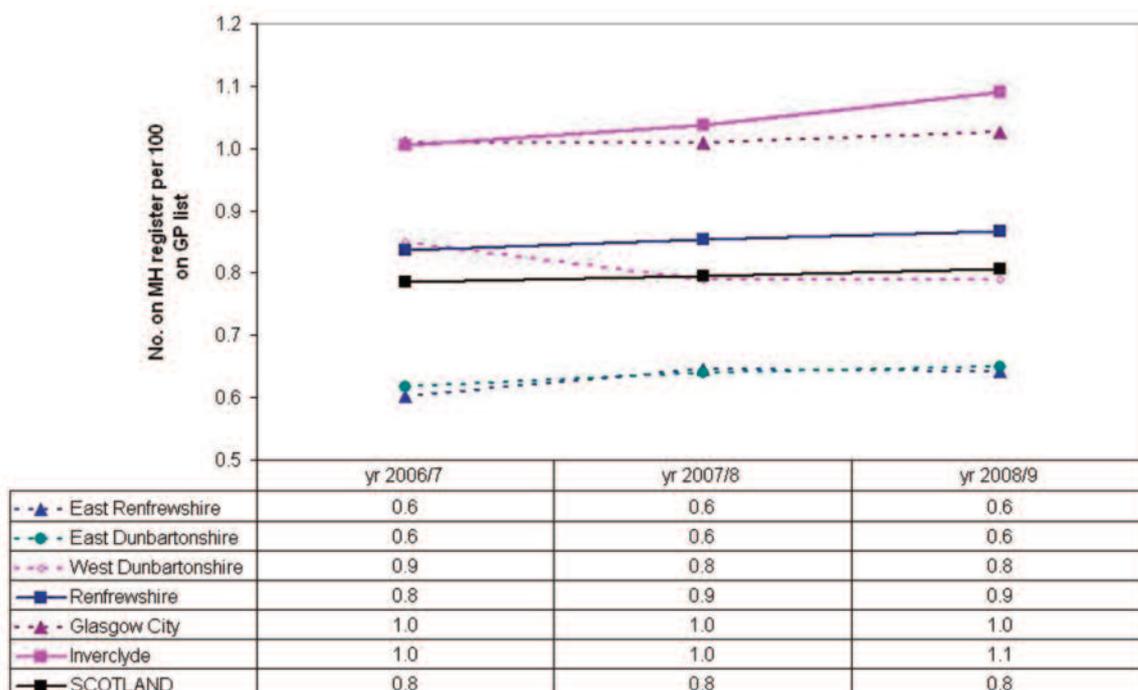
## Section 8. Mental health problems domain

**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>			<b>Ratio</b>
	14	12			1.1 [£]
<b>Inequalities in psychiatric discharges per 1000: GG&amp;C</b>					
<b>Sex</b>	<b>Female</b>	<b>Male</b>		<b>Ratio</b>	
	13	16		1.2 [£]	
<b>Age</b>	<b>16-44</b>	<b>45+</b>		<b>Trend</b>	
	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>
	3	6	11	20	45
<b>Time trends</b>	<b>2001-3</b>	<b>2004-6</b>	<b>2007-9</b>		<b>Ratio</b>
	18	16	14		15 [£]

**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.

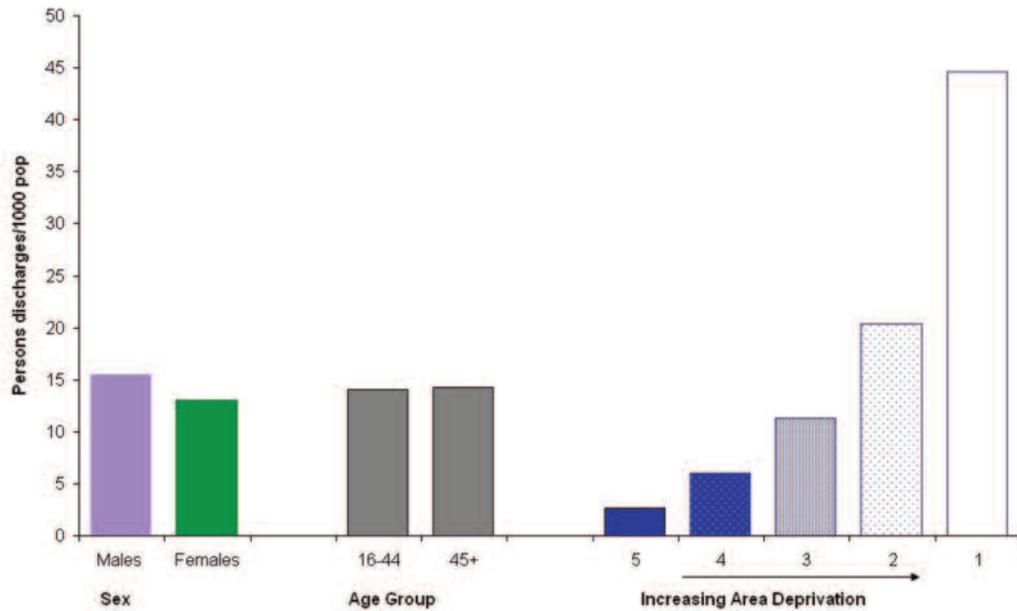
**[£]:** Statistically significantly different from 1

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

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## Section 8. Mental health problems domain

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

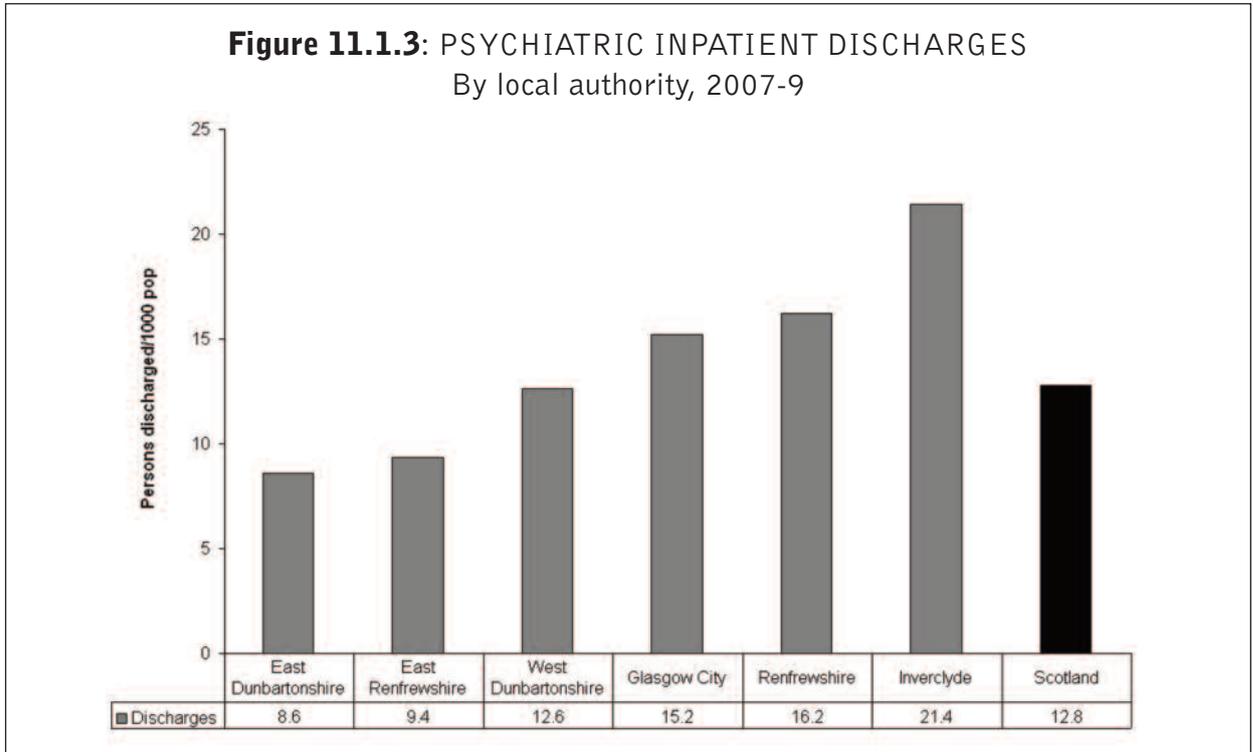


**Figure 11.1.2: PSYCHIATRIC INPATIENT DISCHARGES**  
Greater Glasgow and Clyde and the rest of Scotland by SEX over TIME



M: males; F: females

## Section 8. Mental health problems domain



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

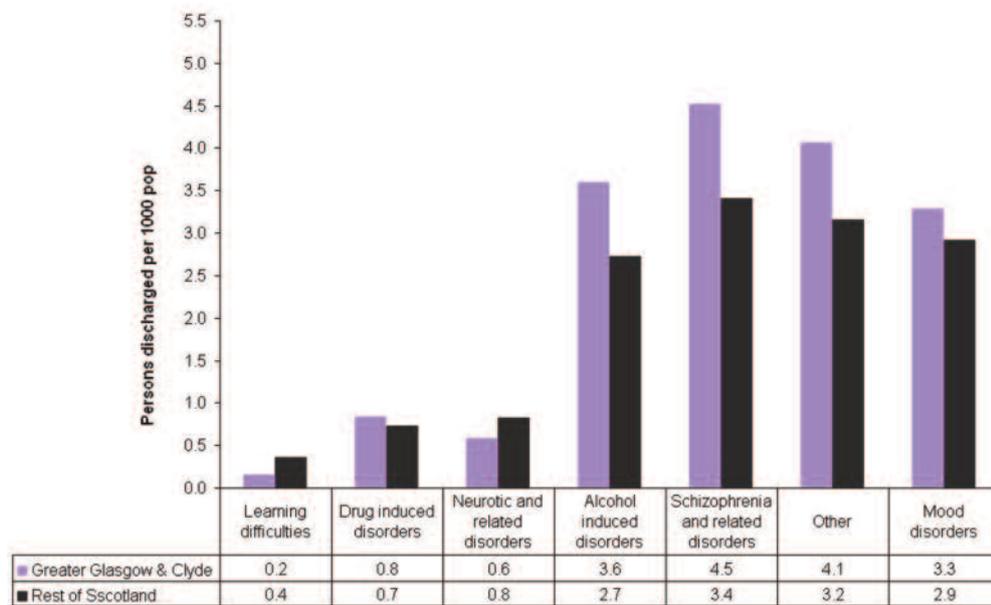
# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Mental health problems domain

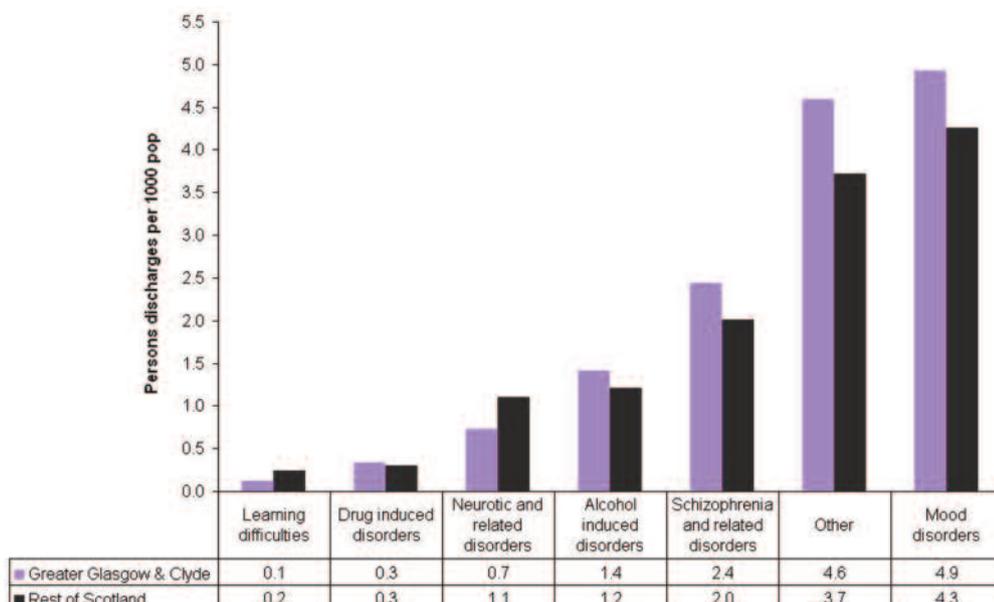
### 11.2 Diagnosis-specific discharges: Overview

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

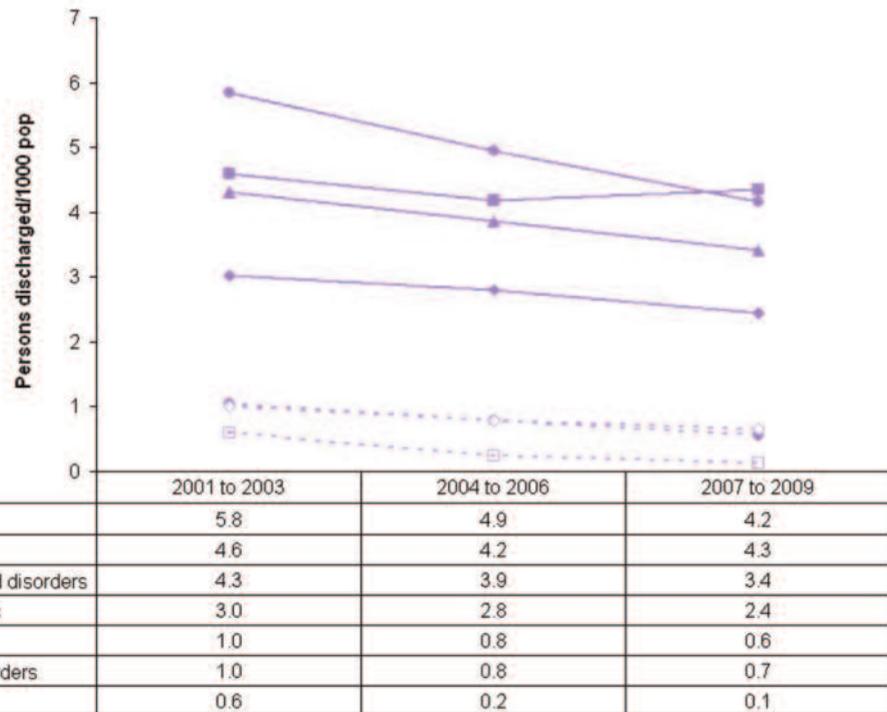


**Figure 11.2.2:** Psychiatric inpatient discharges by DIAGNOSIS:  
**Women:** Greater Glasgow & Clyde and the rest of Scotland, 2007-9



## 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>	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
(SIMD quintiles)	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.

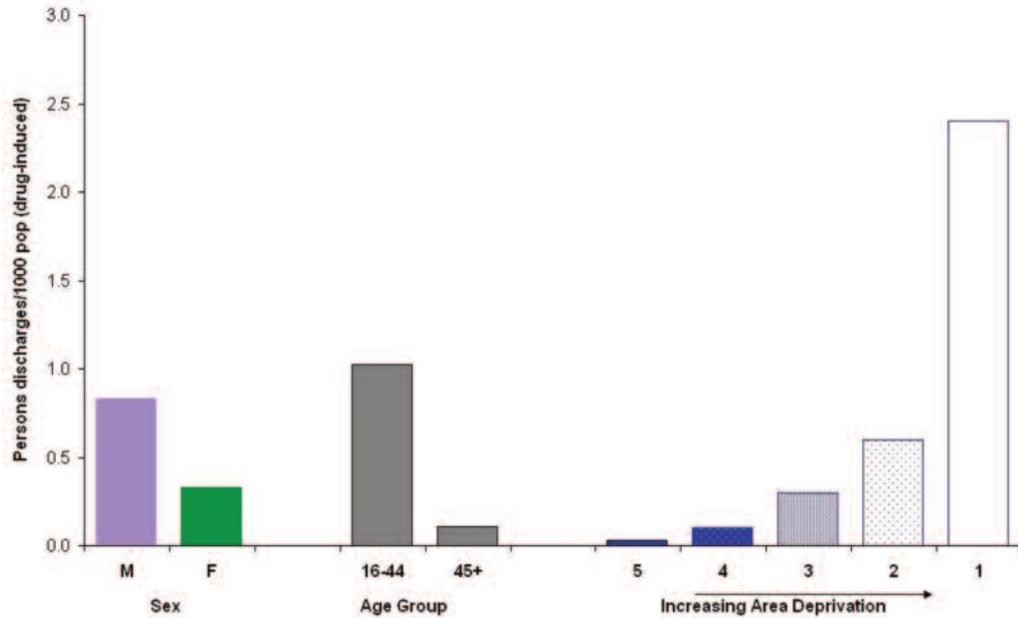
Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories

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

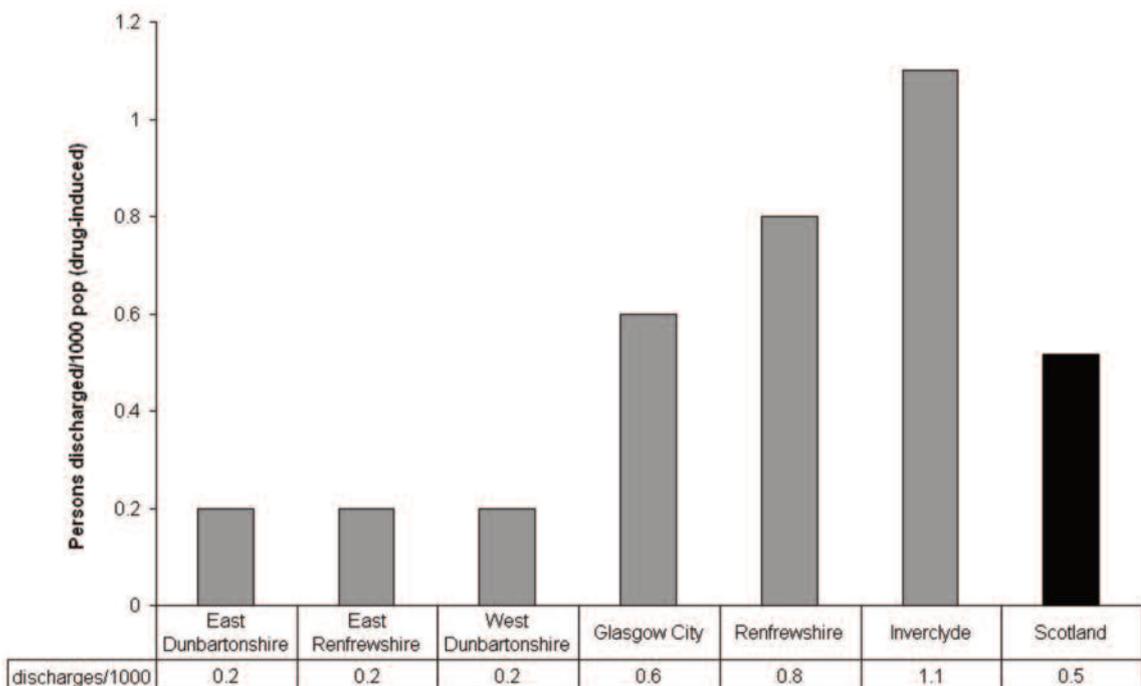
For explanation of area level deprivation see Notes and Definitions ([click here](#))

## Section 8. Mental health problems domain

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

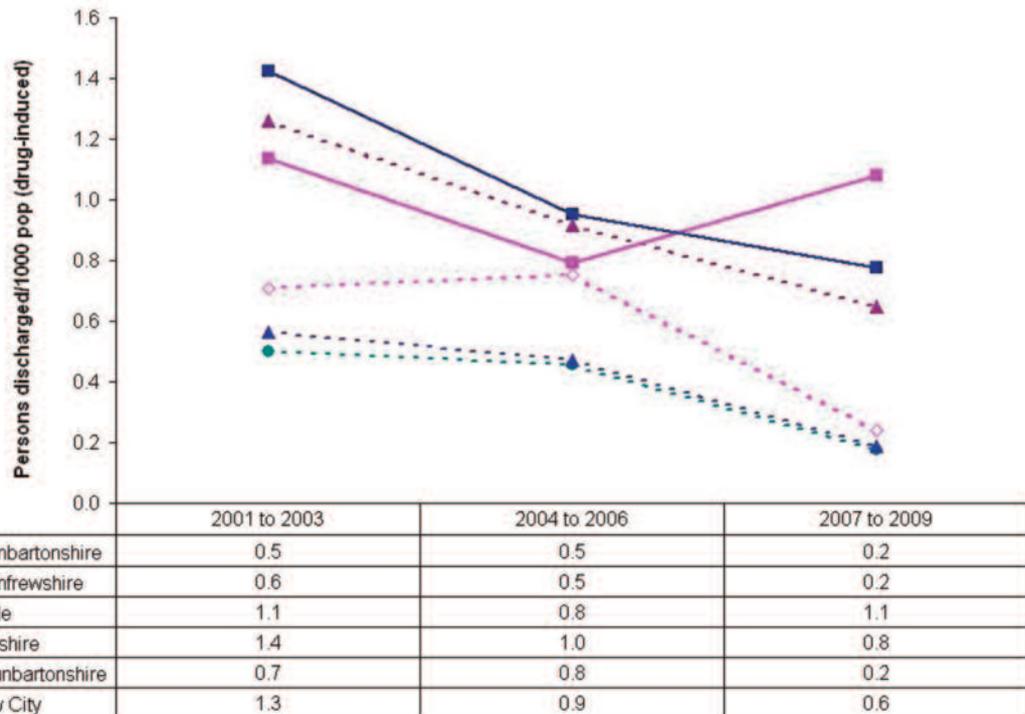


**Figure 11.3.2:** Psychiatric inpatient discharges for DRUG-INDUCED DISORDERS By local authority, 2007-9



## 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

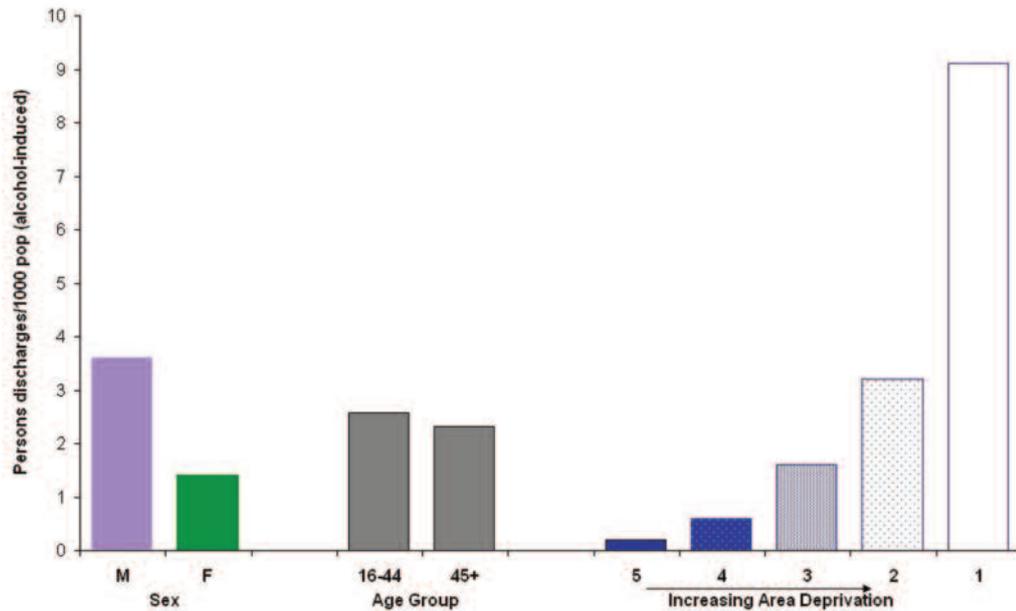
**[ NS ]:** Meaningful difference but not statistically significantly different from 1

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

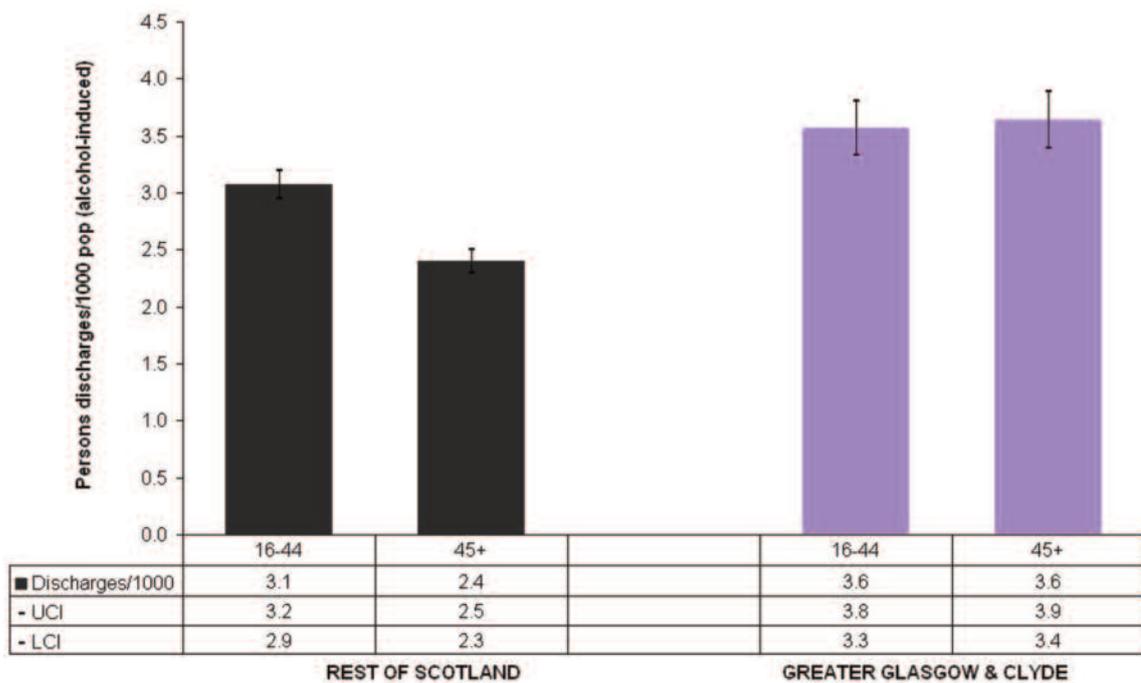
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**Figure 11.4.1:** Psychiatric inpatient discharges for ALCOHOL-INDUCED DISORDERS Greater Glasgow & Clyde, 2007-9



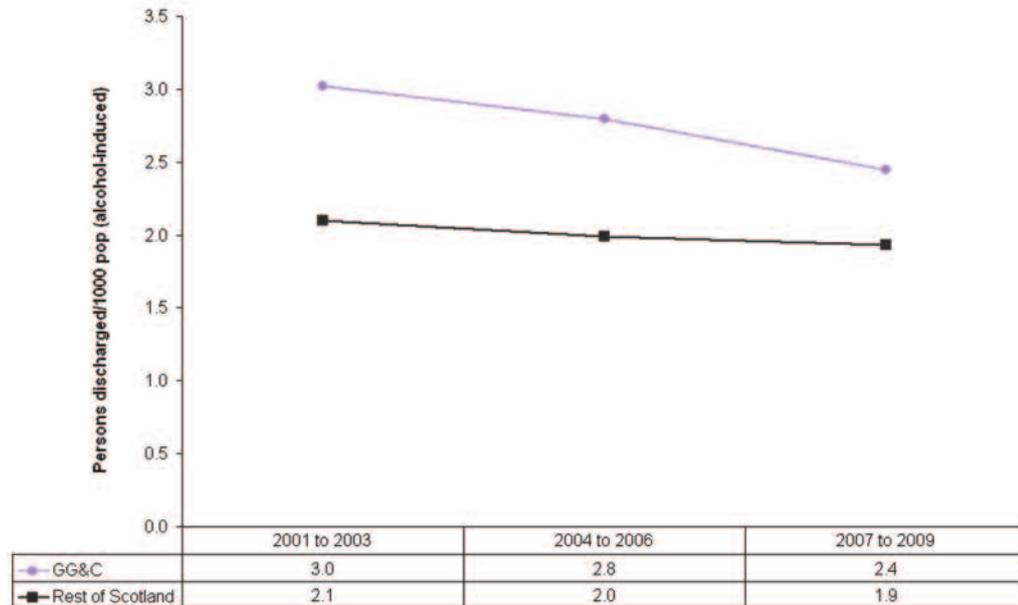
**Figure 11.4.2:** Psychiatric inpatient discharges for ALCOHOL-INDUCED DISORDERS MEN in Greater Glasgow & Clyde and the rest of Scotland, 2007-9



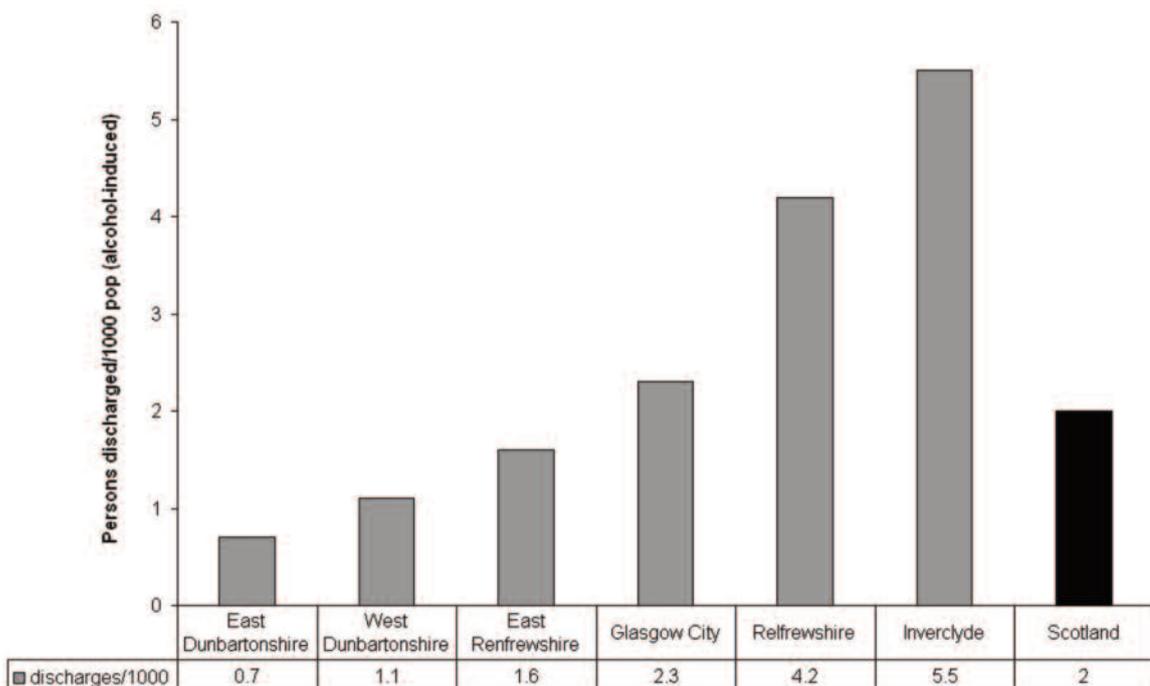
UCI: upper confidence limit; LCI: lower confidence limit

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

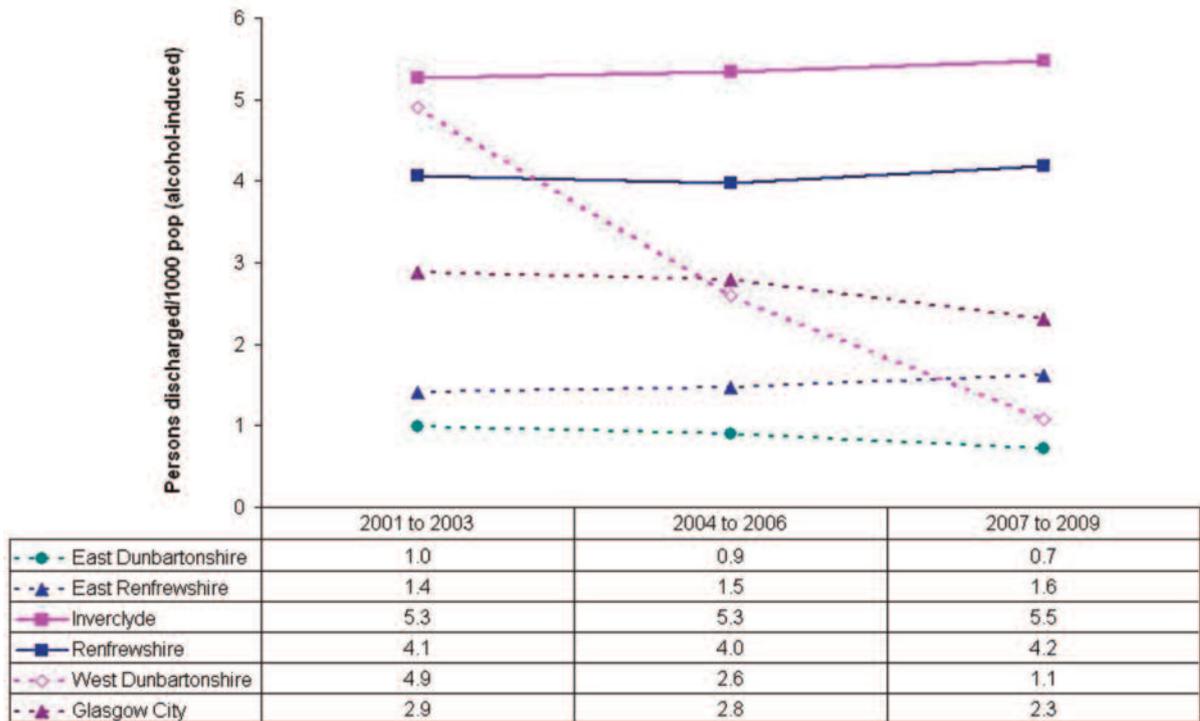


**Figure 11.4.4:** Psychiatric inpatient discharges for ALCOHOL-INDUCED DISORDERS By local authority, 2007-9



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



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### 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

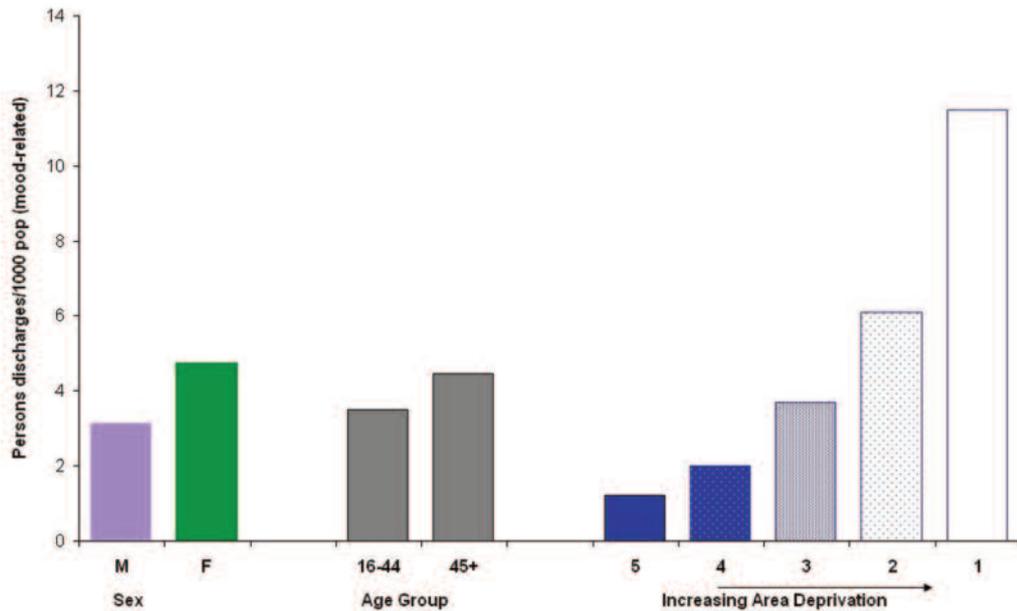
<b>Sex</b>	<b>Female</b>	<b>Male</b>			Ratio	
	4.9	3.3			1.5 [ \$ ]	
<b>Age</b>	<b>16-44</b>	<b>45+</b>			Trend	
	3.5	4.5			None	
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	1.2	2	3.7	6.1	11.5	9.6 [ \$ ]
<b>Time trends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

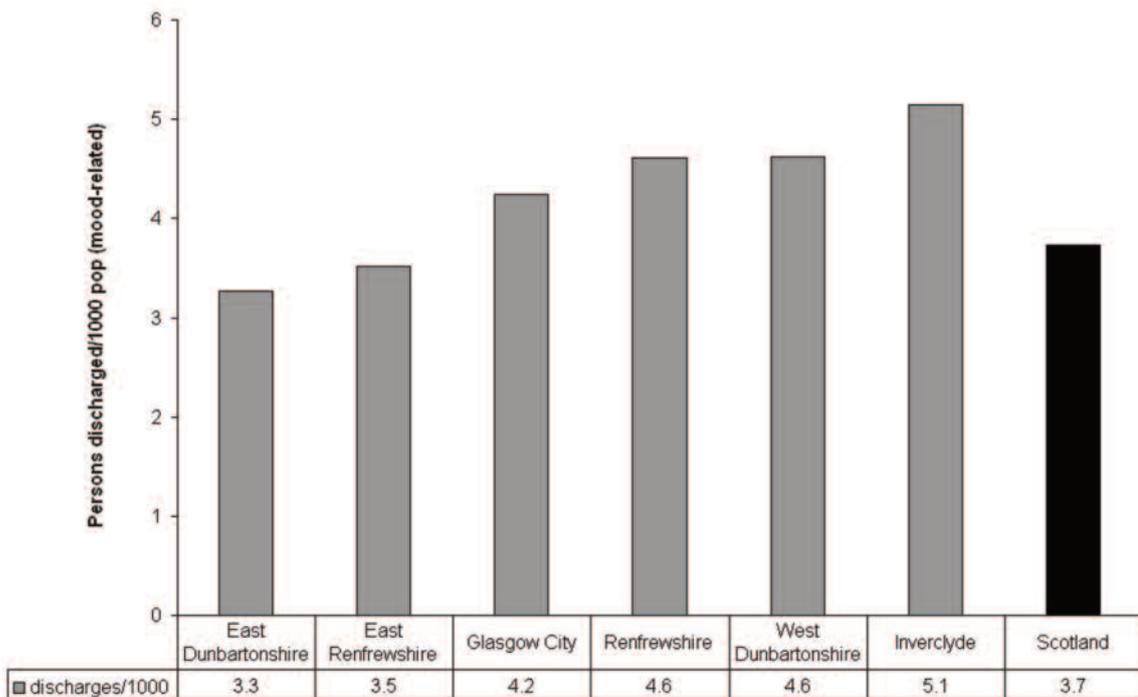
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## Section 8. Mental health problems domain

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

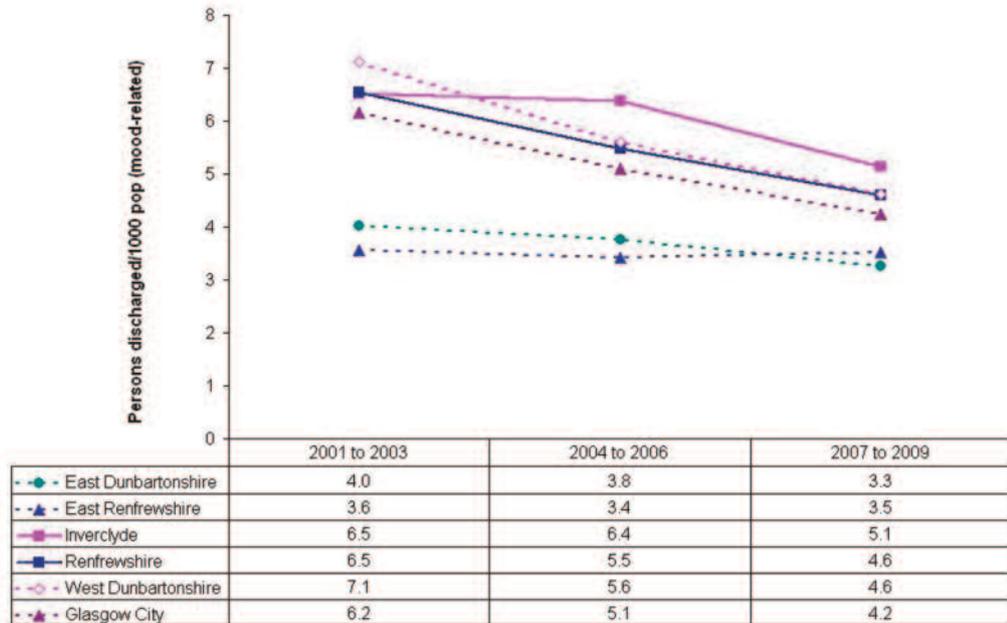


**Figure 11.5.2:** Psychiatric inpatient discharges for MOOD-RELATED DISORDERS  
By local authority, 2007-9

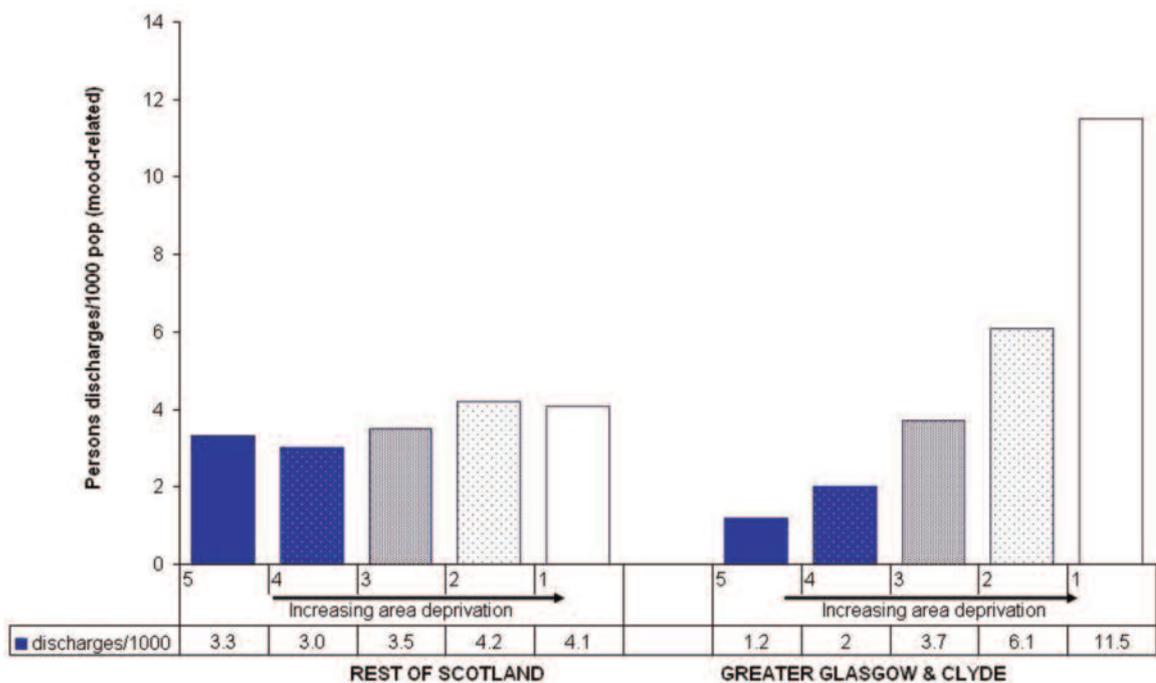


## Section 8. Mental health problems domain

**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.

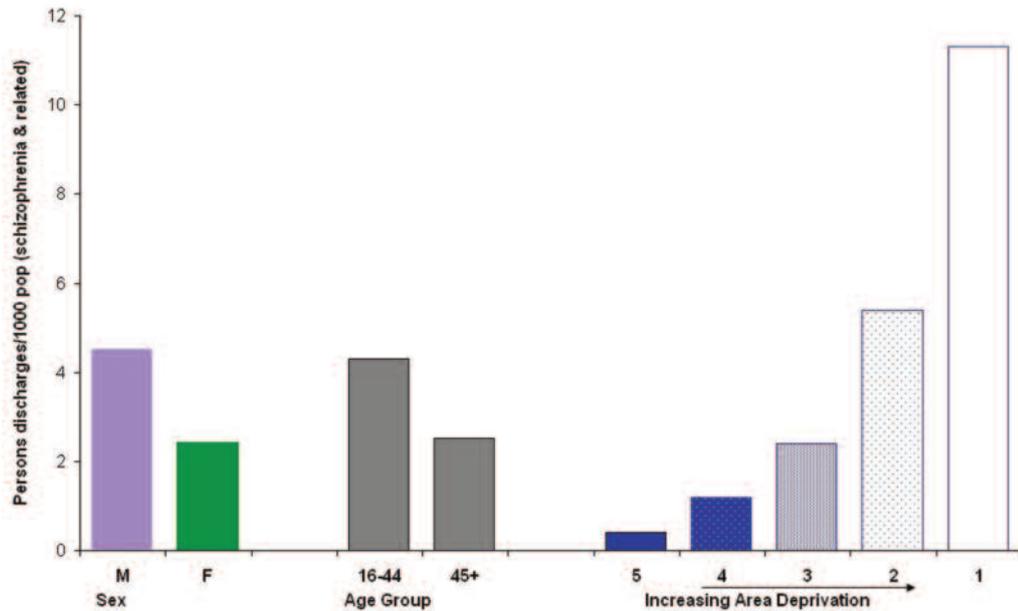
Ratio represent the highest to lowest, for area deprivation the ratios are based on the least and most deprived categories.

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

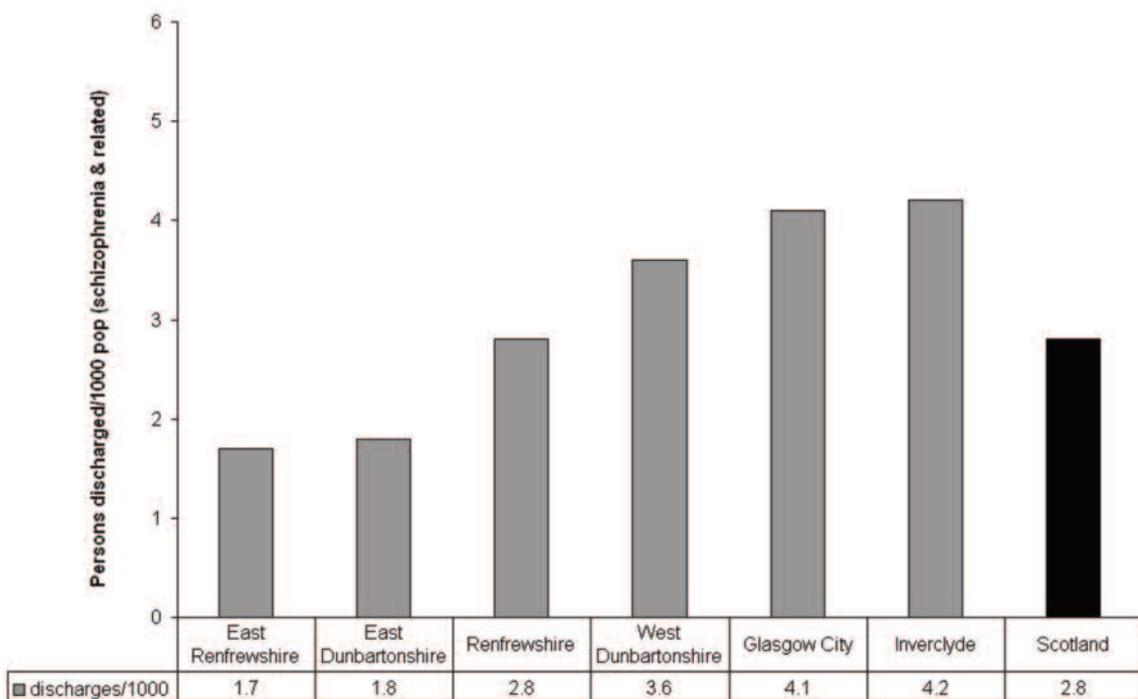
For explanation of area level deprivation see Notes and Definitions ([click here](#))

## Section 8. Mental health problems domain

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

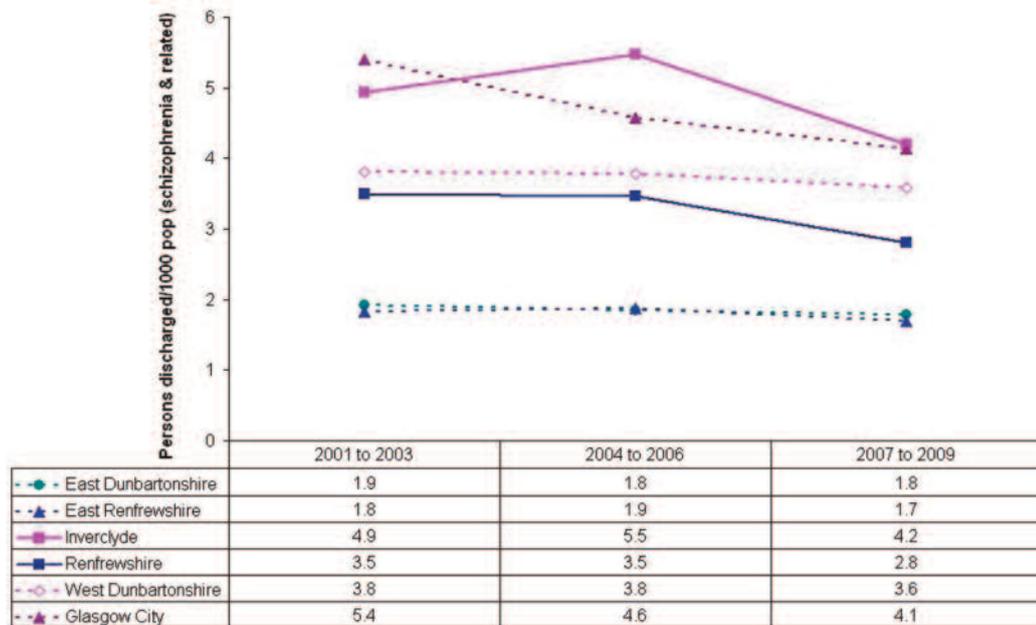


**Figure 11.6.2:** Psychiatric inpatient discharges for SCHIZOPHRENIA & RELATED DISORDERS - by local authority, 2007-9

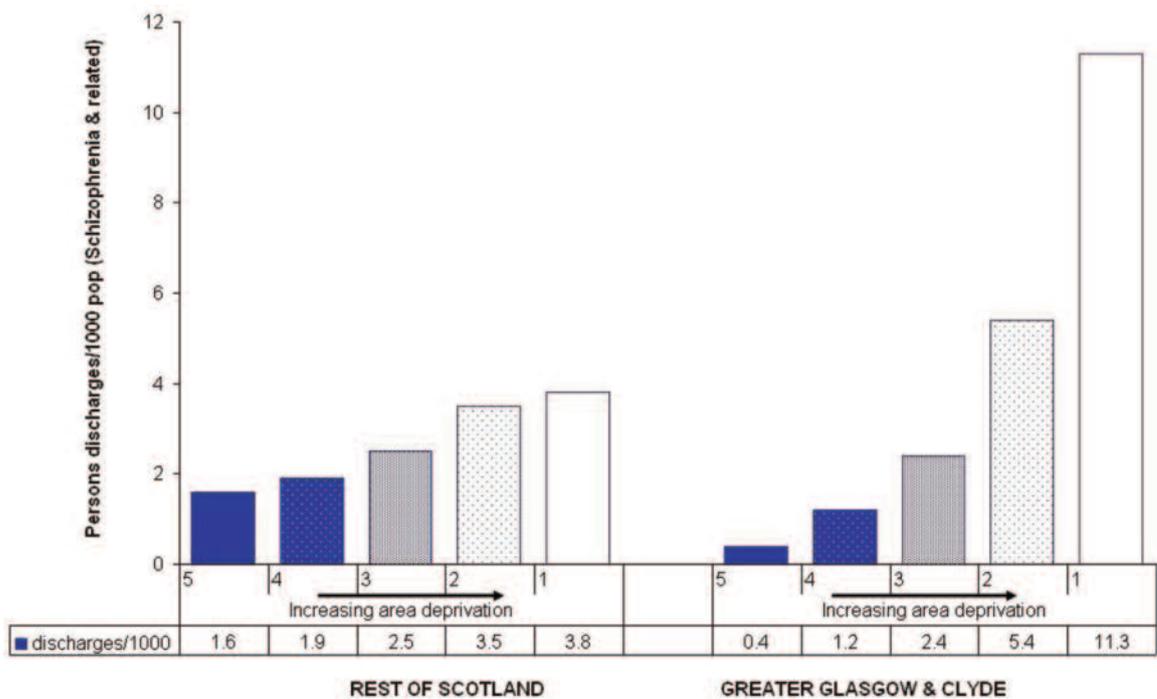


## Section 8. Mental health problems domain

**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

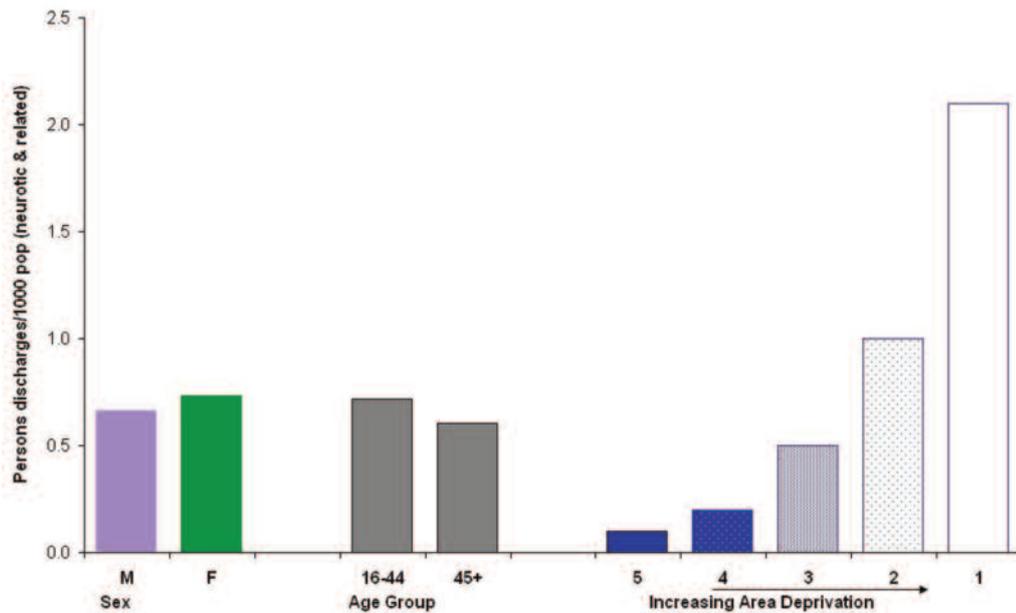
**[NS]:** Meaningful difference but not statistically significantly different from 1

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

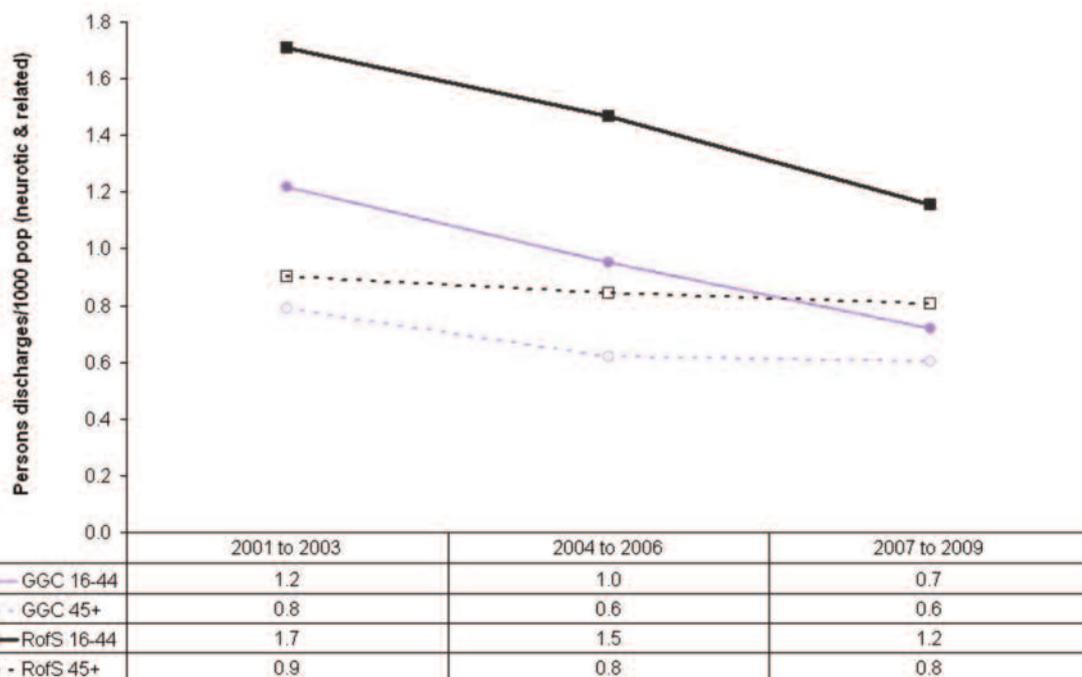
A profile of mental health and wellbeing in Greater Glasgow & Clyde

## 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

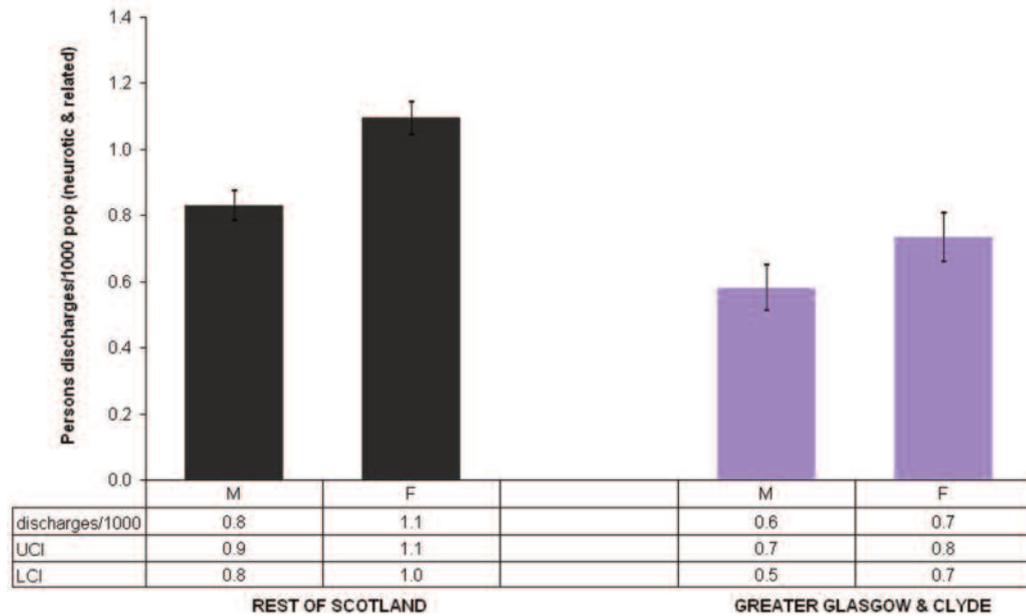


RofS: rest of Scotland

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

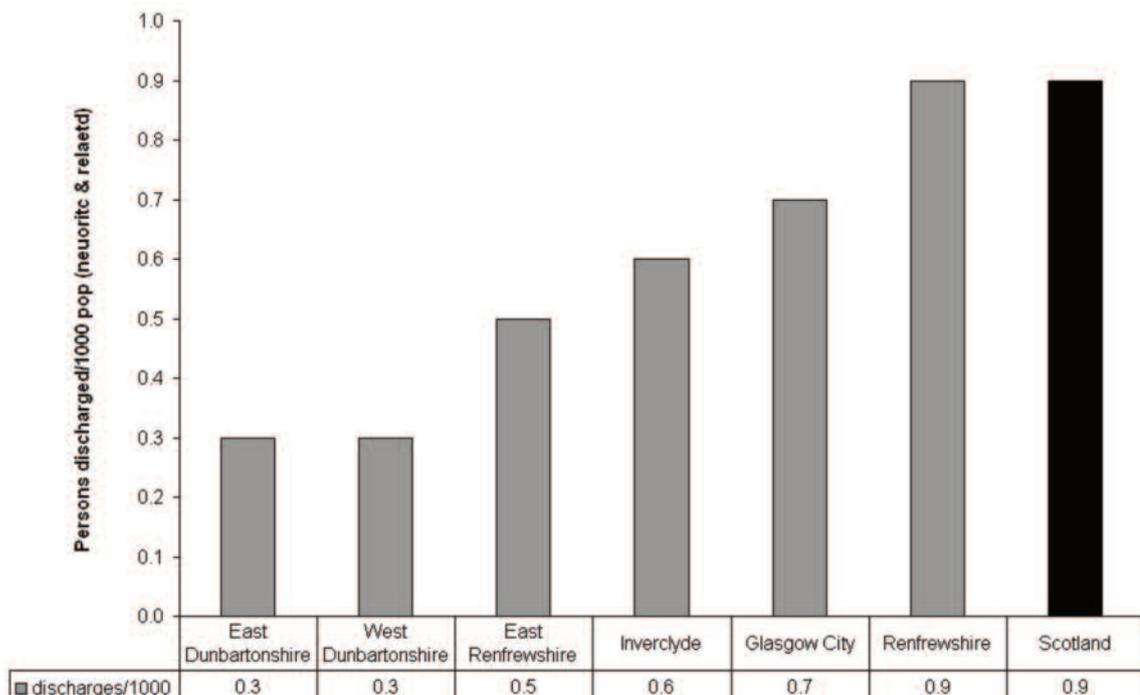
## Section 8. Mental health problems domain

**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

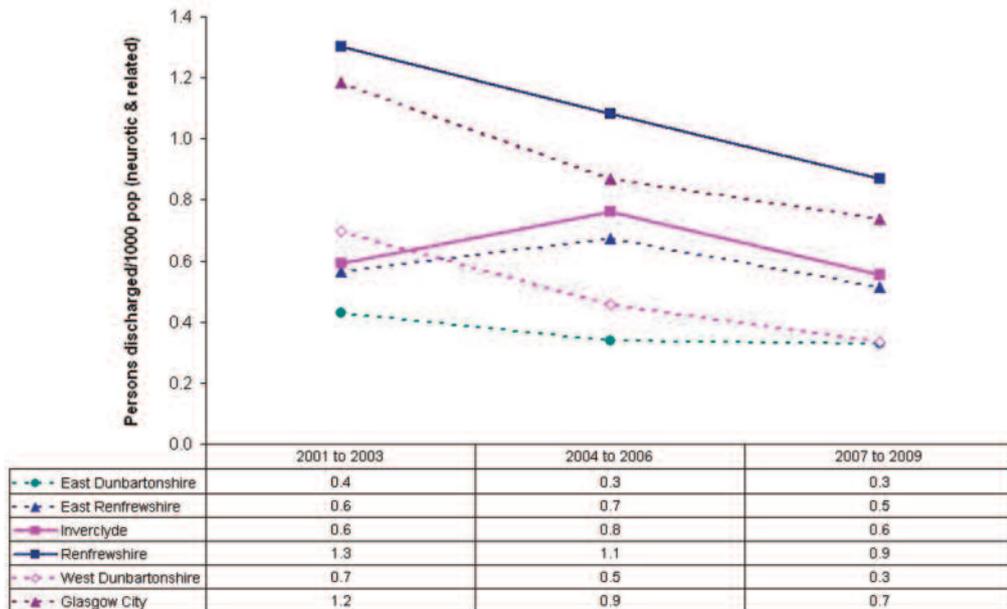
**Figure 11.7.4:** Psychiatric inpatient discharges for NEUROTIC & RELATED DISORDERS: By local authority, 2007-9



# 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

## 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.

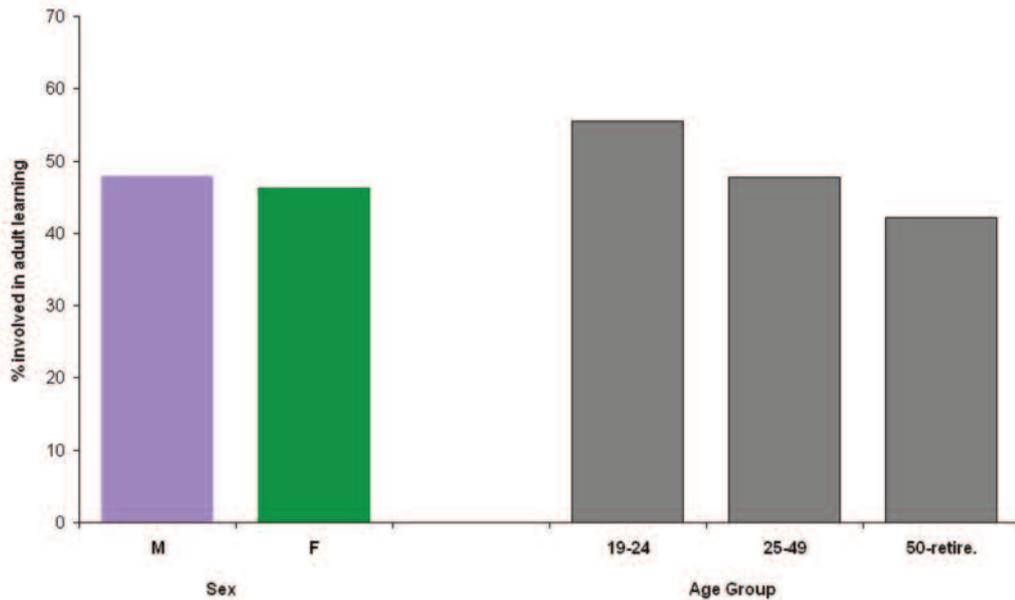
**iii:** GG&C excluding North and South Lanarkshire

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

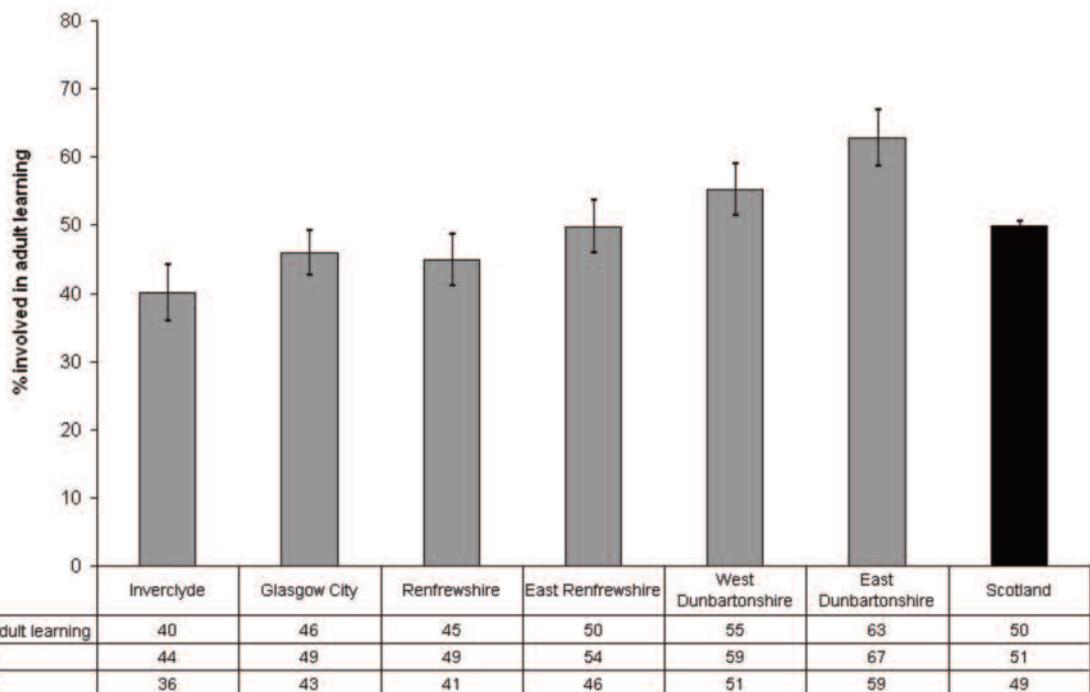
A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Learning & development domain

**Figure 20.1: ADULT LEARNING**  
Greater Glasgow & Clyde, 2009



**Figure 20.2: ADULT LEARNING**  
By local authority, 2009



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

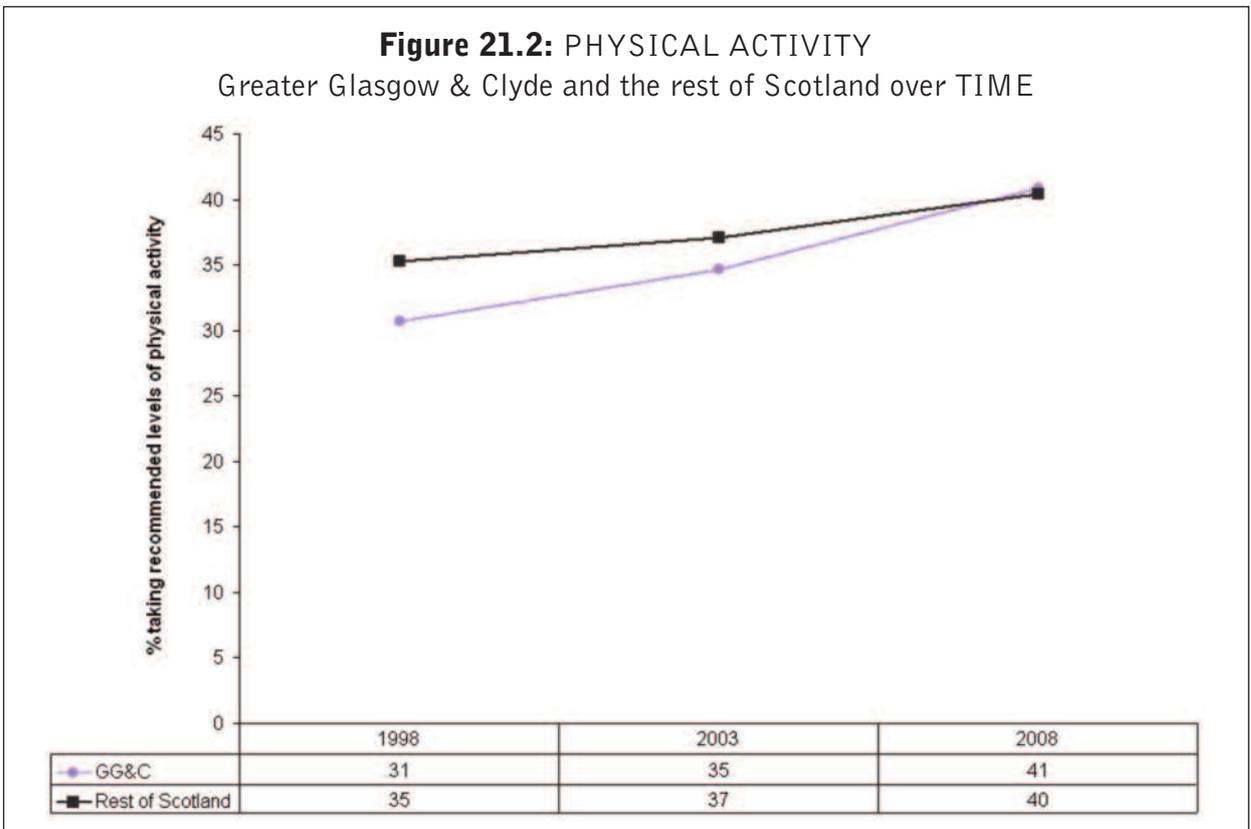
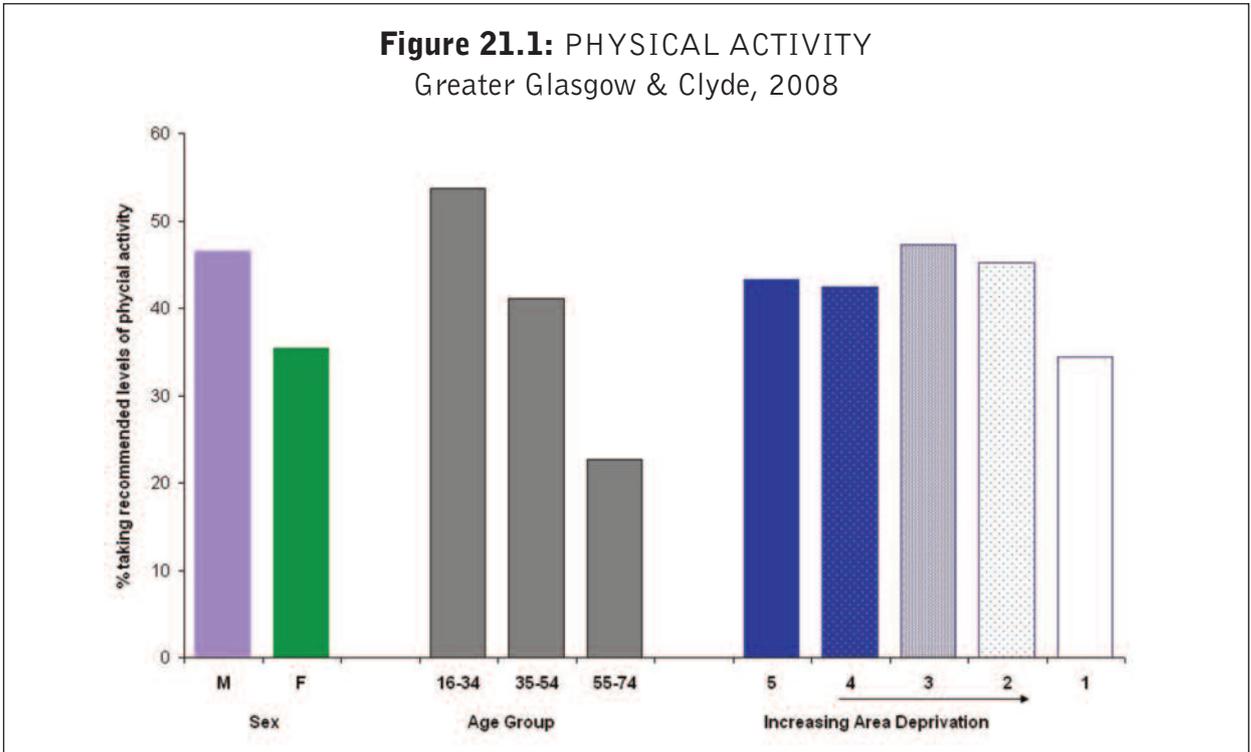
Ratios represent the highest to lowest, for deprivation the ratios were based on the first and last categories

**[§]:** 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 [ \$ ]			

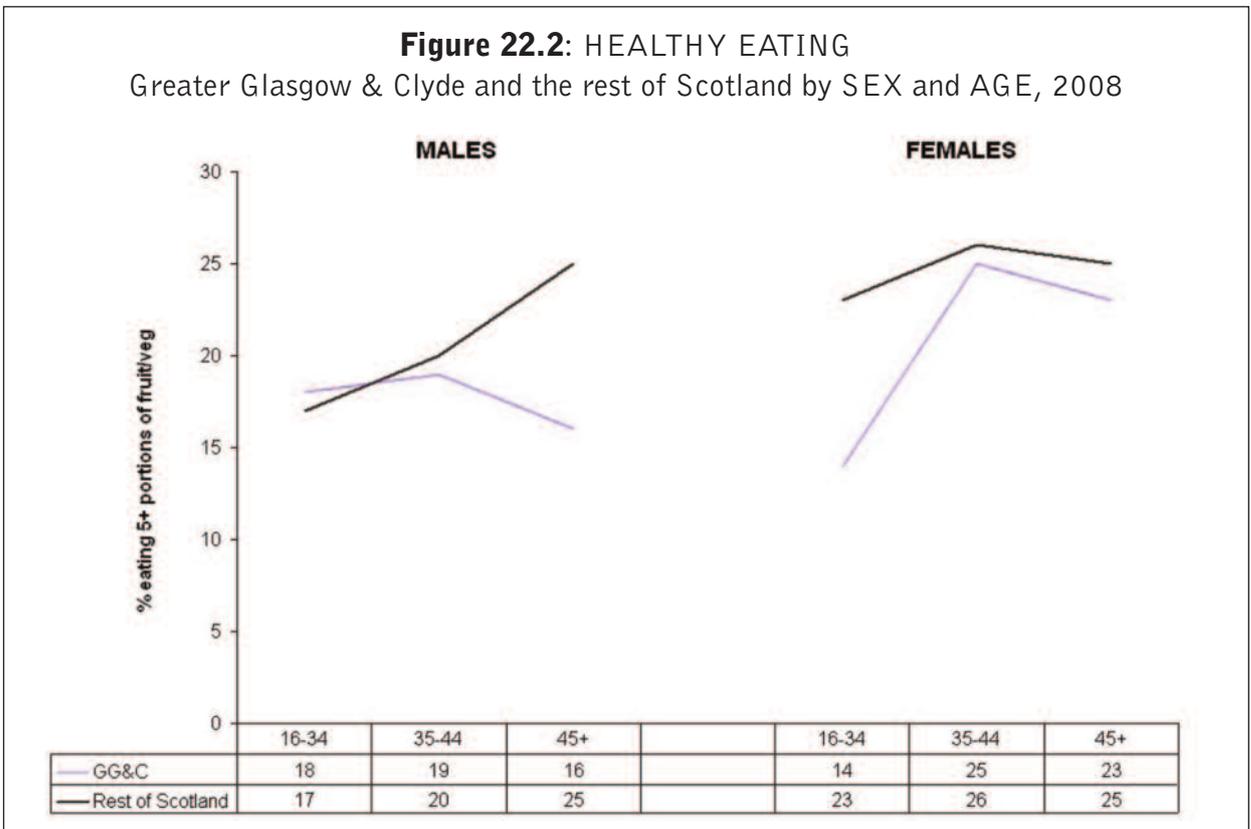
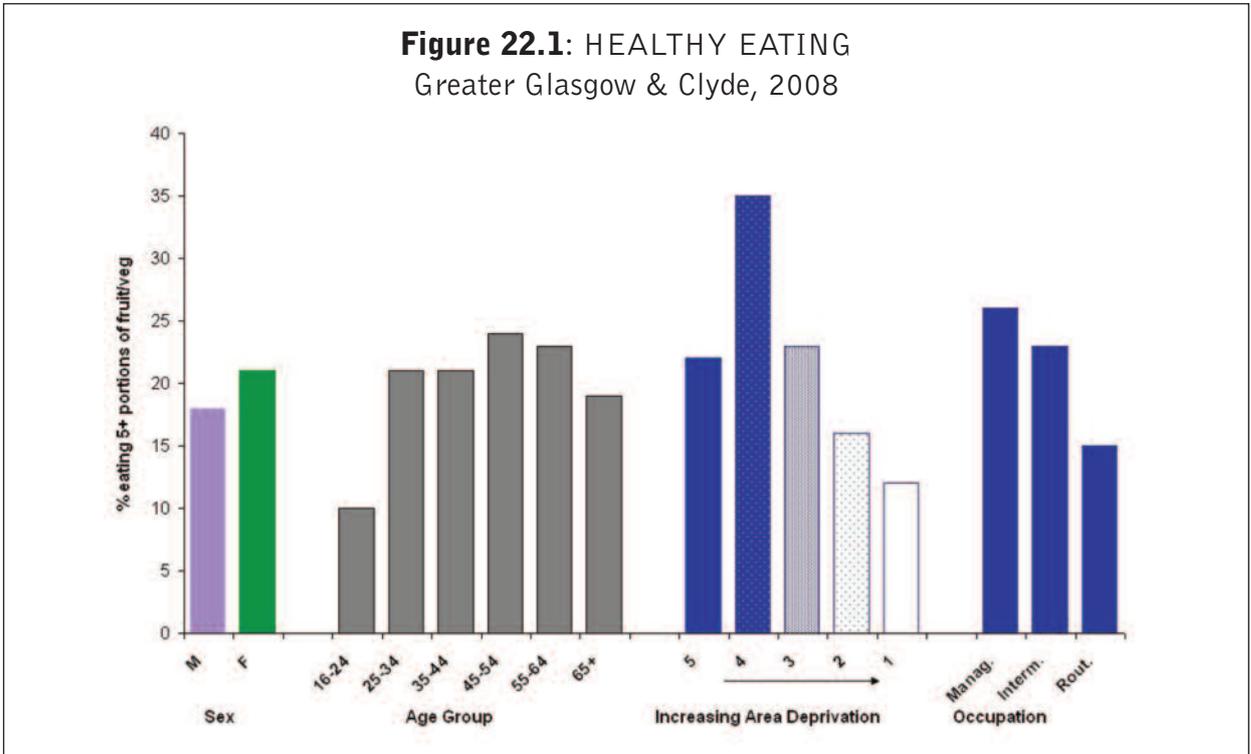
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[ \$ ]:** 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

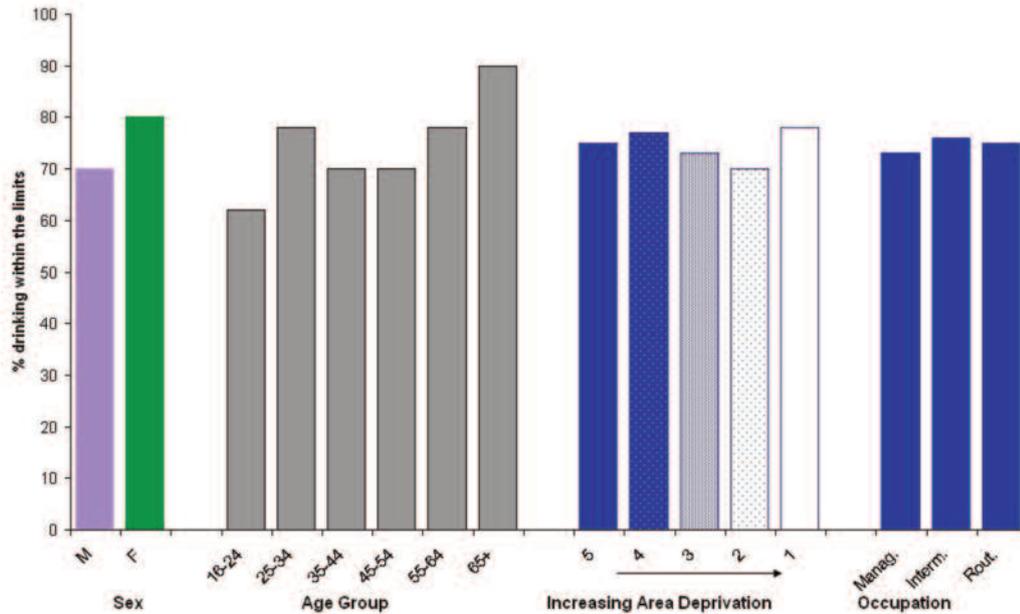
**[£]:** Statistically significantly different from 1

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

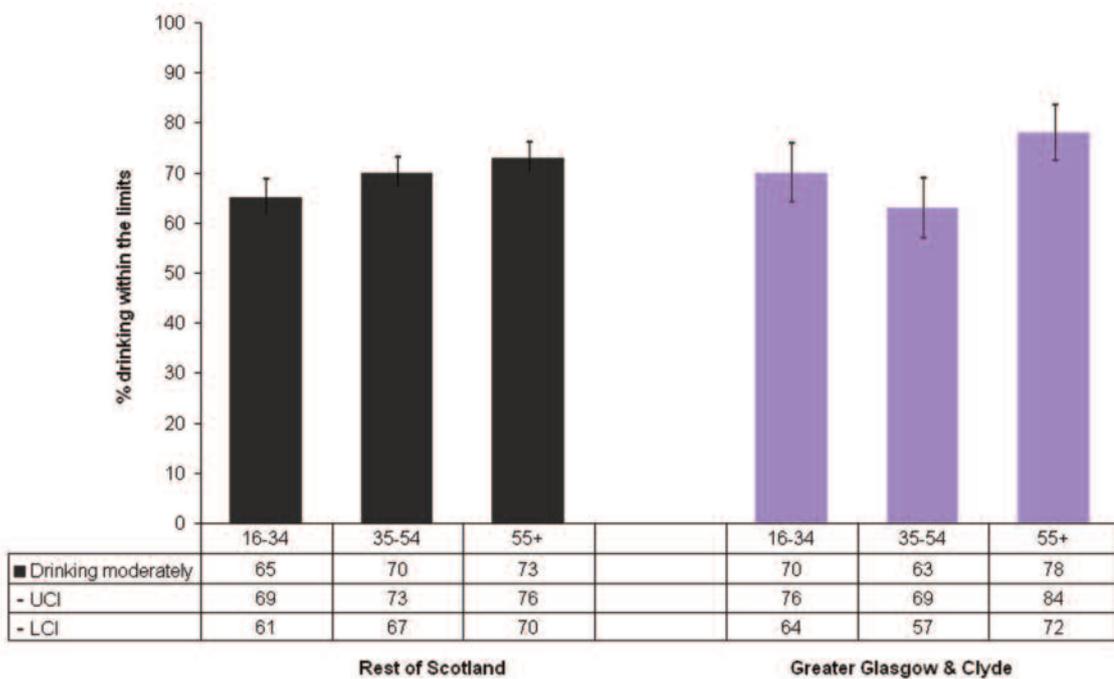
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

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.

## 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> 8	<b>Rest of Scotland</b> 7	Ratio 1.1 [ \$ ]

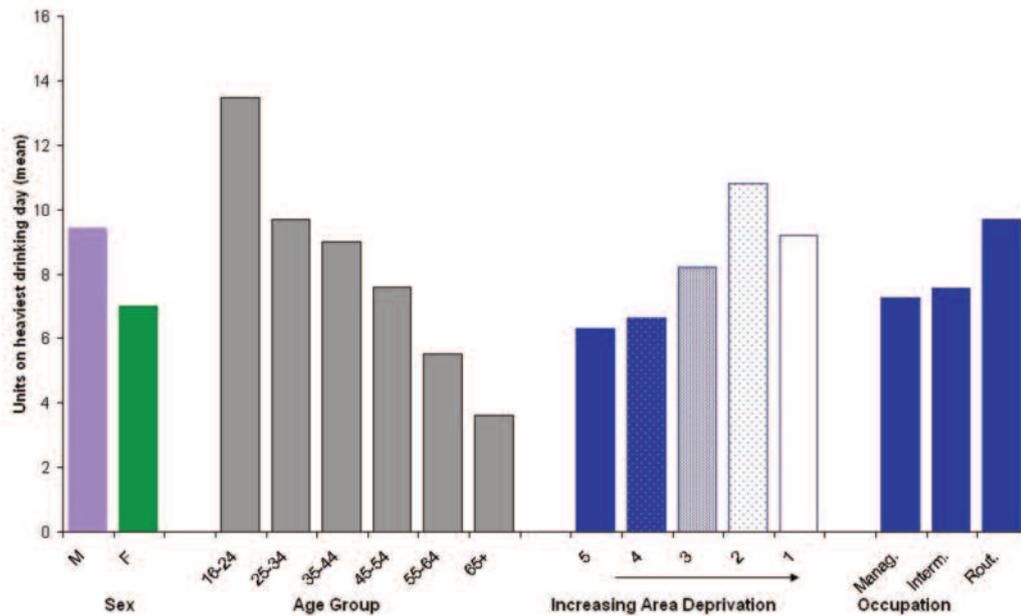
#### Inequalities in mean units drunk on heaviest drinking day: GG&C

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

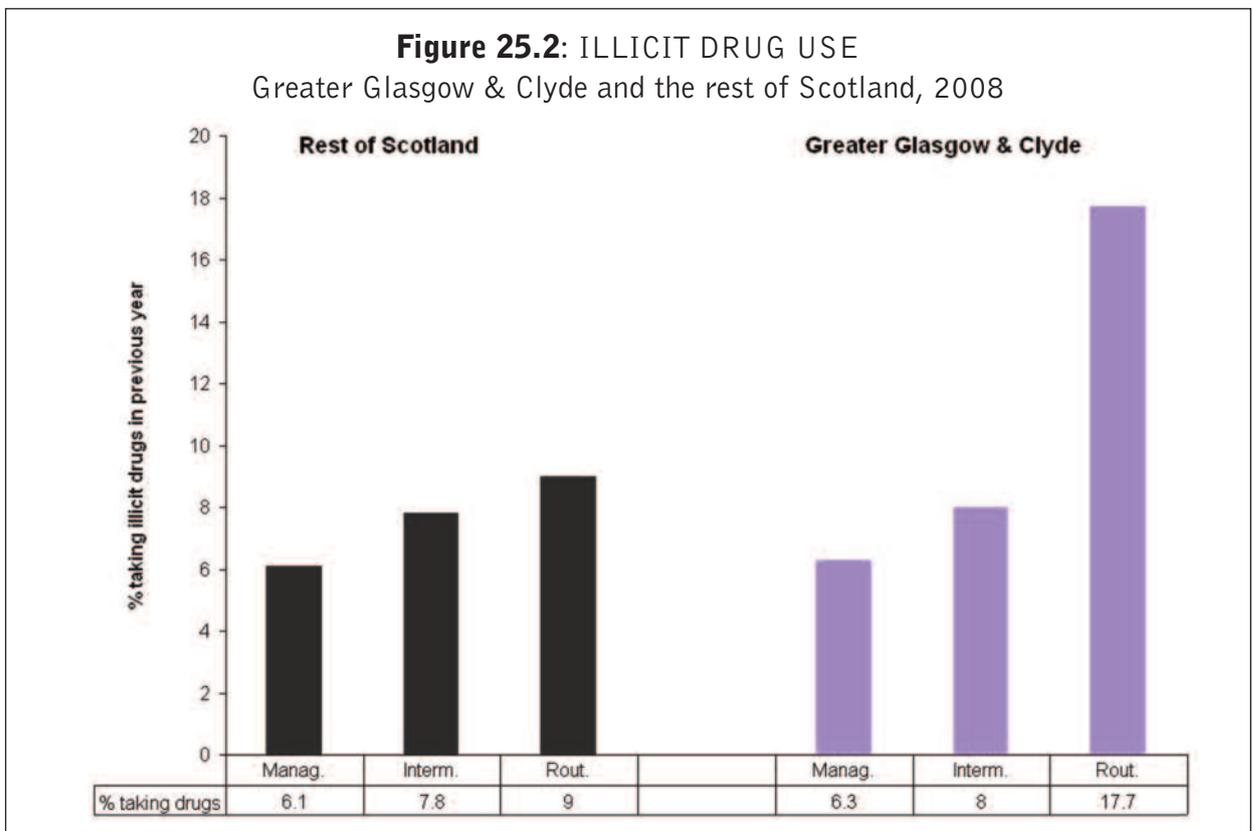
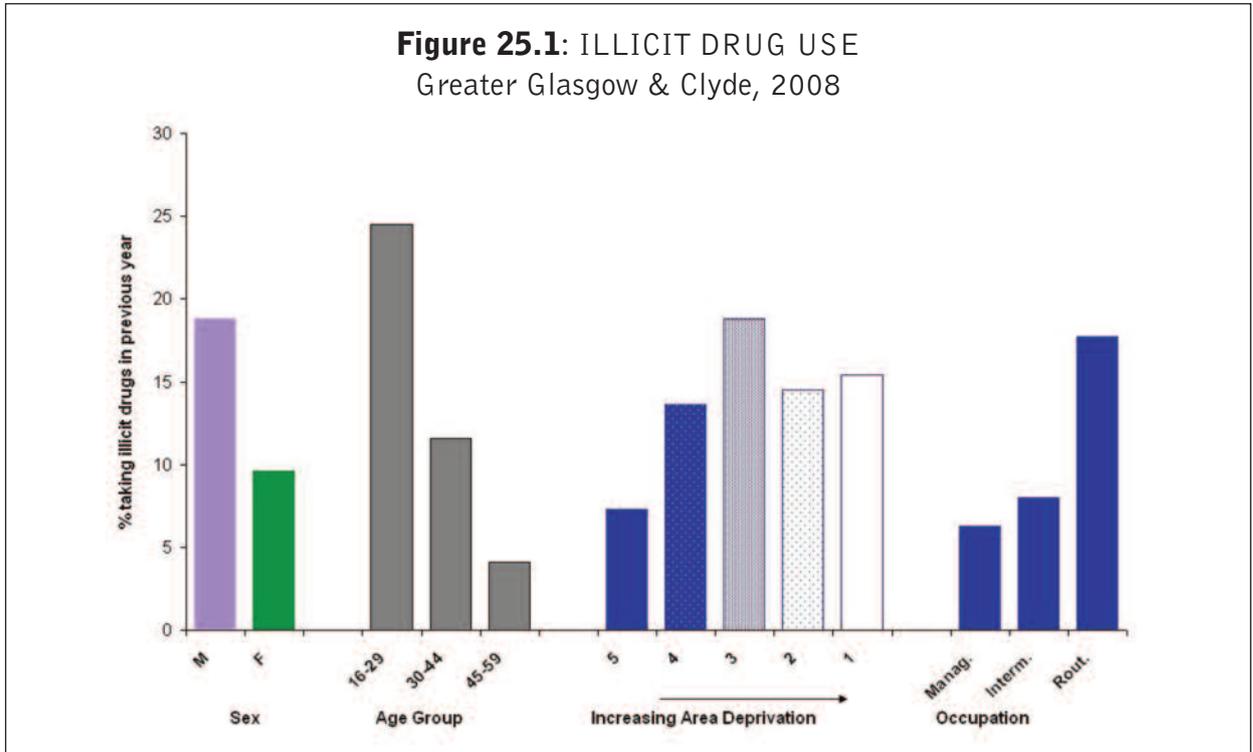
Ratio represents the highest to lowest, deprivation and occupation ratios are based on the first and last categories

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

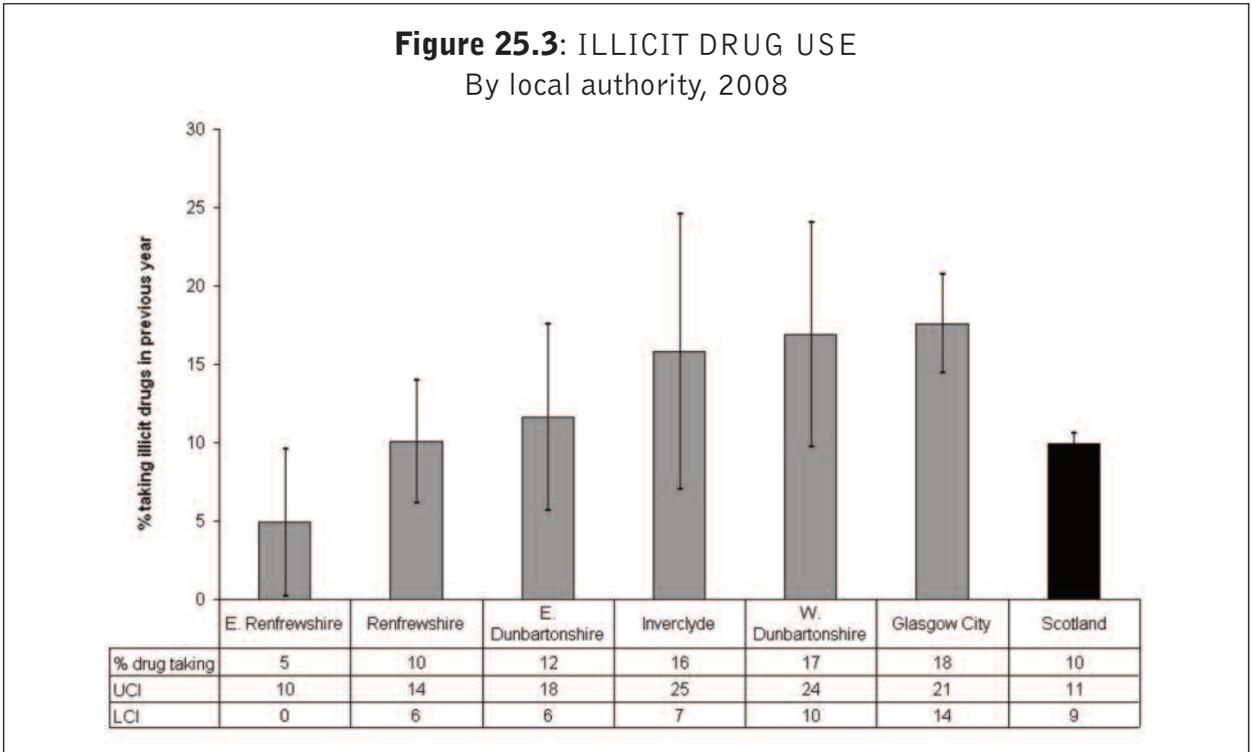
**[NS]:** Meaningful difference but not statistically significantly different from 1

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**



**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 (SIMD quintiles)</b>	<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 (ns-sec)</b>	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>	<b>Routine &amp; manual</b>	Ratio			
	86	75	60	1.4 [ \$ ]			

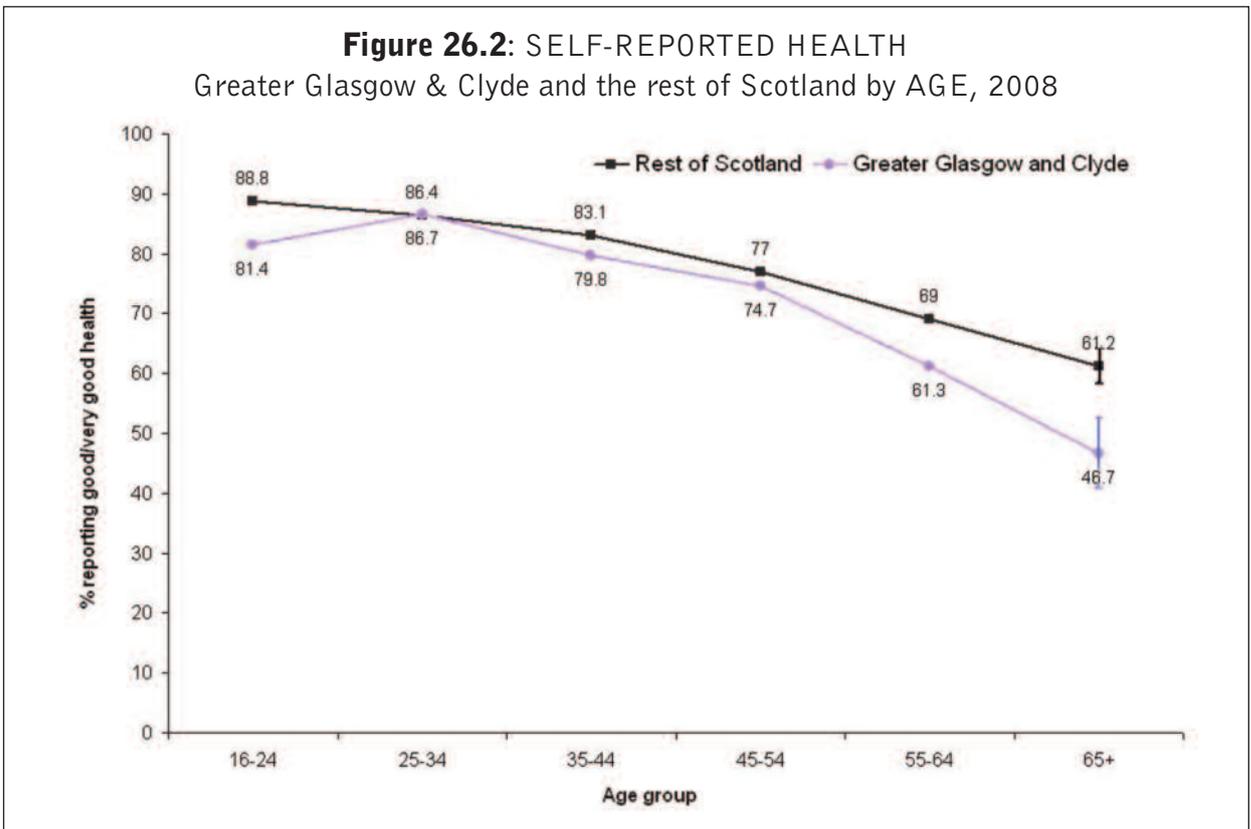
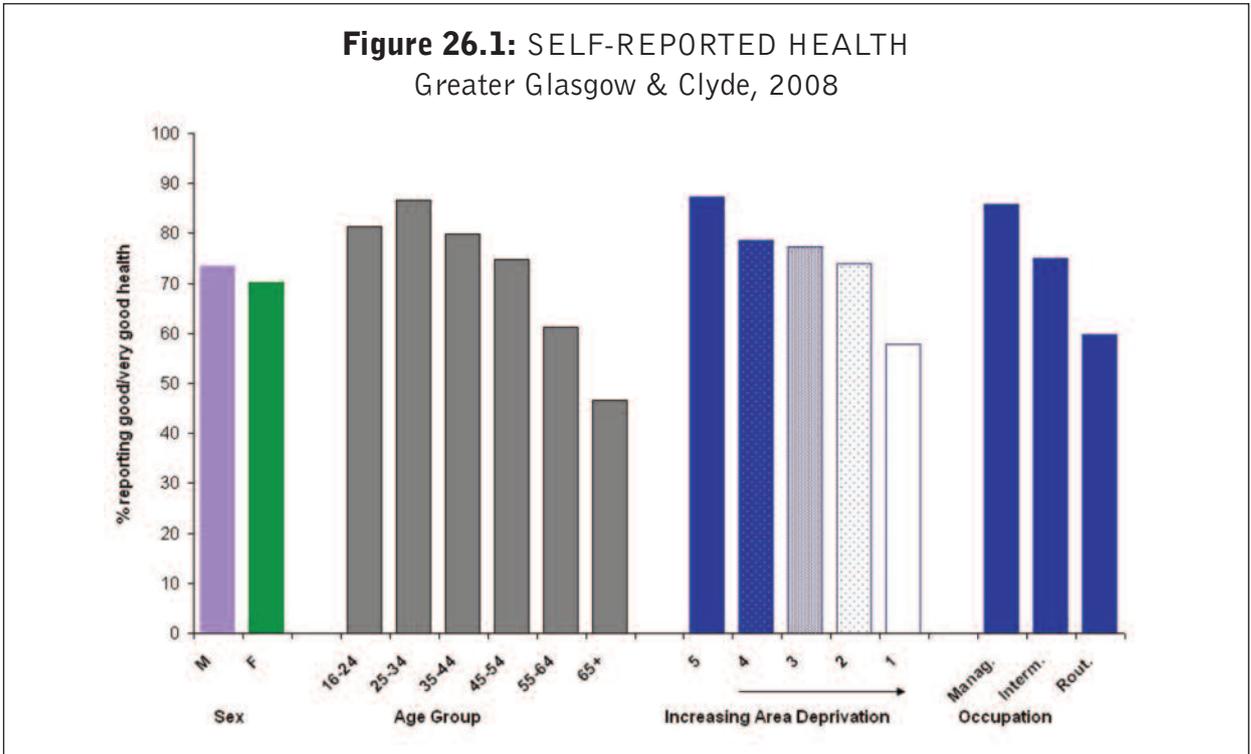
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[ \$ ]**: 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

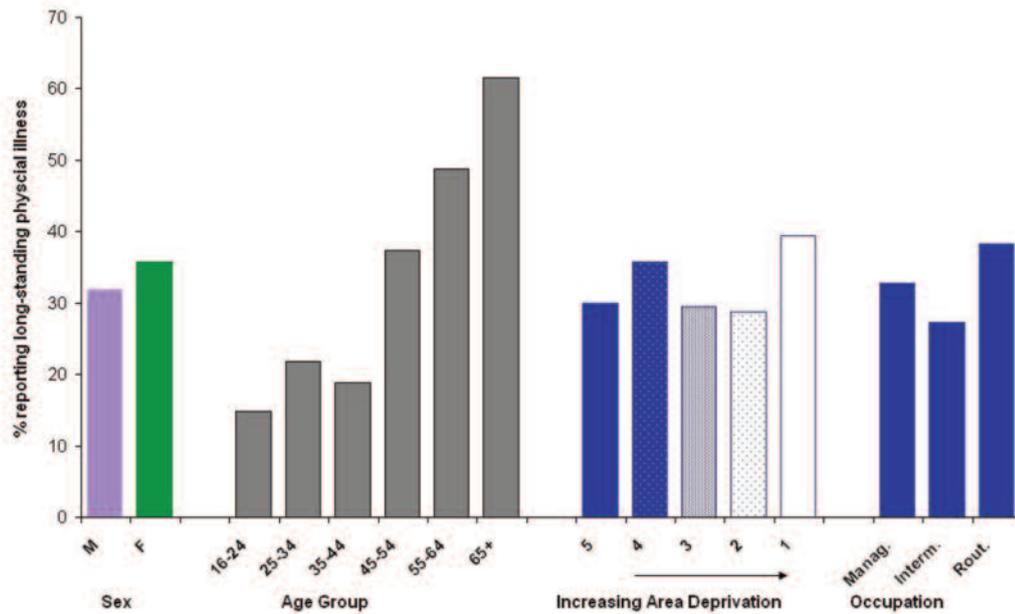
**[\$]:** Statistically significantly different from 1

**[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

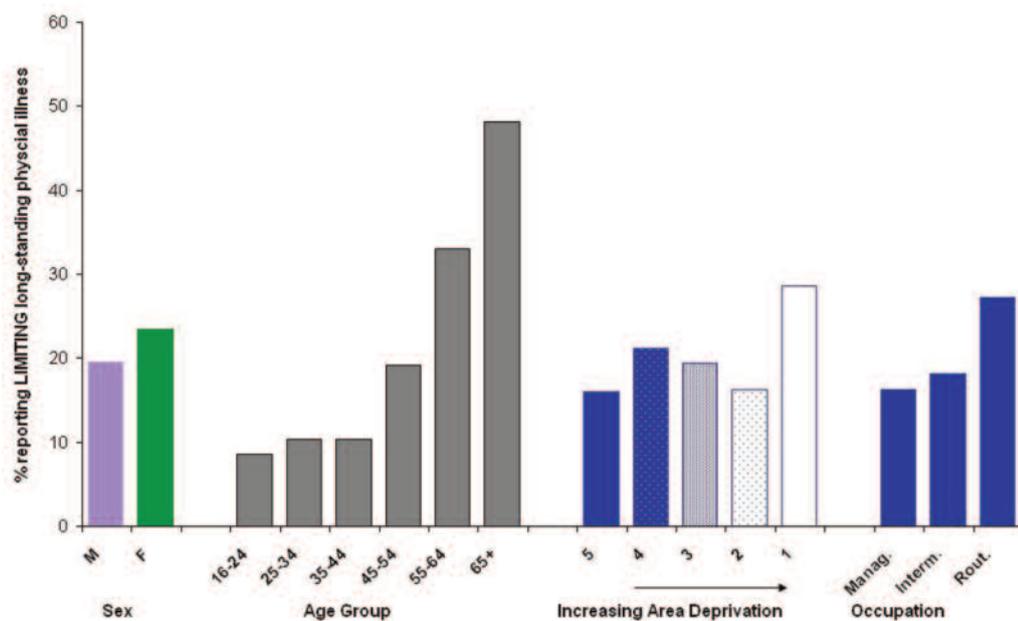
**[ \$ ]**: Statistically significantly different from 1

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

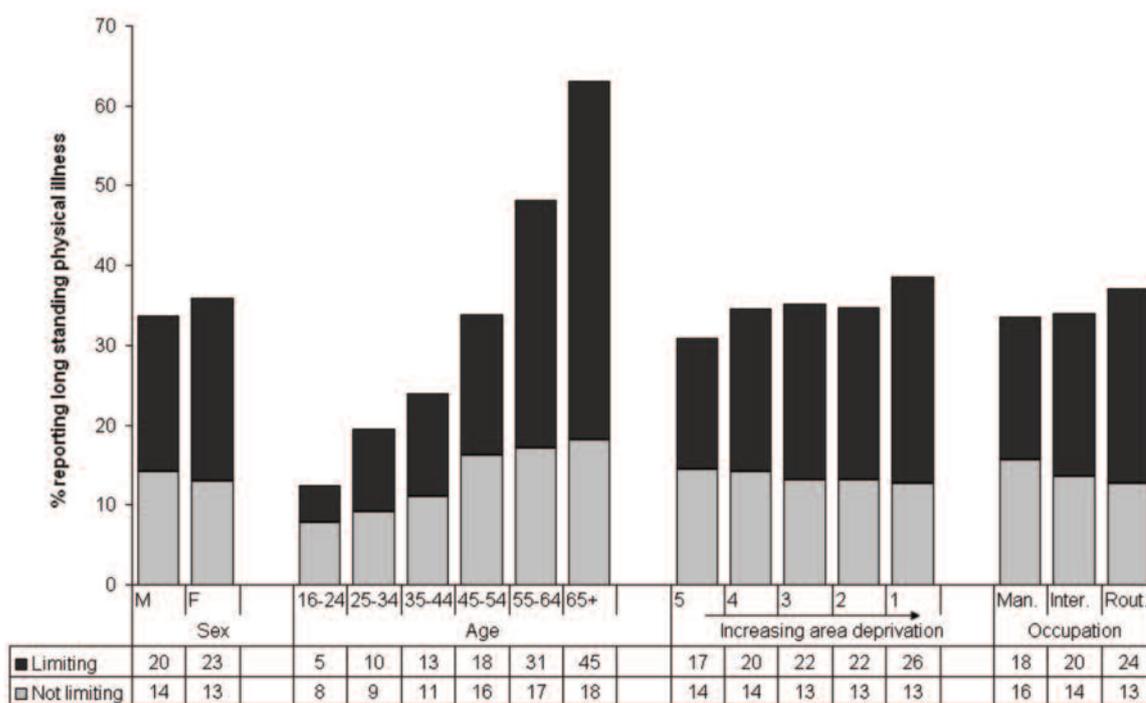
# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## 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</b>	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio	
(SIMD quintiles)	25	24	19	15	13	1.9 [\$\$\$]	
<b>Occupation</b>	<b>Managerial &amp; prof.</b>	<b>Intermediate</b>		<b>Routine &amp; manual</b>		Ratio	
(ns-sec)	28	18		14		2.0 [\$\$\$]	

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

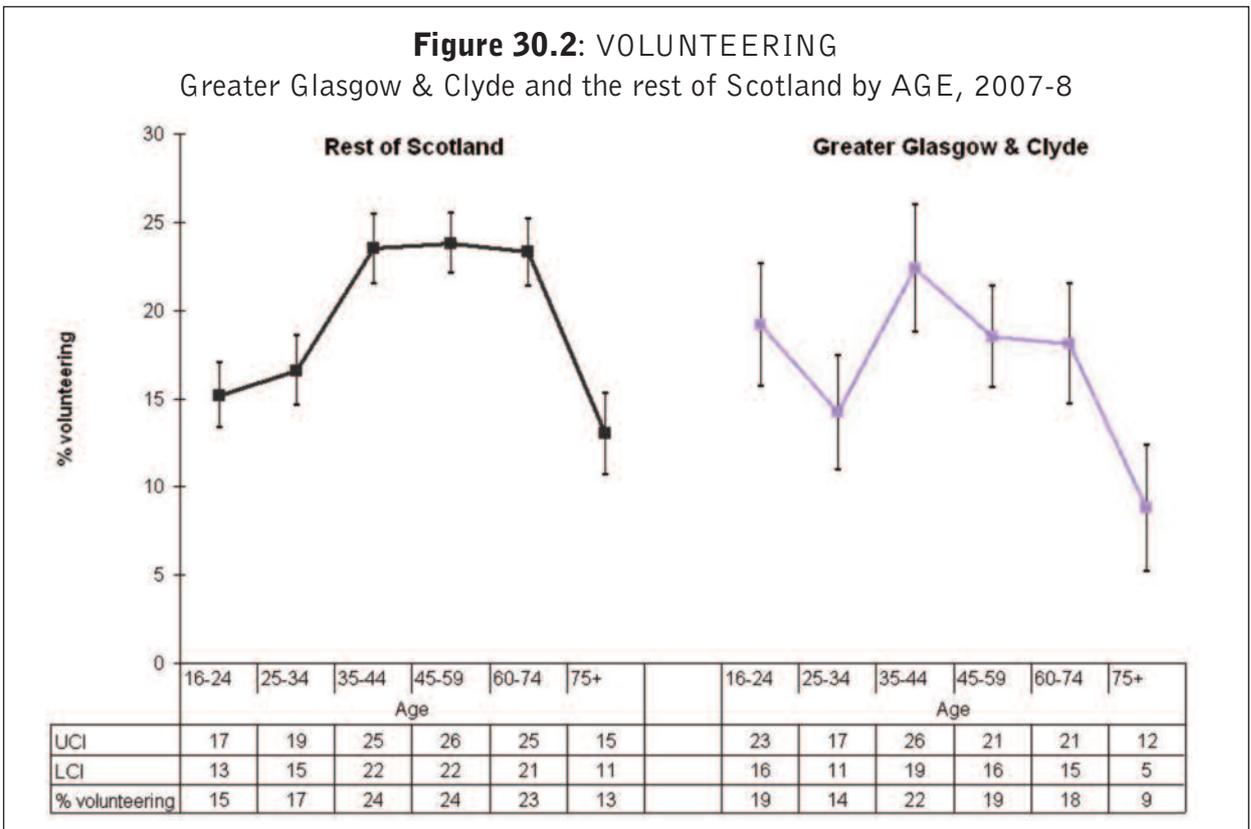
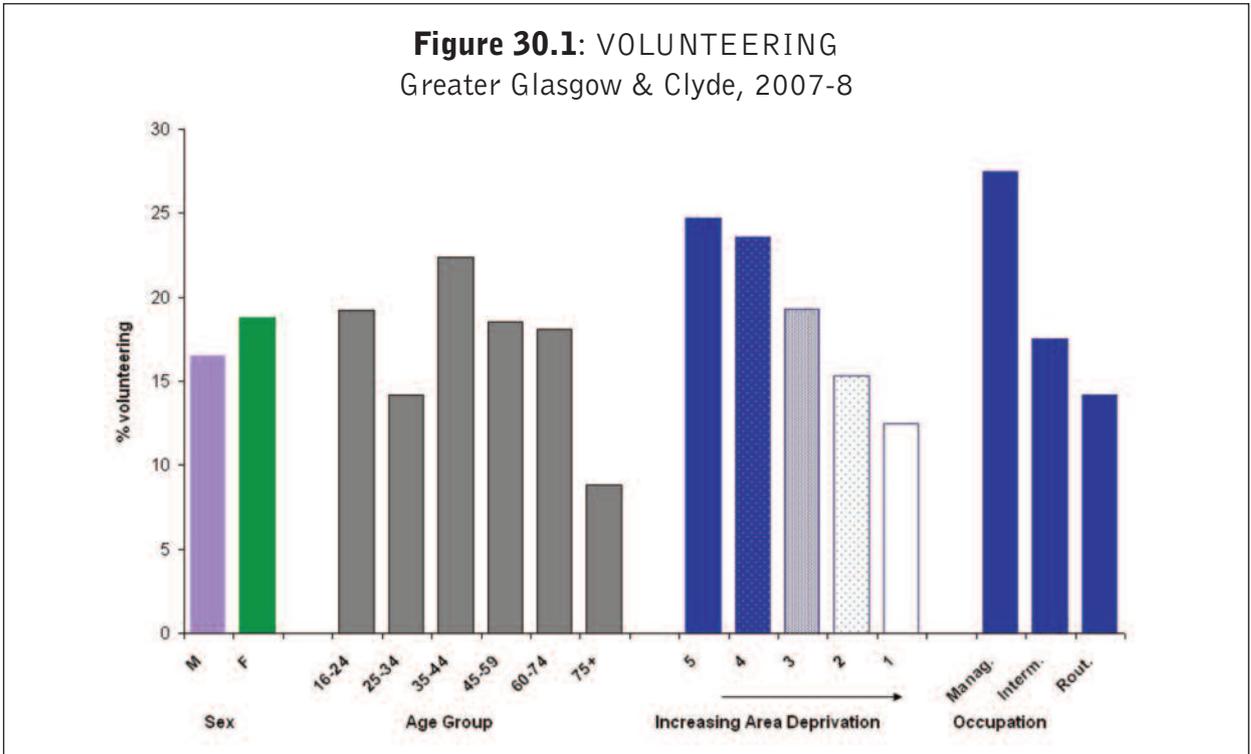
**[\$]:** Statistically significantly different from 1

**[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](#))

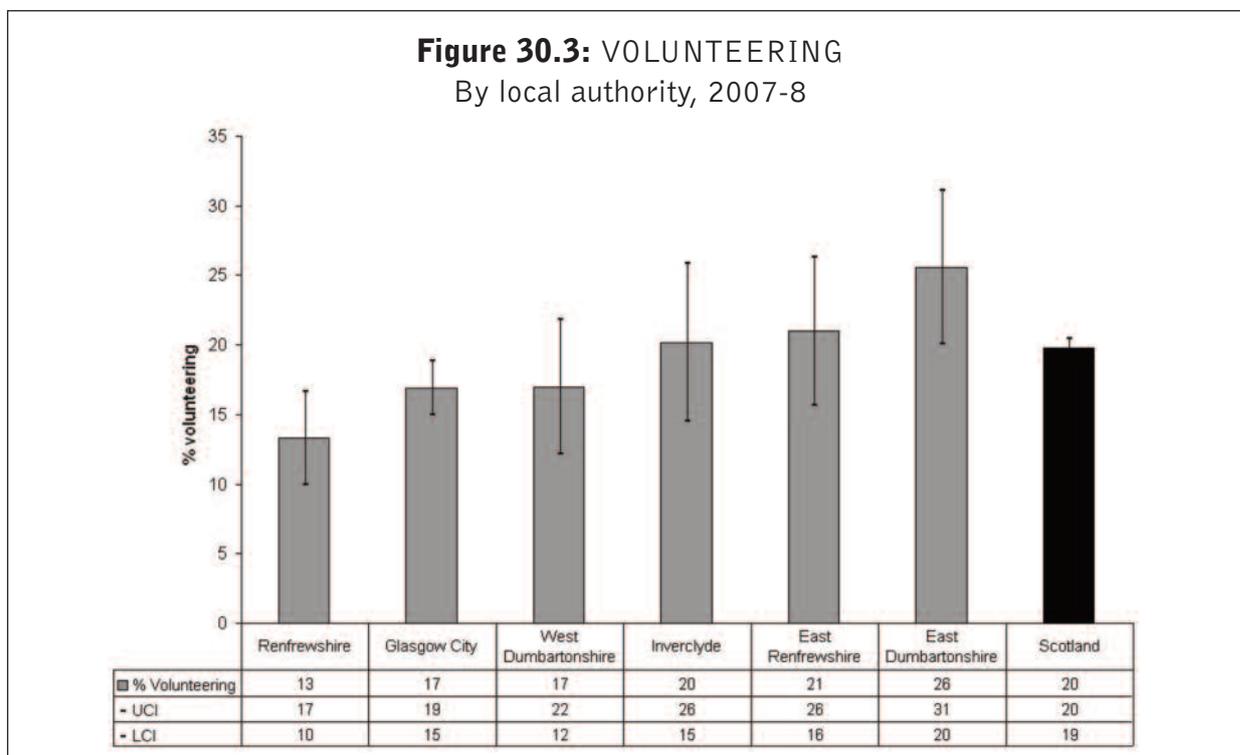
# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Community participation domain



UCI: upper confidence interval; LCI: lower confidence interval

## 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

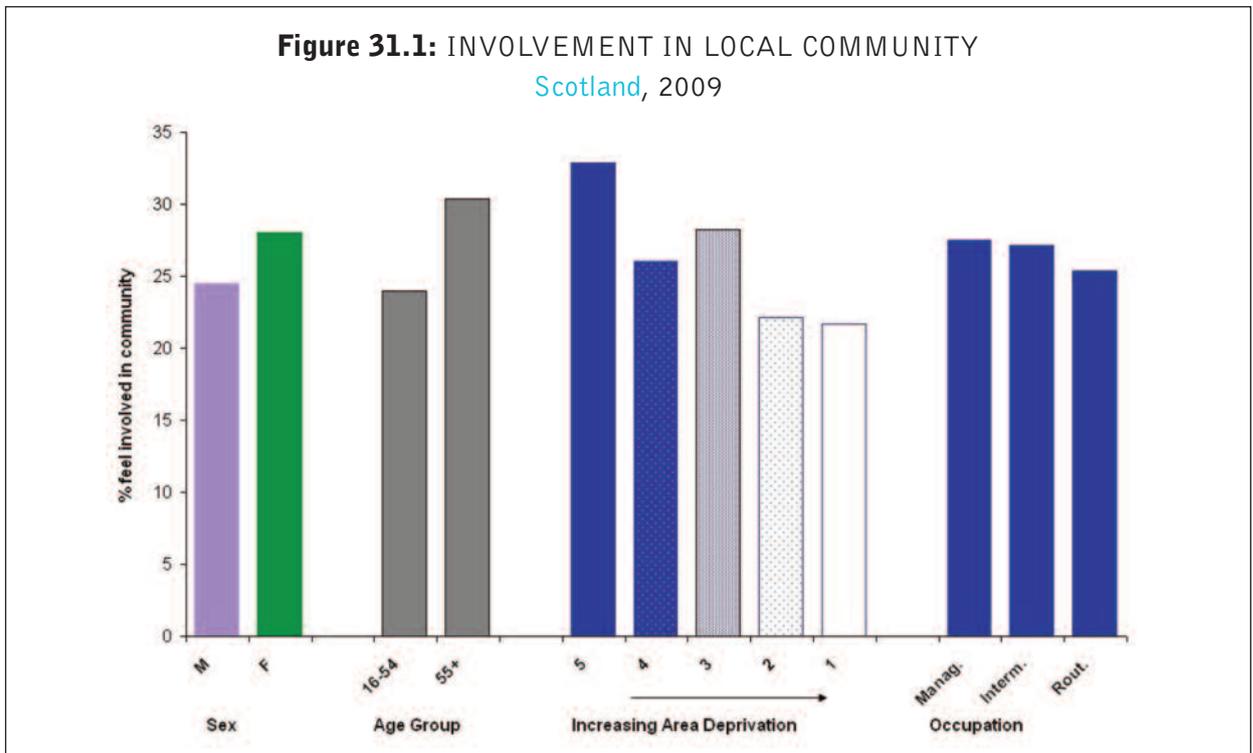
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

**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

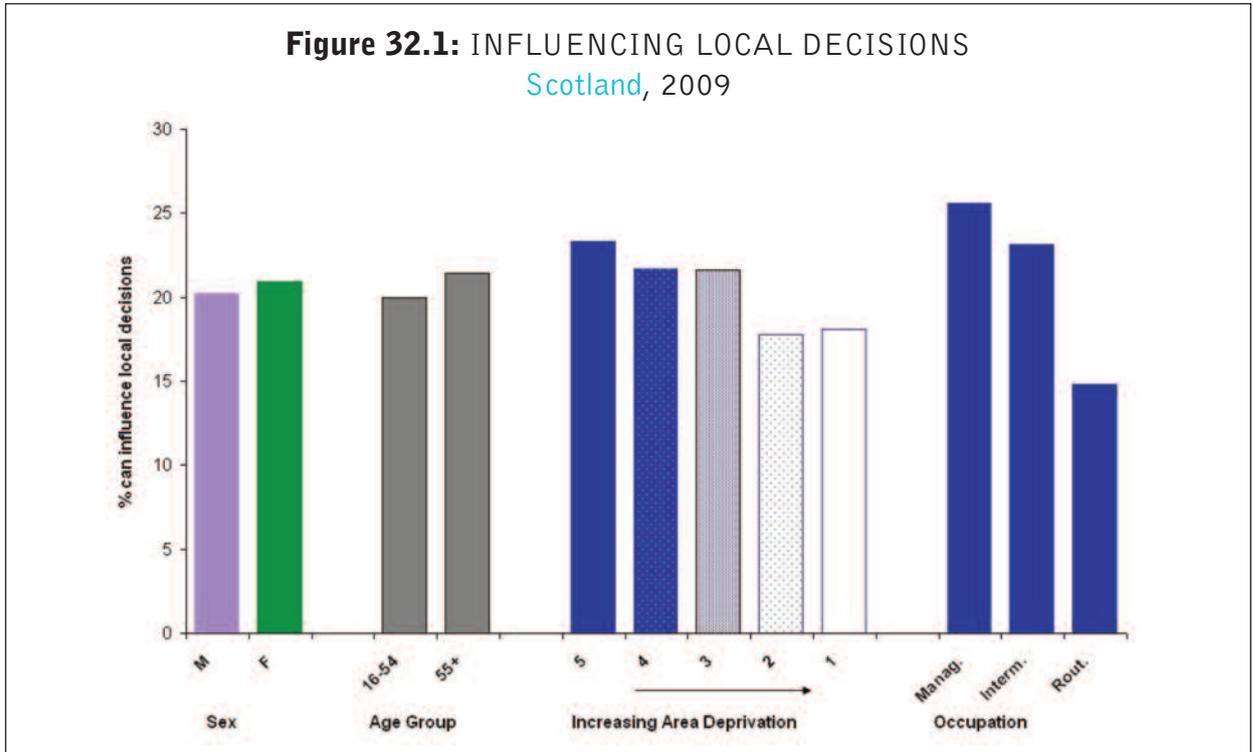
**i:** Scottish Health Survey pre-revised weights used (see Methods in section 9 for further details)

**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

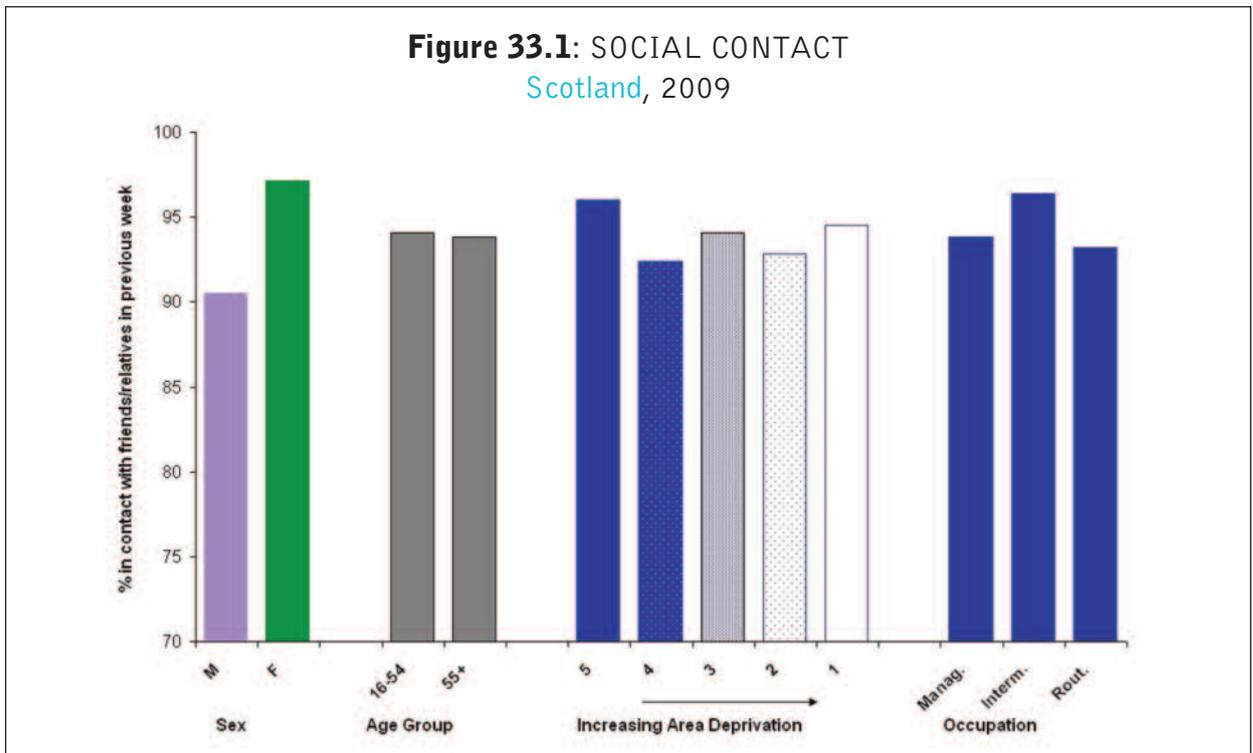
**[NS]:** Meaningful difference but not statistically significantly different from 1

**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

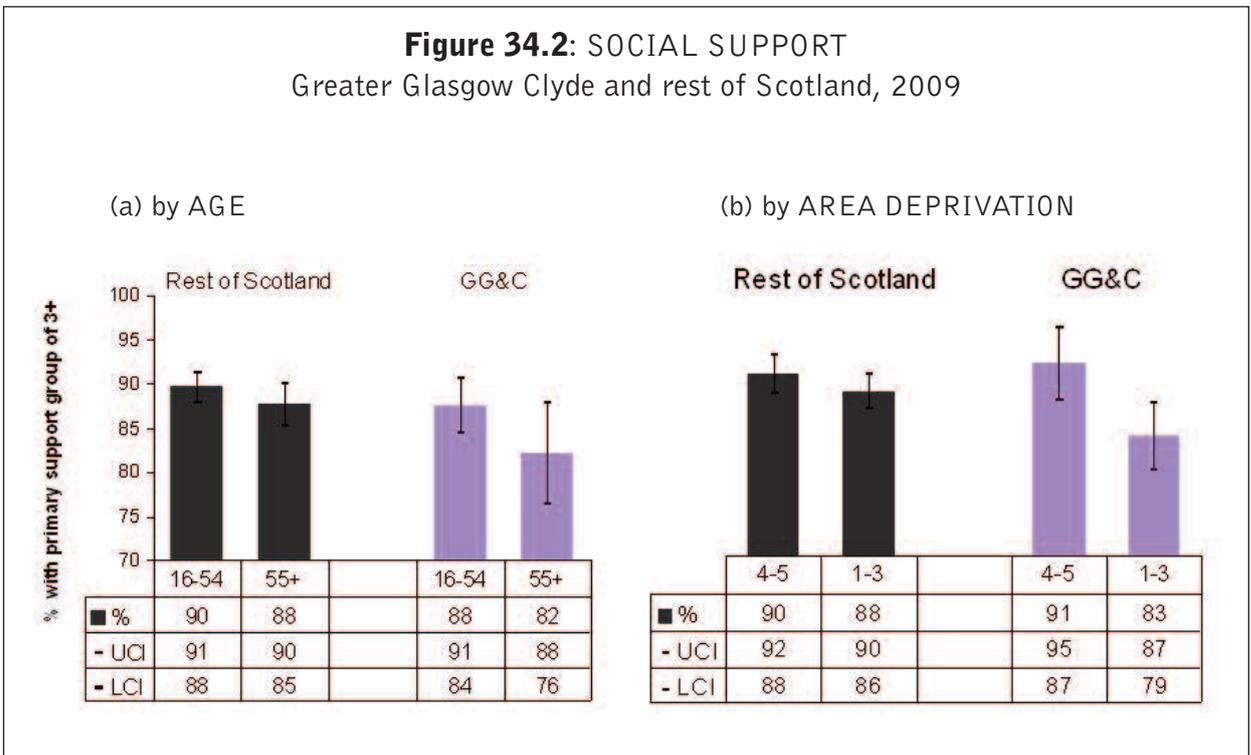
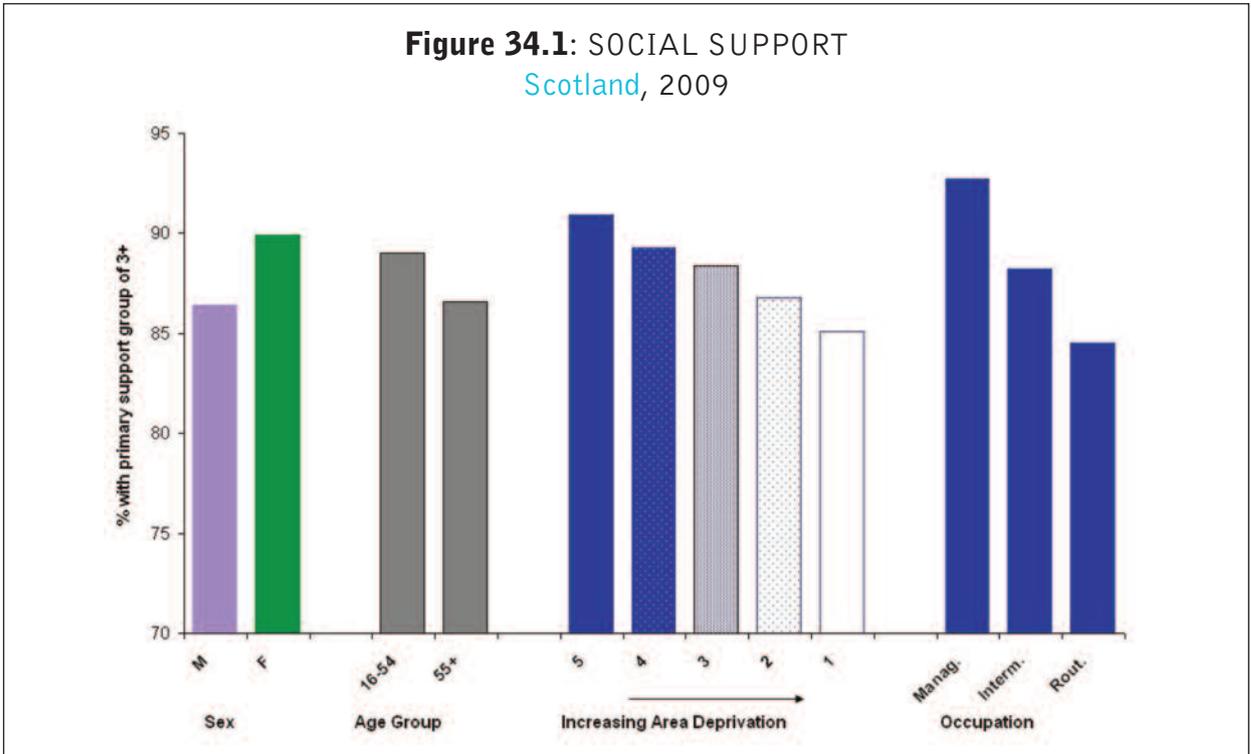
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

**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

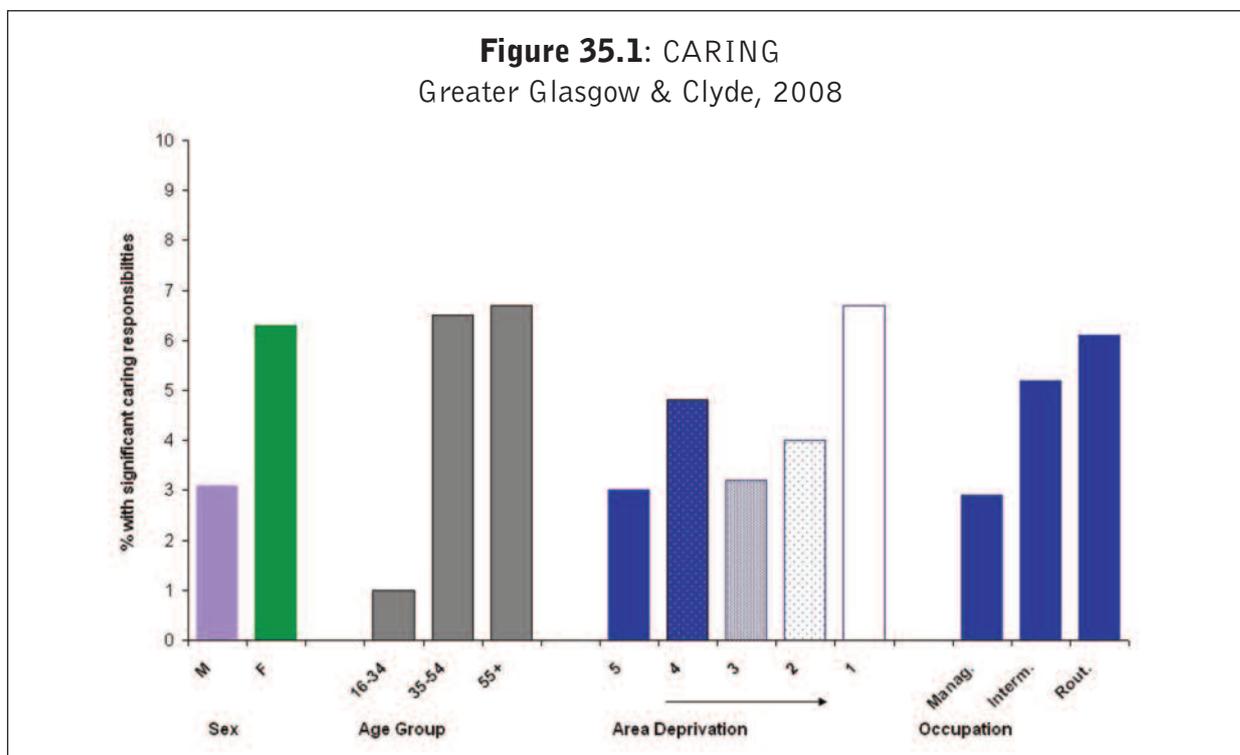
**[\$]:** Statistically significantly different from 1

**[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</b> (SIMD quintiles)	<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</b> (ns-sec)	<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

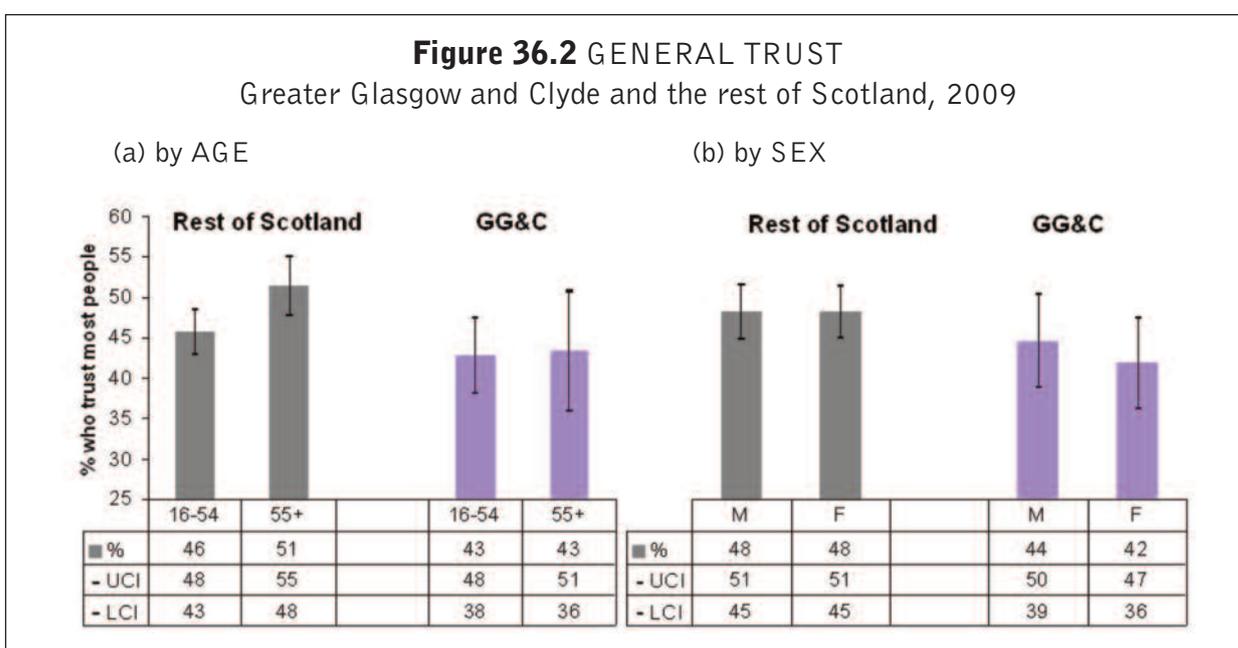
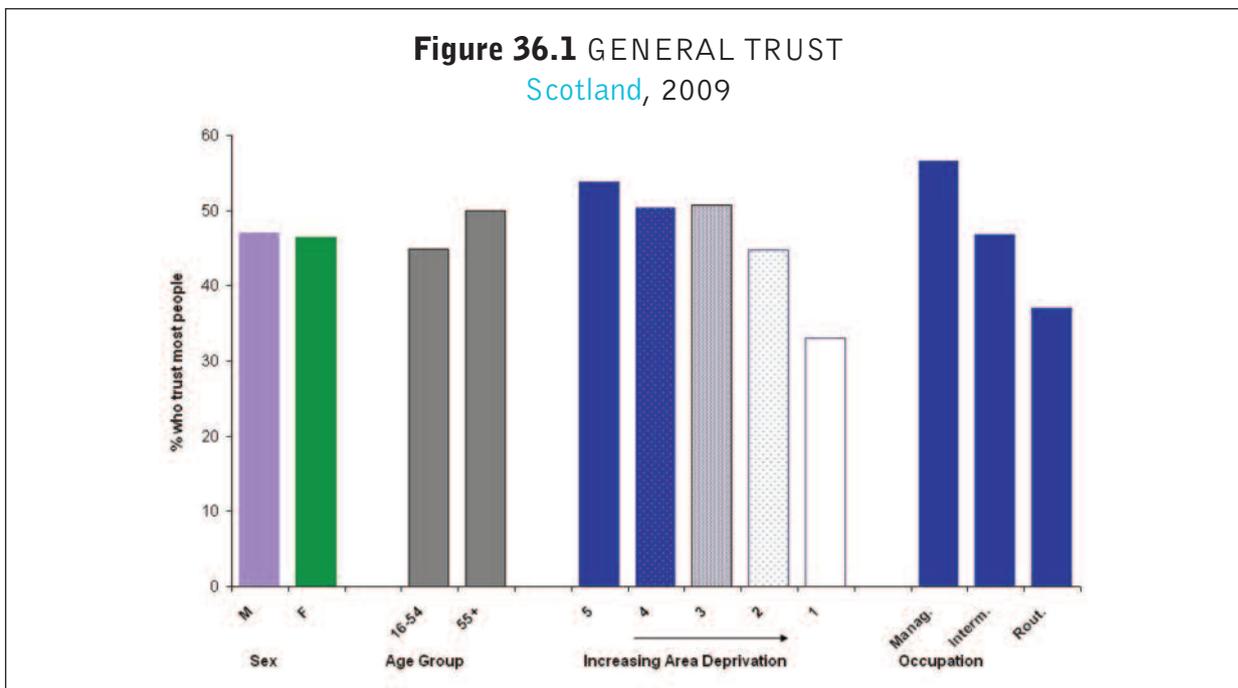
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

**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

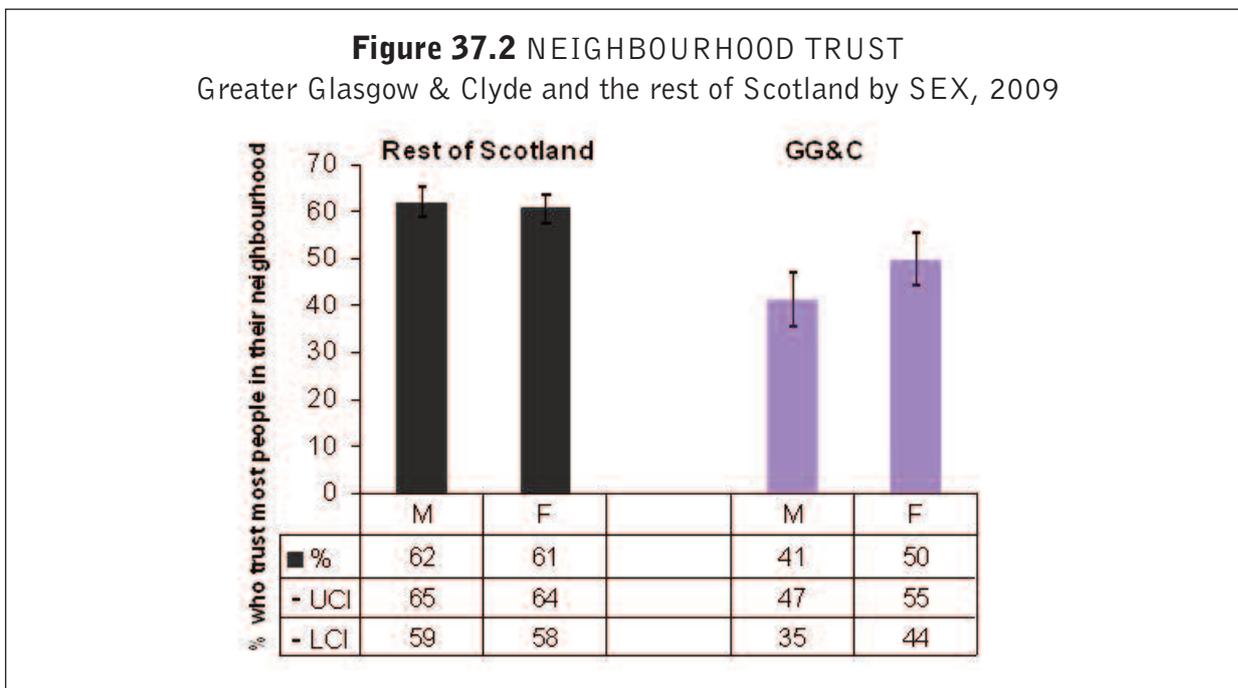
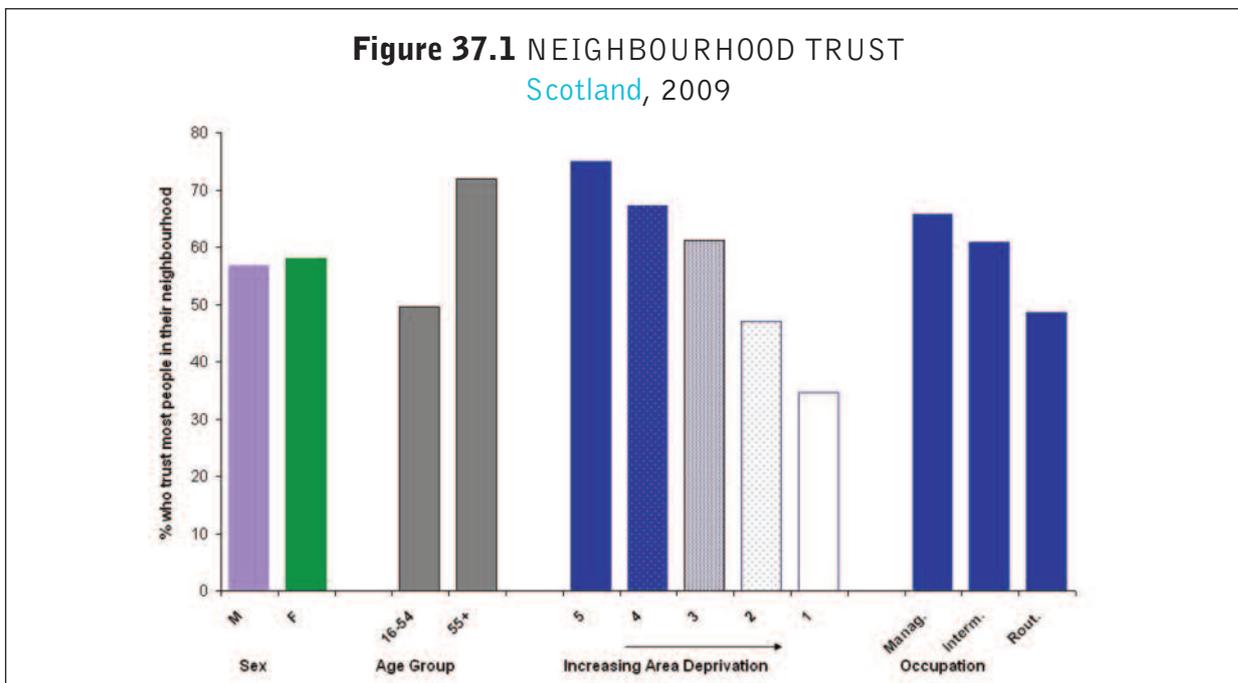
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

**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 [ \$ ]	

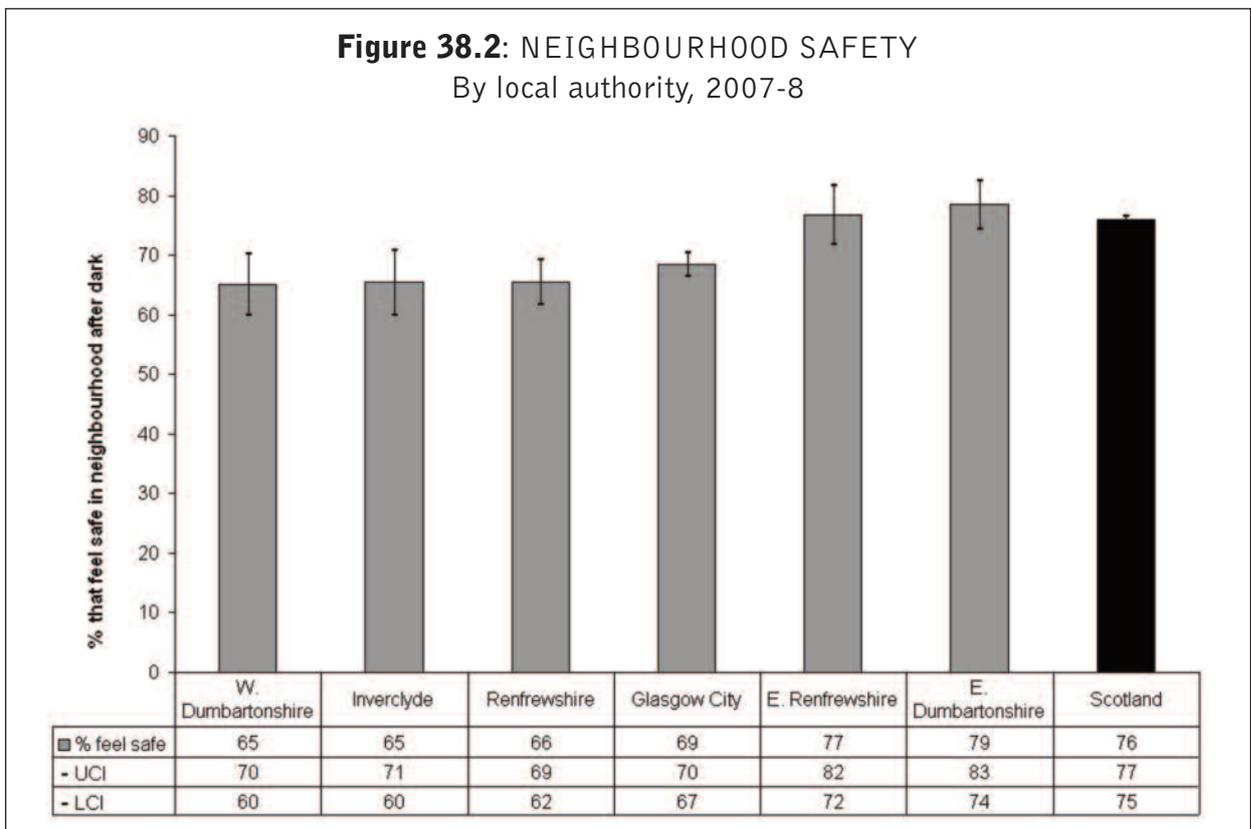
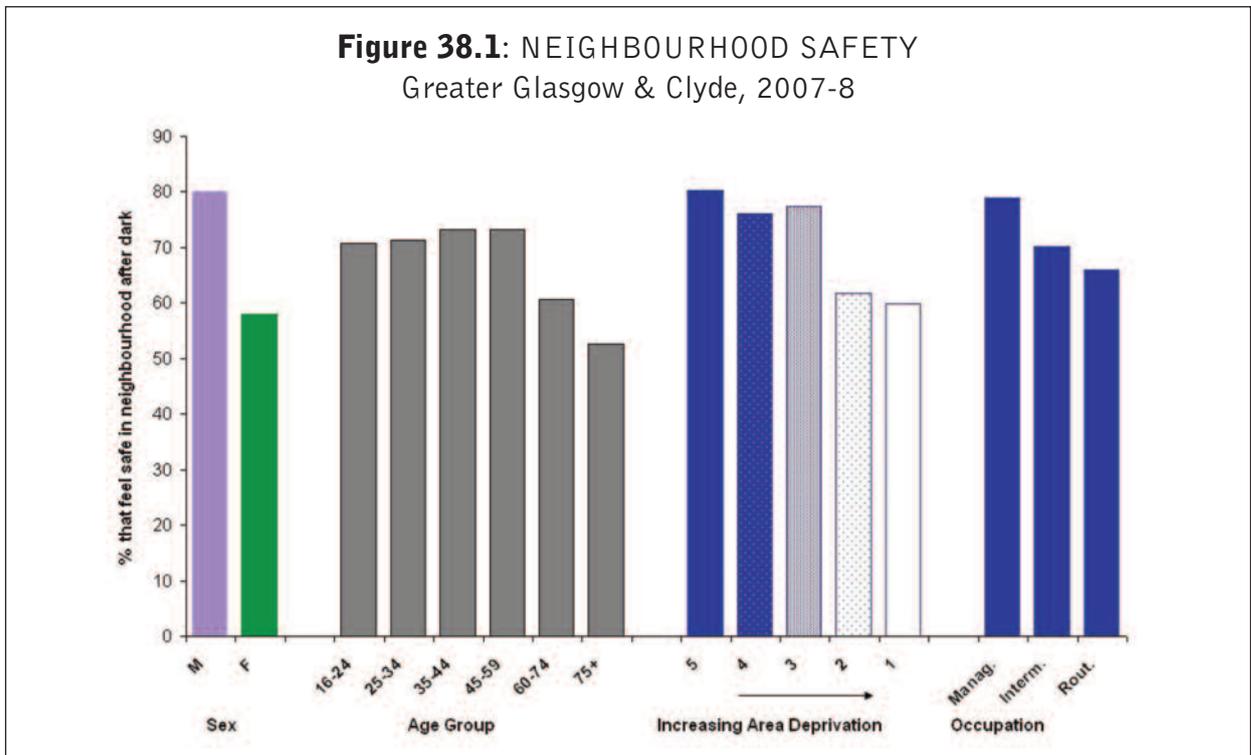
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[ \$ ]**: 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 [\$]	

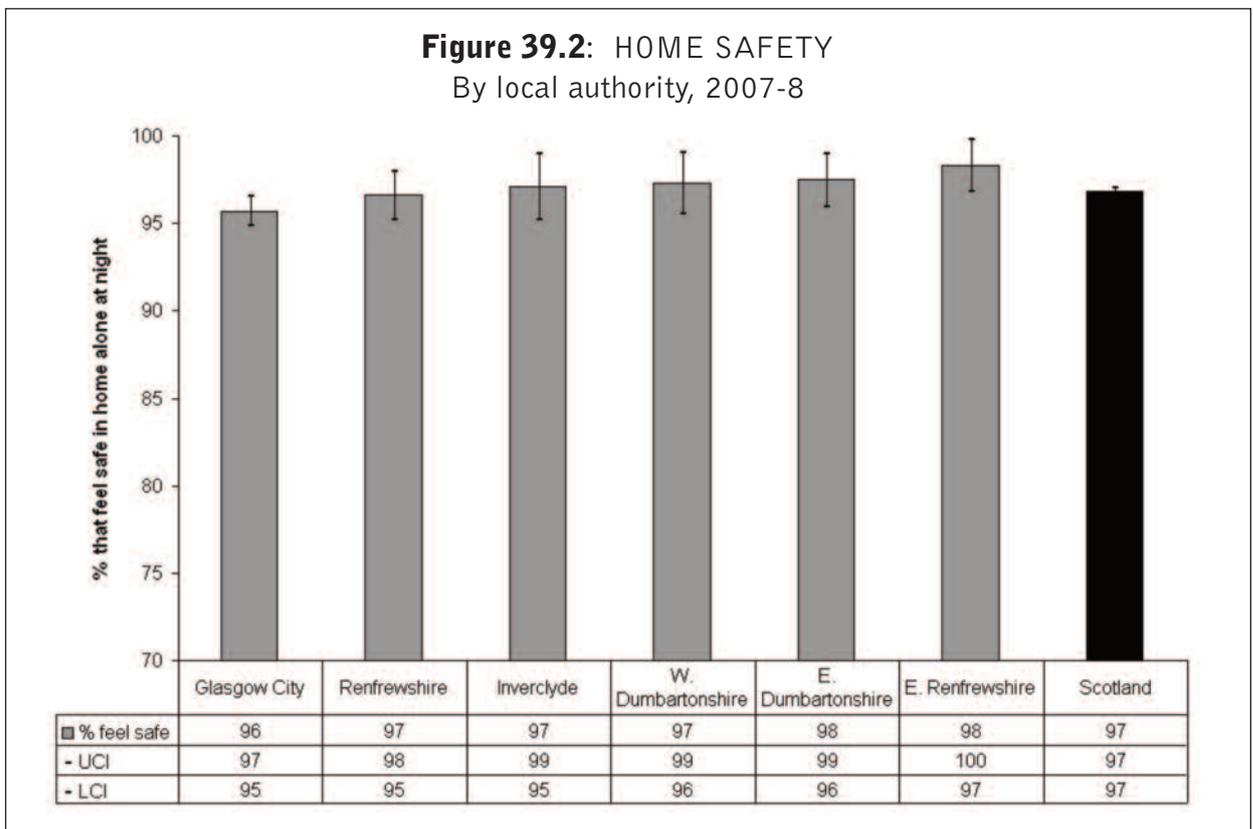
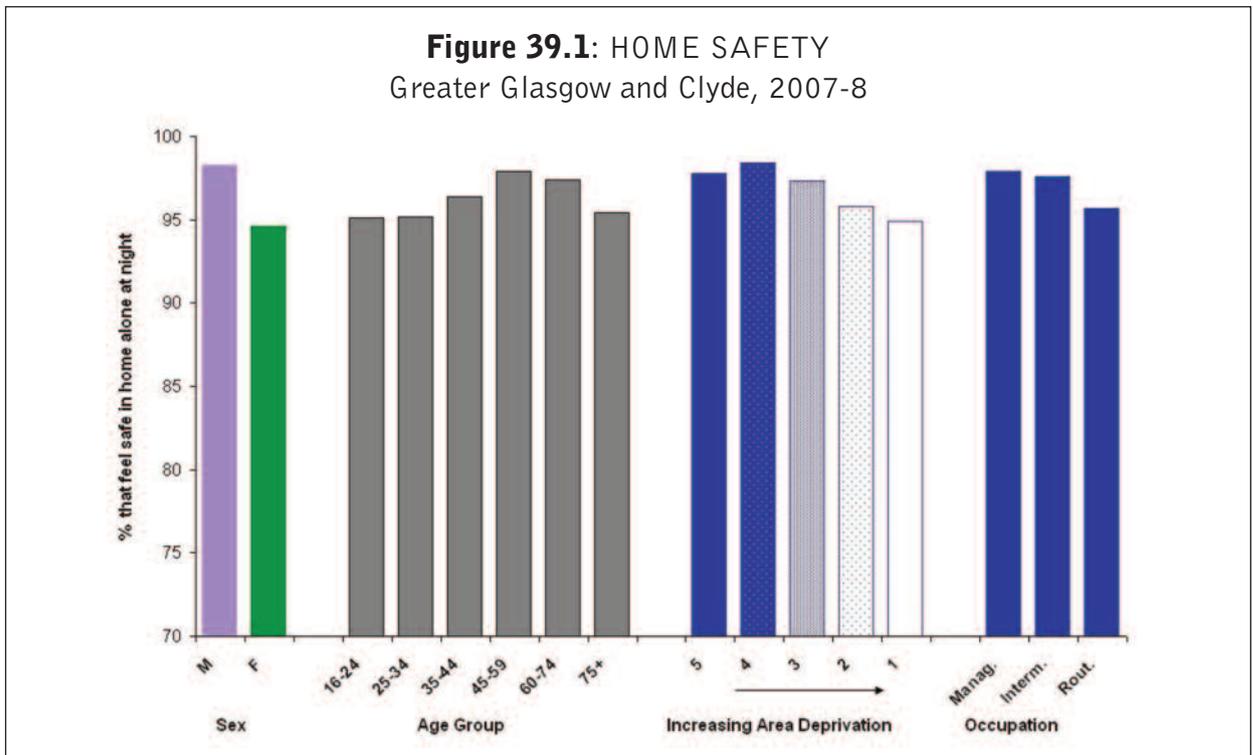
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For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. 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</b> (SIMD quintiles)	<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</b> (ns-sec)	<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

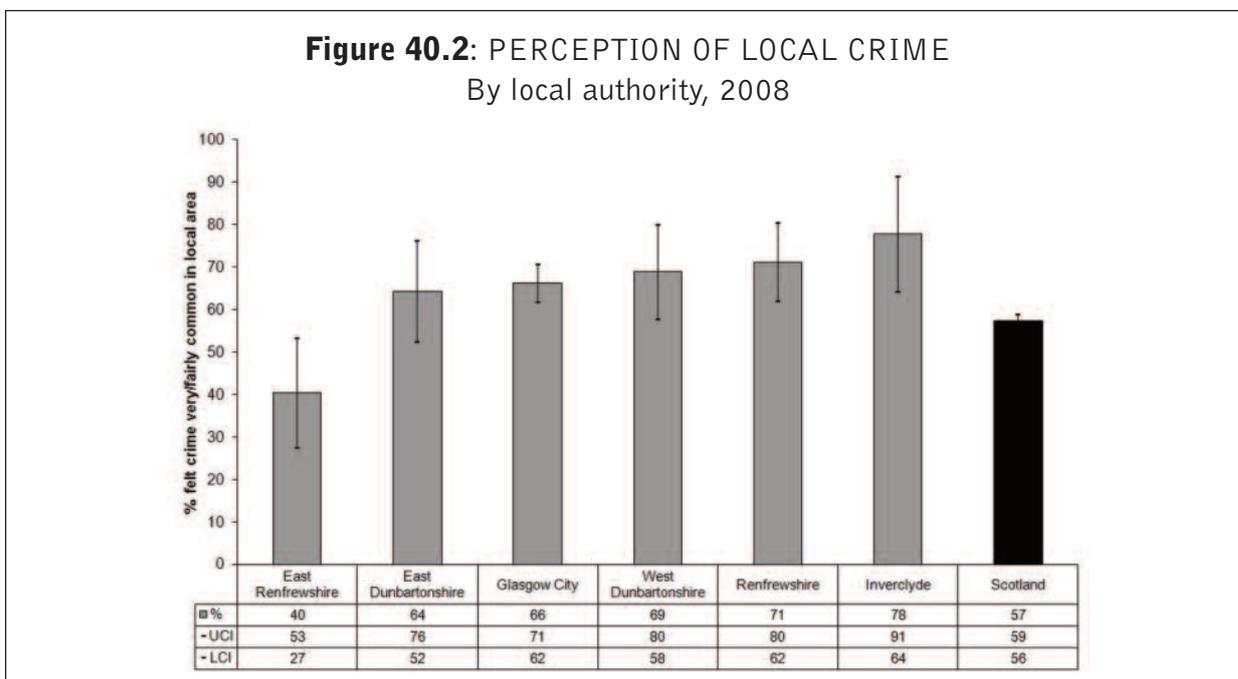
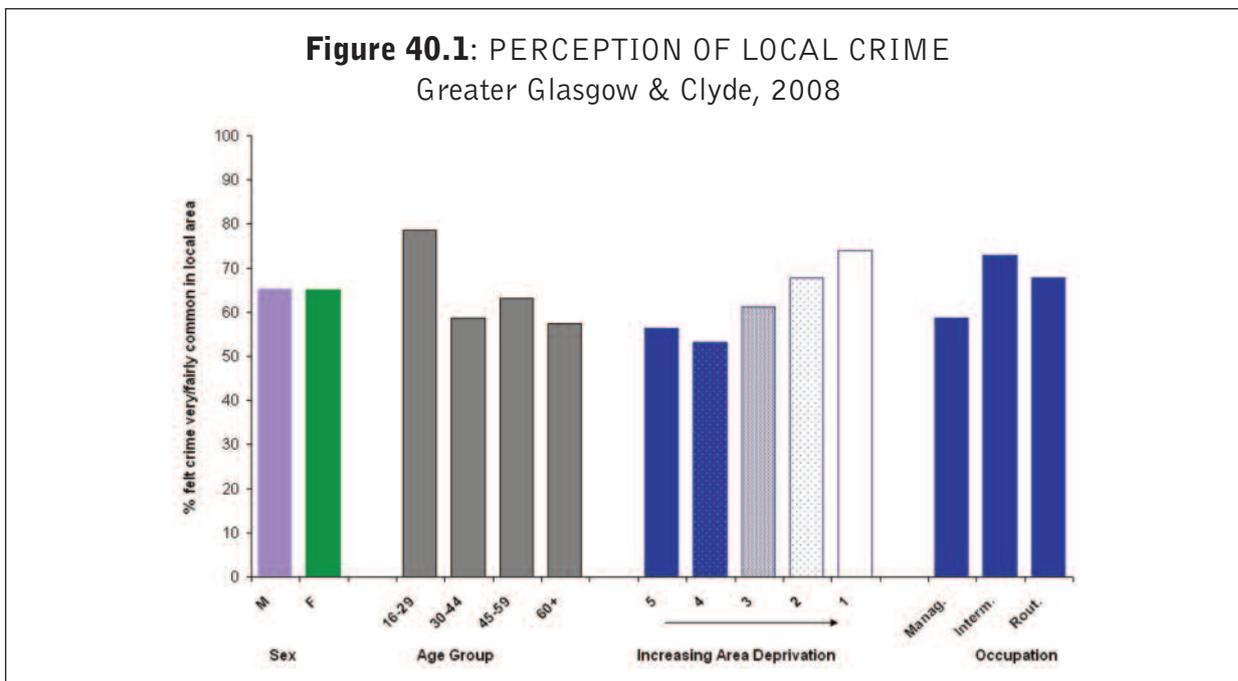
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For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

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

## Section 8. 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

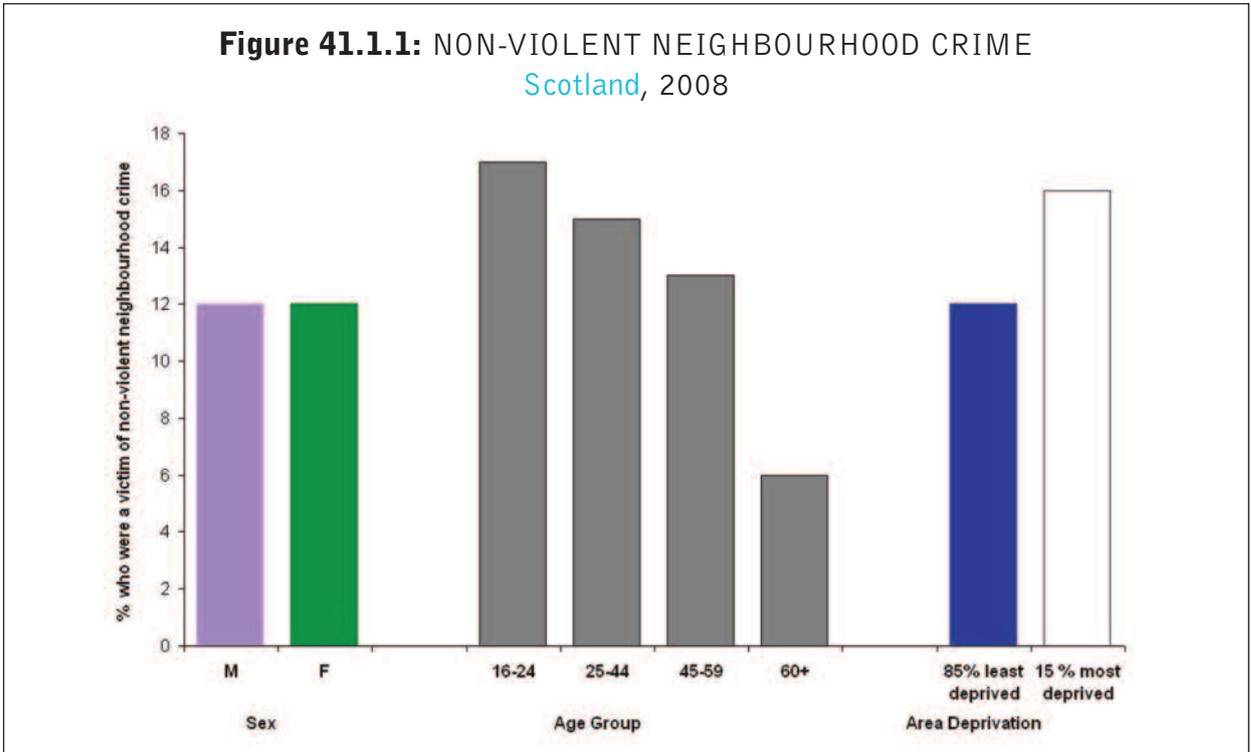
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[§]:** 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

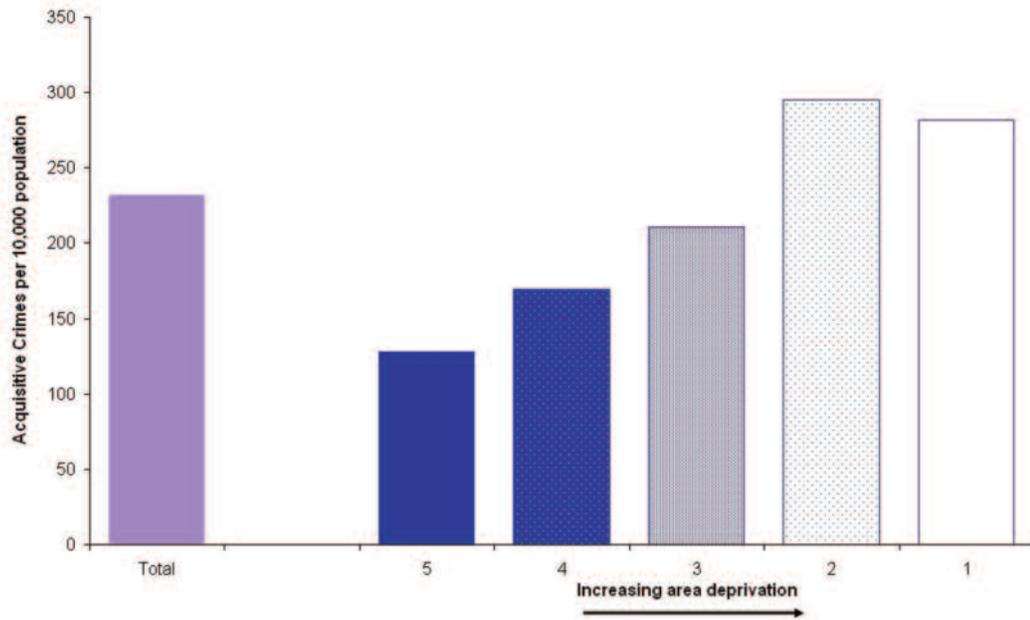
For explanation of area level deprivation see Notes and Definitions ([click here](#))

Data was not available for areas outside the Strathclyde Police Area

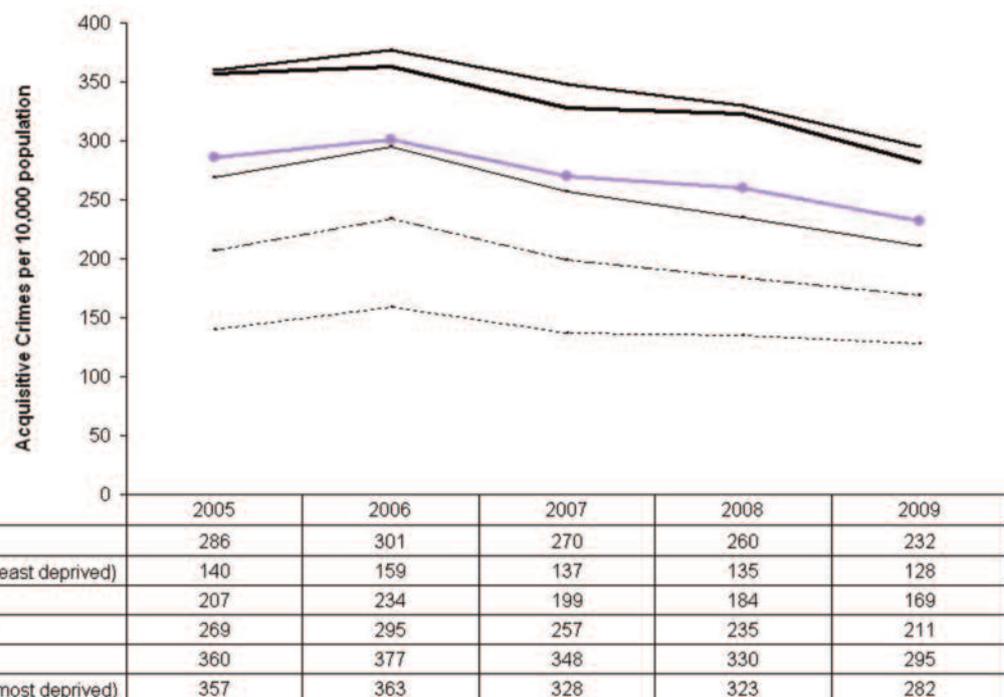
A profile of mental health and wellbeing in Greater Glasgow & Clyde

## Section 8. Community safety and trust

**Figure 41.2.1: POLICE-RECORDED ACQUISITIVE CRIME**  
Greater Glasgow & Clyde, 2009

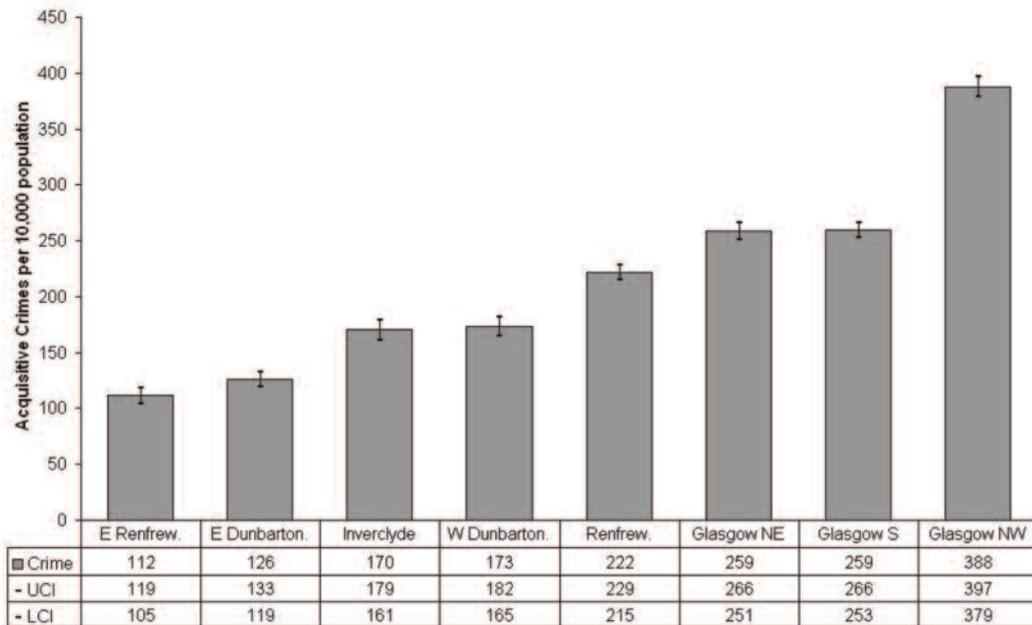


**Figure 41.2.2: POLICE-RECORDED ACQUISITIVE CRIME**  
In Greater Glasgow & Clyde by AREA DEPRIVATION and over TIME



## 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>			Ratio	
	11	10			1.1 [ \$ ]	
<b>Inequalities in % of workless adults: GG&amp;C</b>						
<b>Sex</b>	<b>Female</b>	<b>Male</b>		Ratio		
	10	13		1.3 [ \$ ]		
<b>Age</b>	<b>16-24</b>	<b>25-49</b>	<b>50-retirement</b>		Trend	
	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>	Ratio
	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

<sup>i</sup>: 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

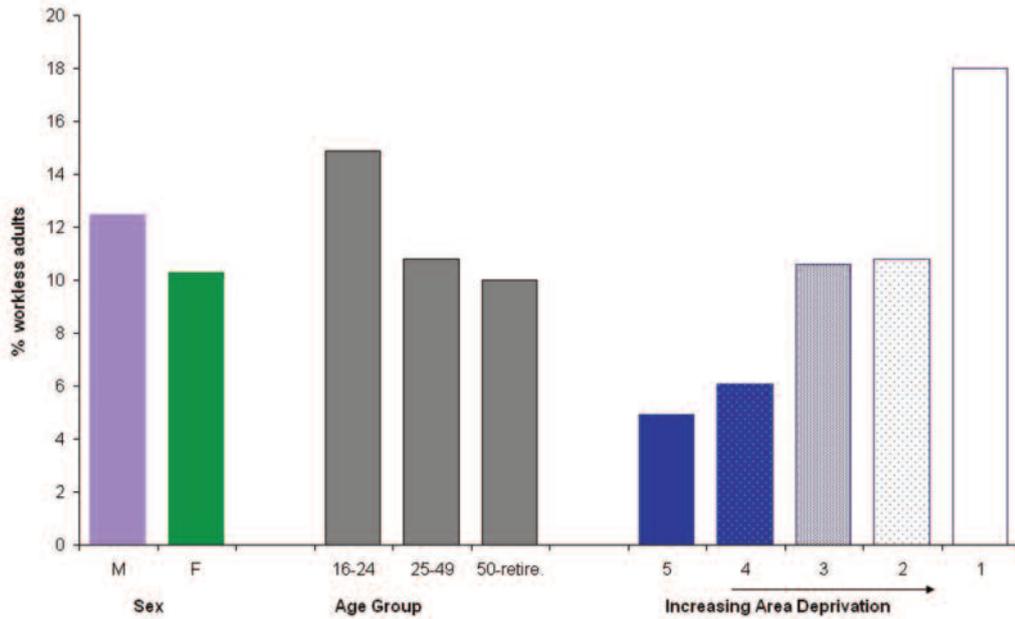
**[ \$ ]**: Statistically significantly different from 1

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

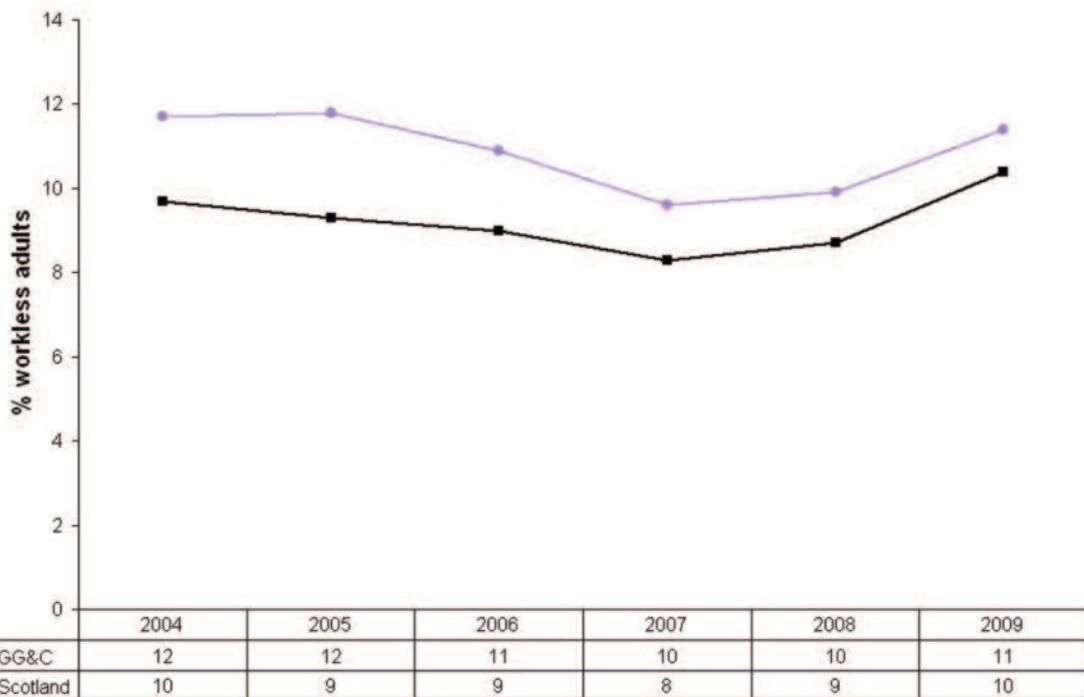
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

## 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

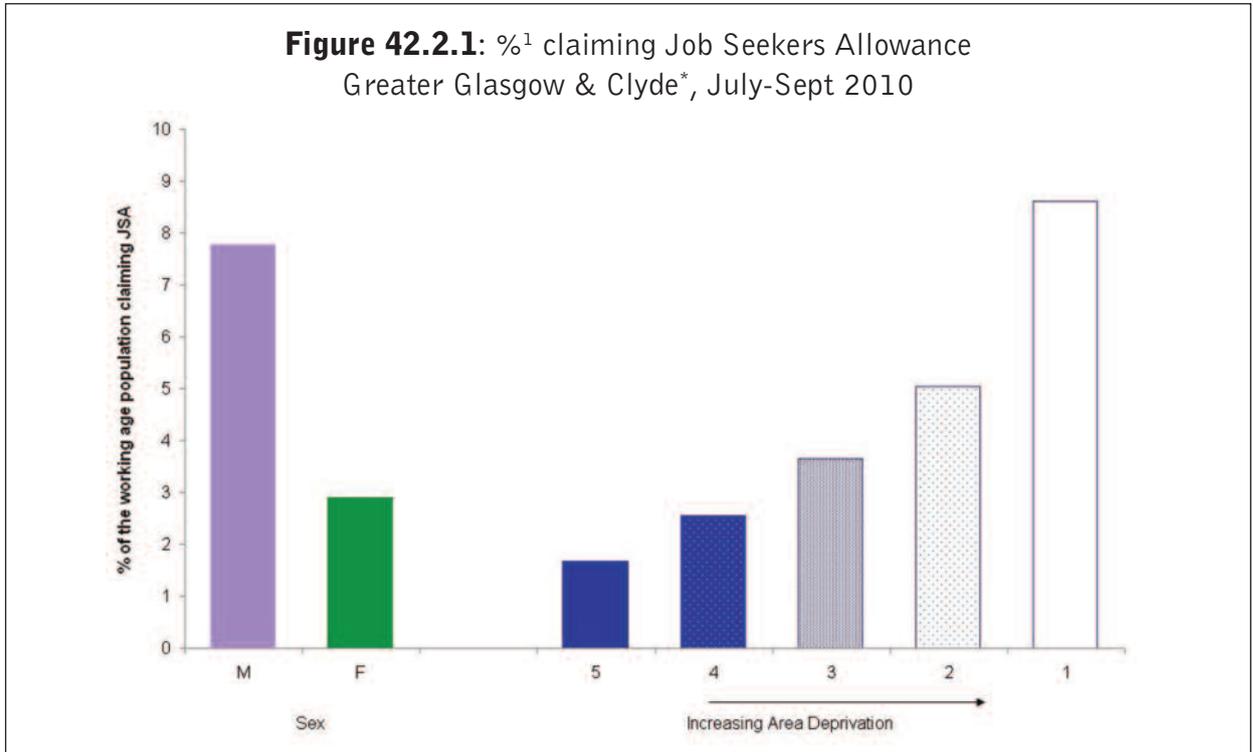
**[ \$ ]:** Statistically significantly different from 1

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

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

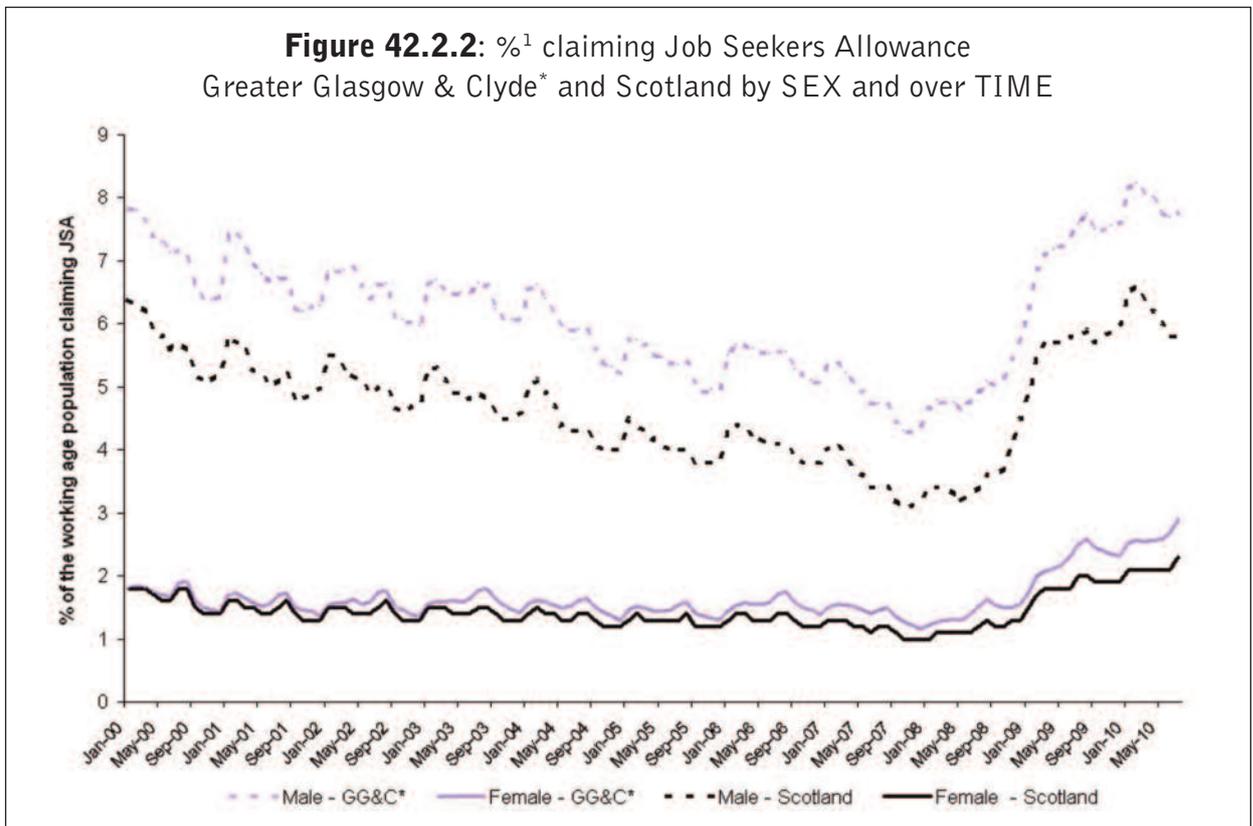
Time trends are based on one quarter of a year (July-Sept)

## 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



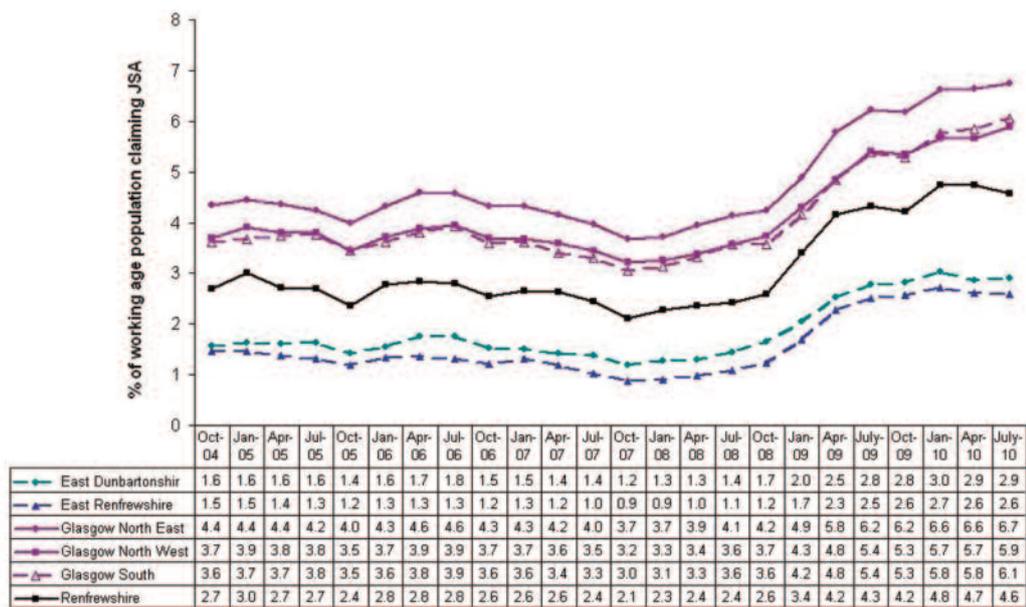
1: Working age population defined by data source as 16-64 for both men and women

\*: excludes North and South Lanarkshire

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

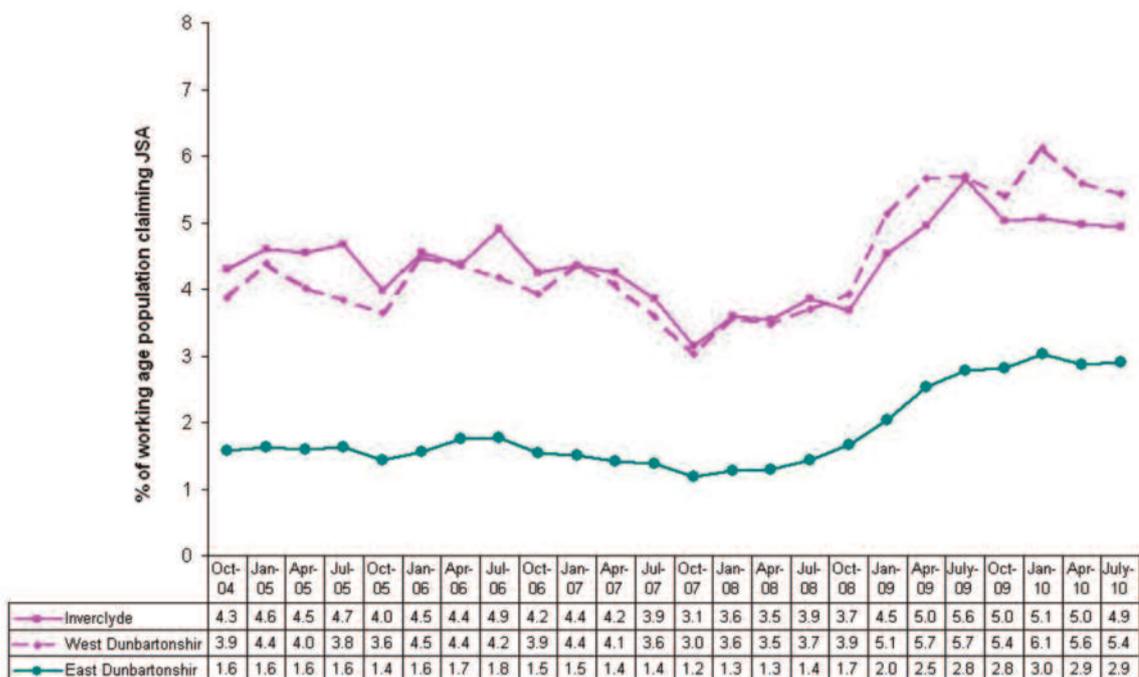
## Section 8. Social inclusion domain

**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

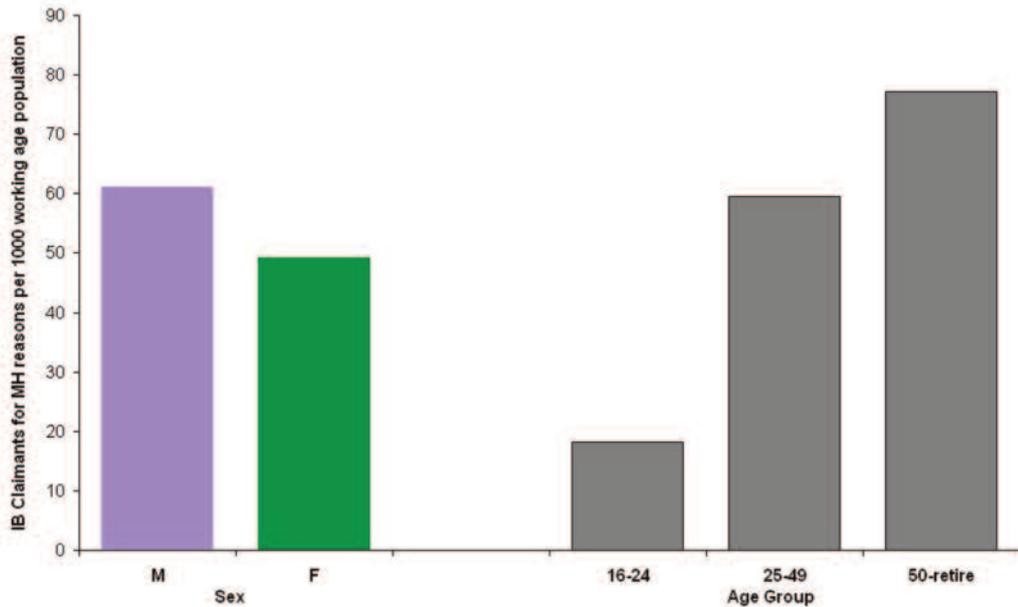
Ratio represents the highest to lowest; deprivation ratios are based on the first and last categories

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

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

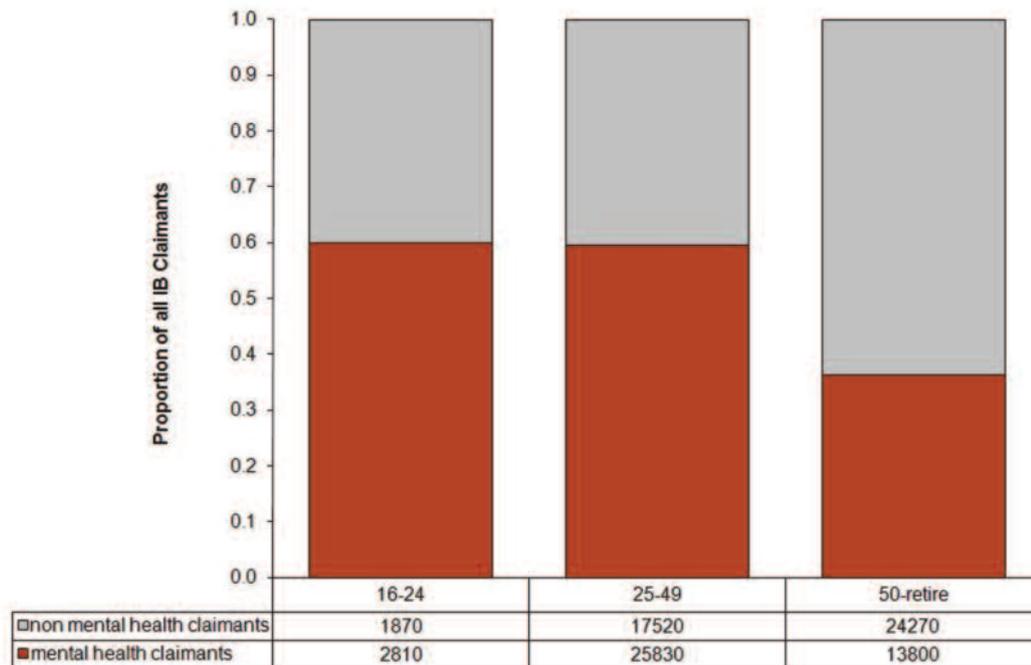
A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**Section 8. Social inclusion domain**

**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

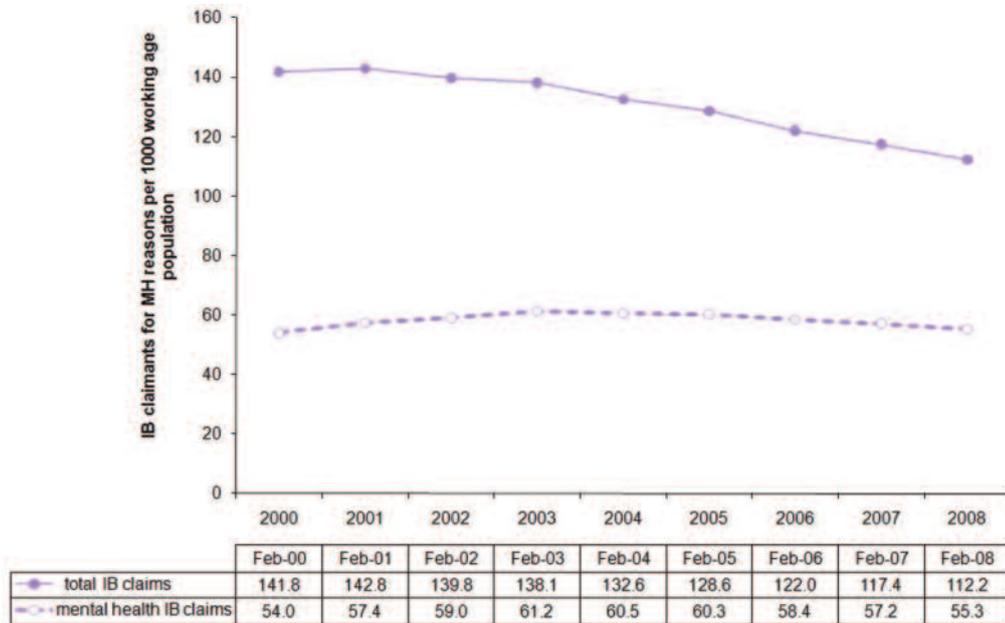
**Figure 42.3.2:** Number of incapacity benefit claimants: MH and non-MH claimants  
 Greater Glasgow & Clyde<sup>1</sup> by AGE, 2008



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

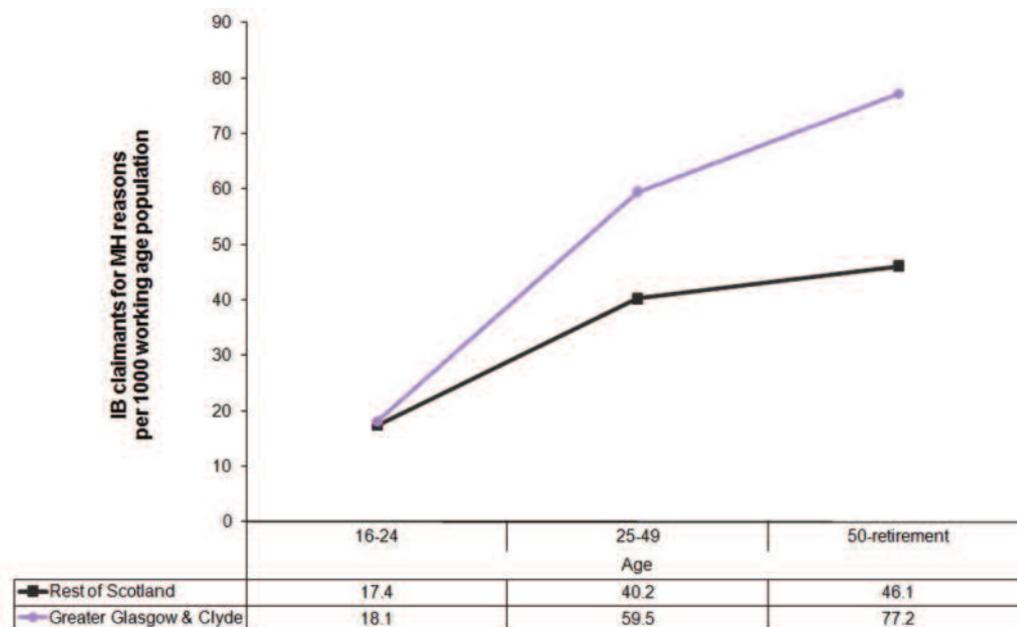


1: Excludes areas in North and South Lanarkshire

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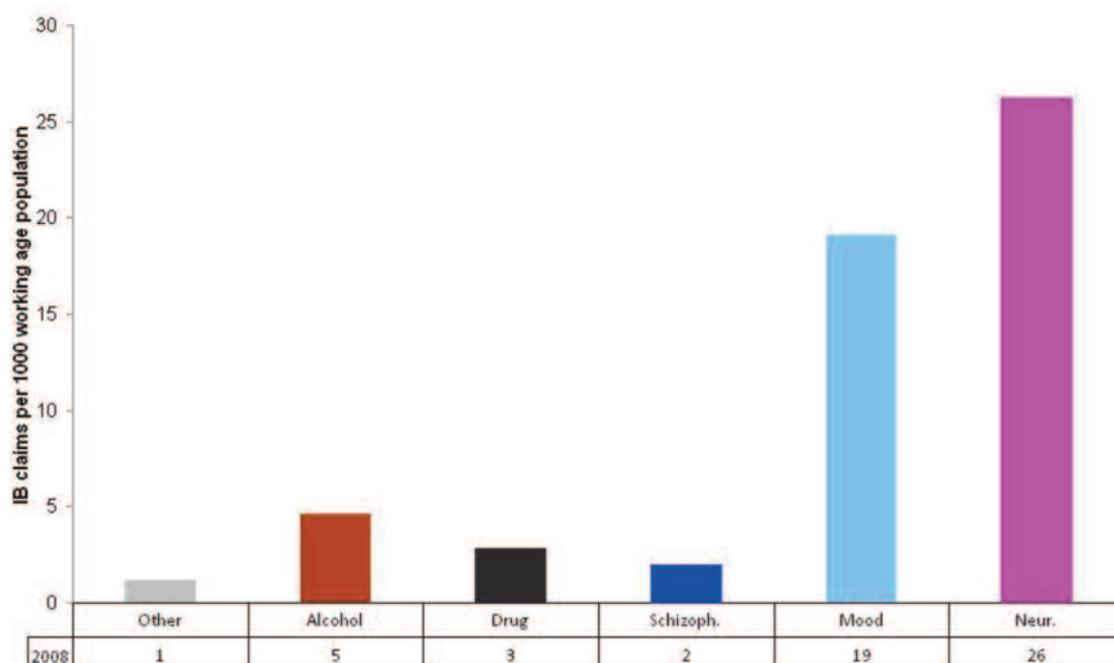
## Section 8. Social inclusion domain

**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

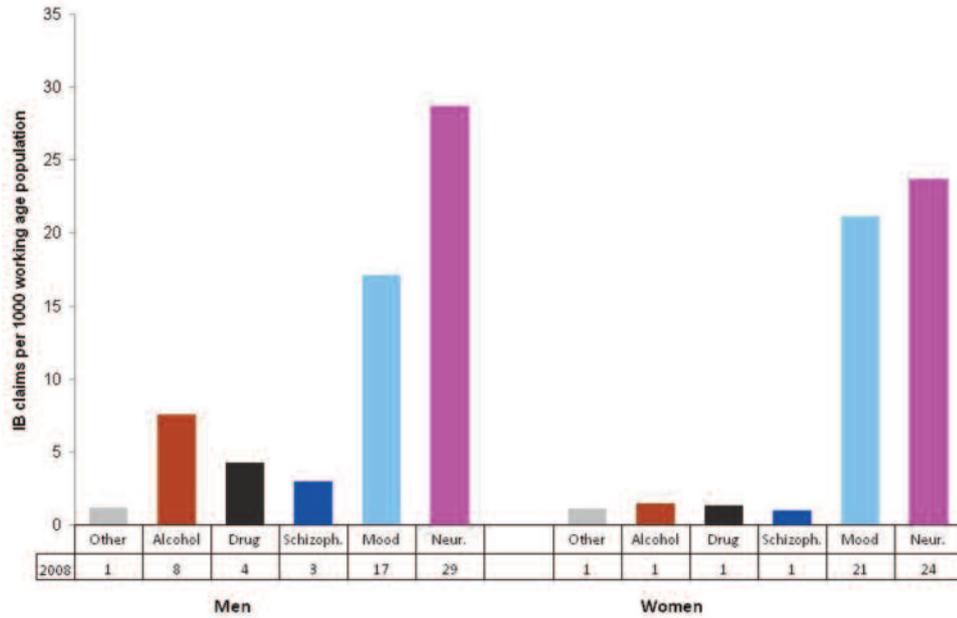


1: Excluding North and South Lanarkshire

2: Based on ICD-10 codes. See Table M.2, Methods (section 9)

## Section 8. Social inclusion domain

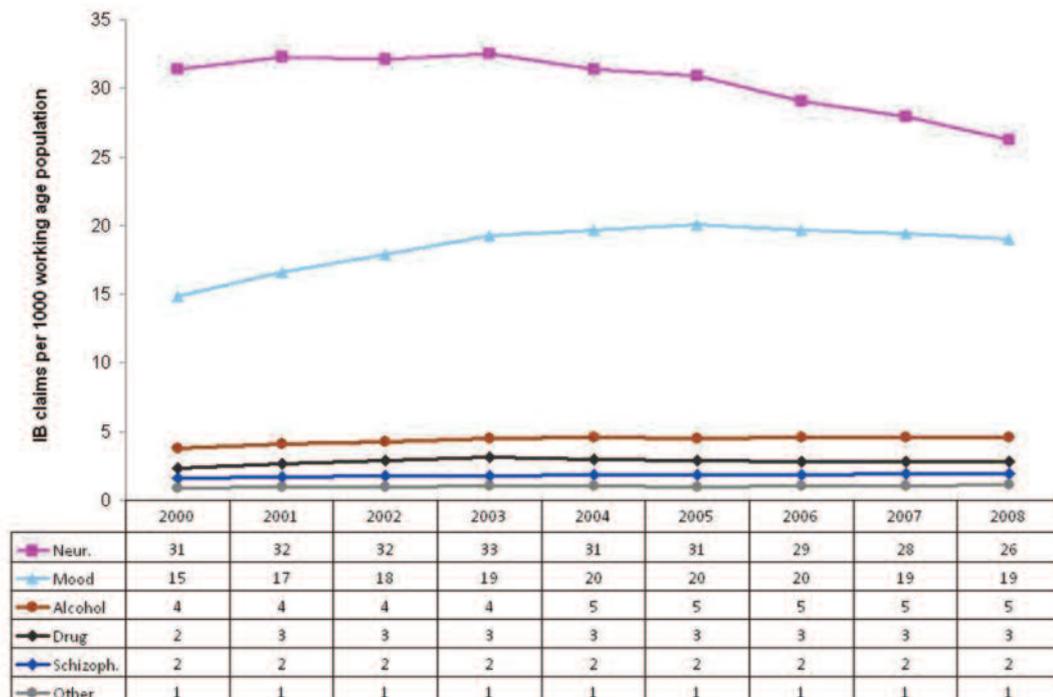
**Figure 42.3.7:** Incapacity benefit claimants for mental health reasons Greater Glasgow & Clyde<sup>1</sup> by DIAGNOSIS<sup>2</sup> and by SEX, 2008



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



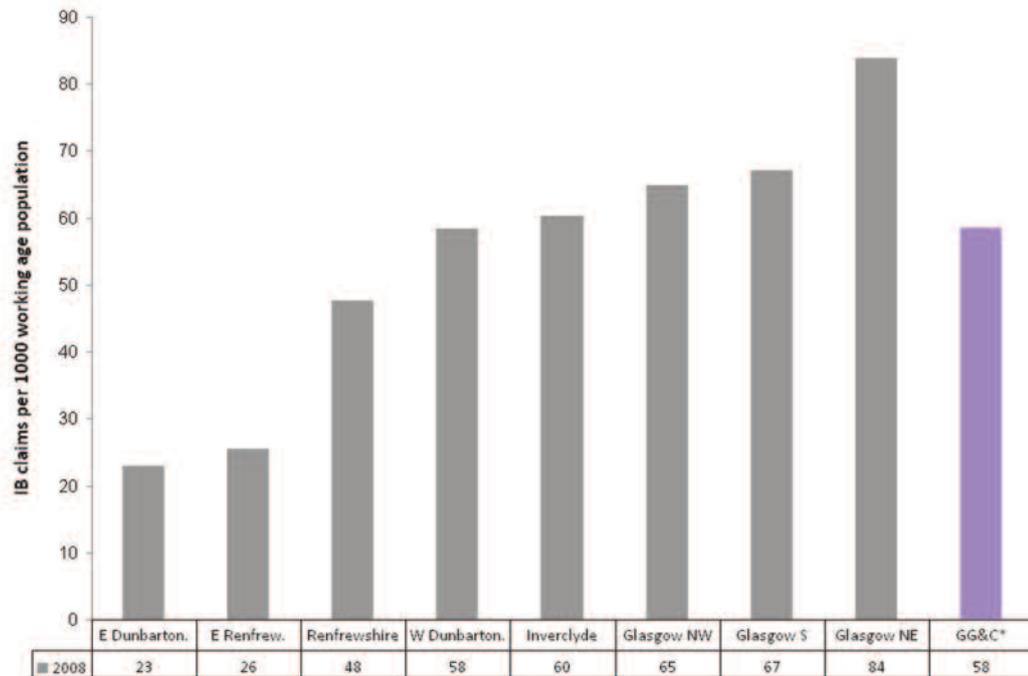
1: Excluding North and South Lanarkshire

2: Based on ICD-10 codes. See Table M.2, Methods (section 9)

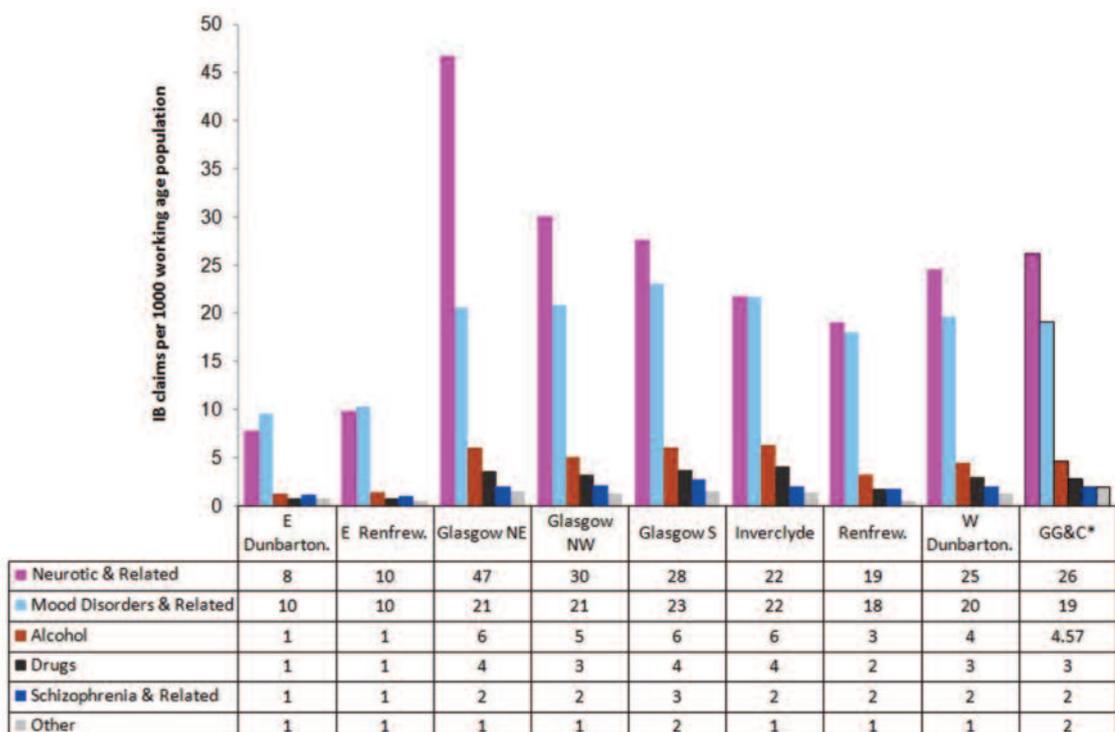
# A profile of mental health and wellbeing in Greater Glasgow & Clyde

## 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/hwlgroup/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

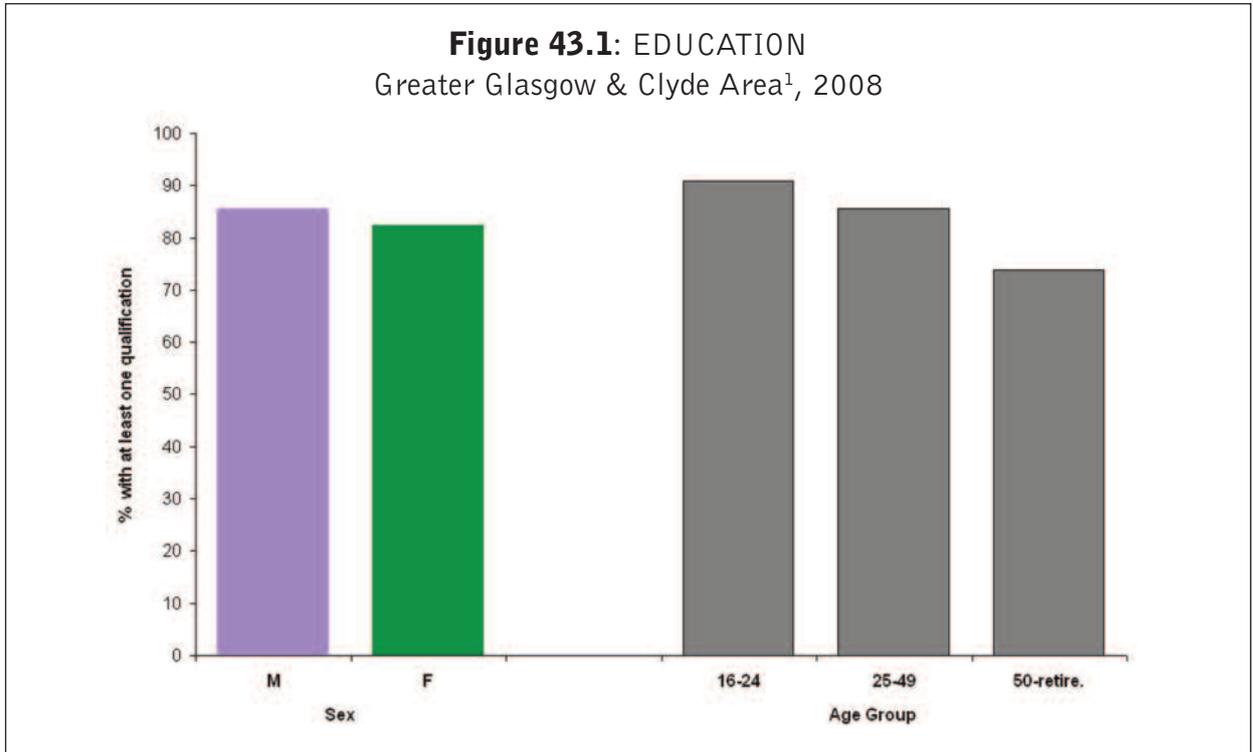
**ii:** Excluding North and South Lanarkshire

Ratio represents the highest to lowest.

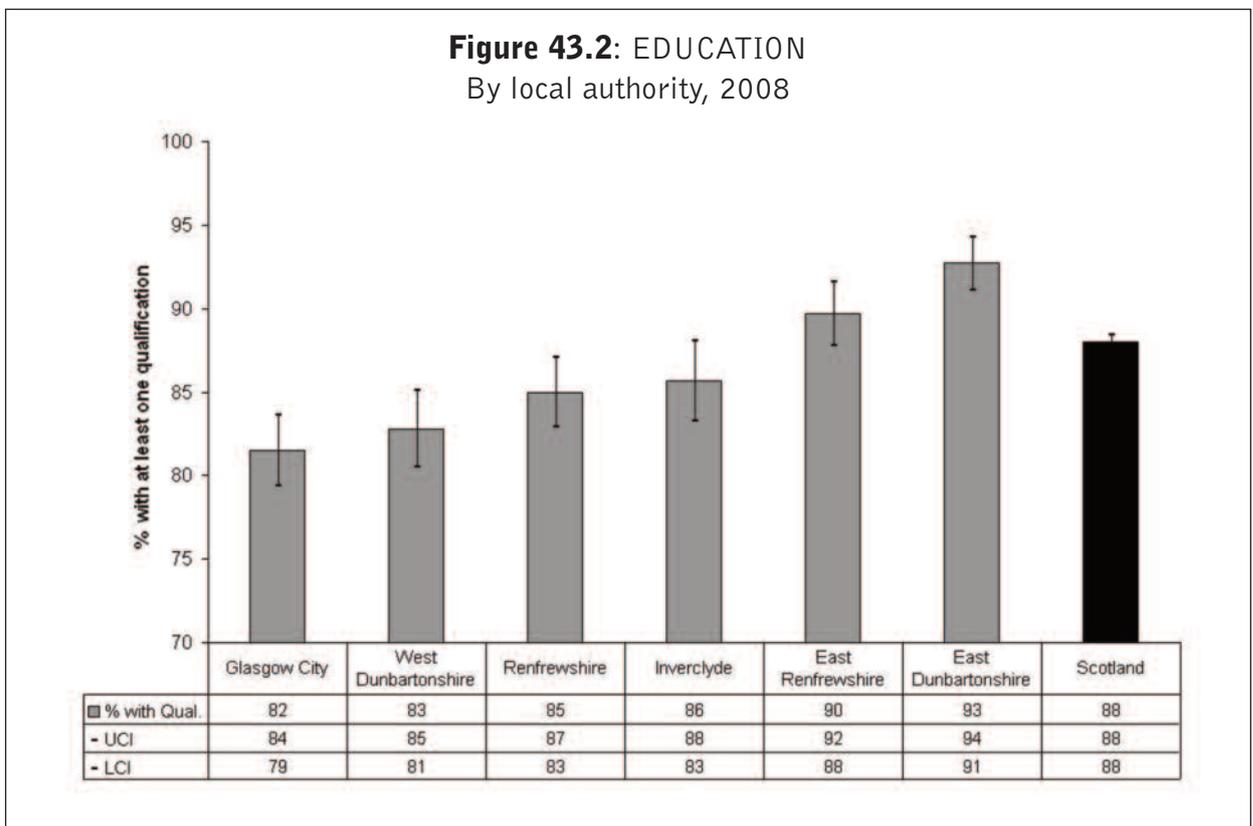
**[ \$ ]:** Statistically significantly different from 1

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

## Section 8. Social inclusion domain



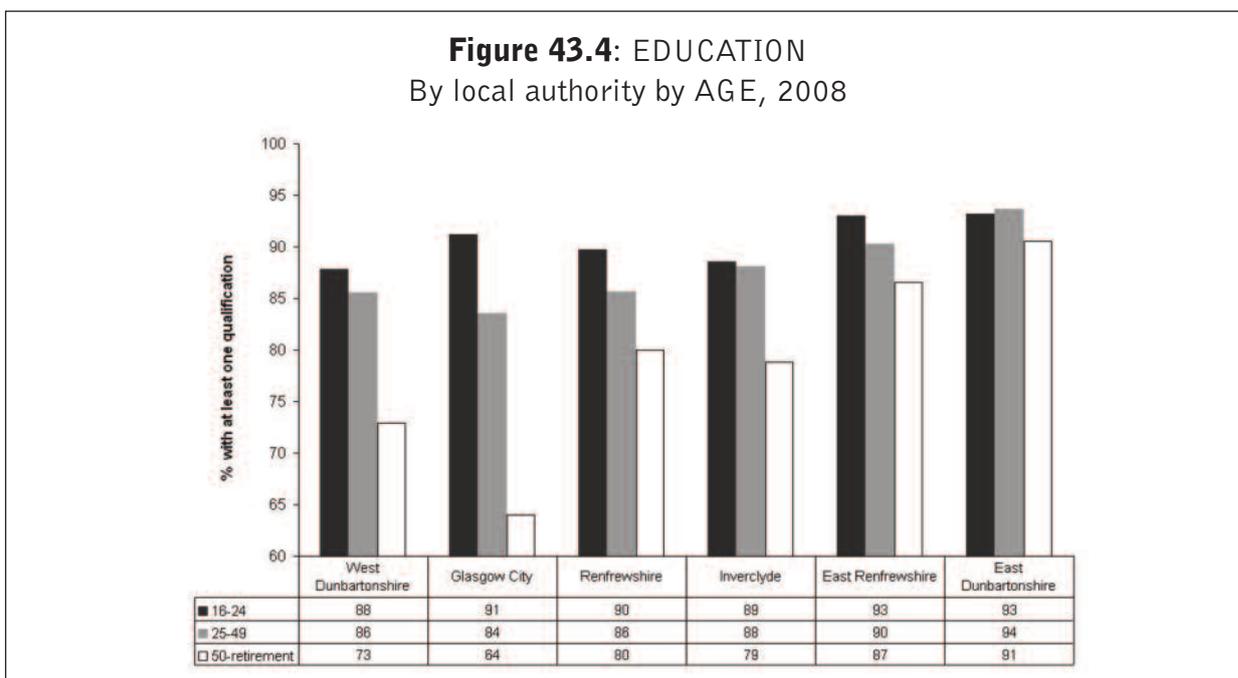
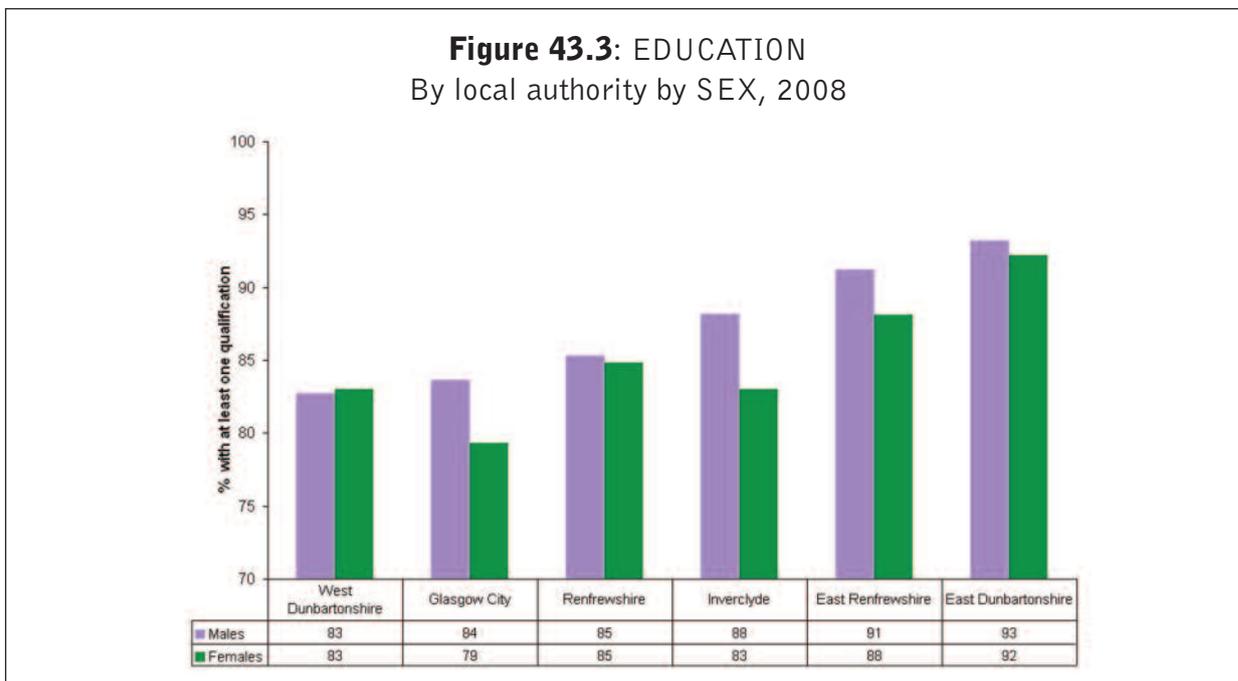
1: Excluding North and South Lanarkshire



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

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

## 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*

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

## 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.

---

<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).

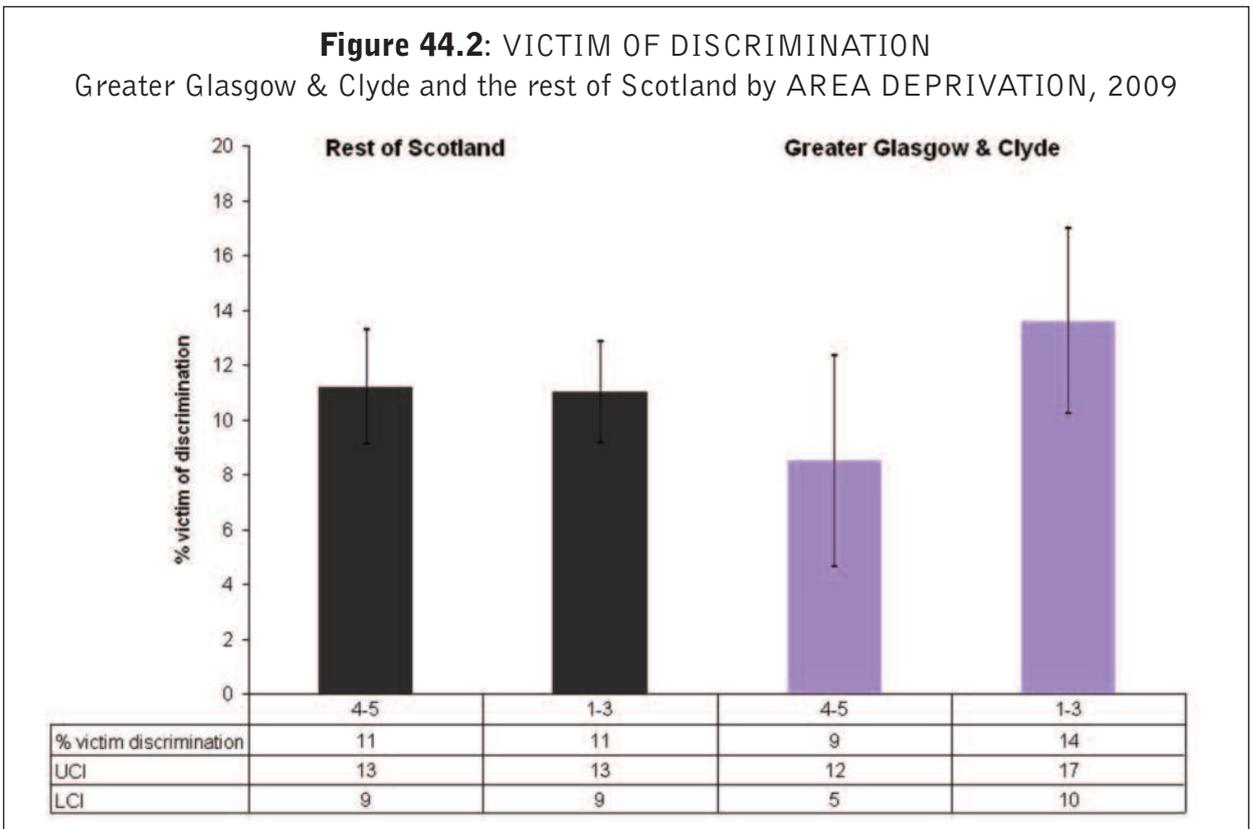
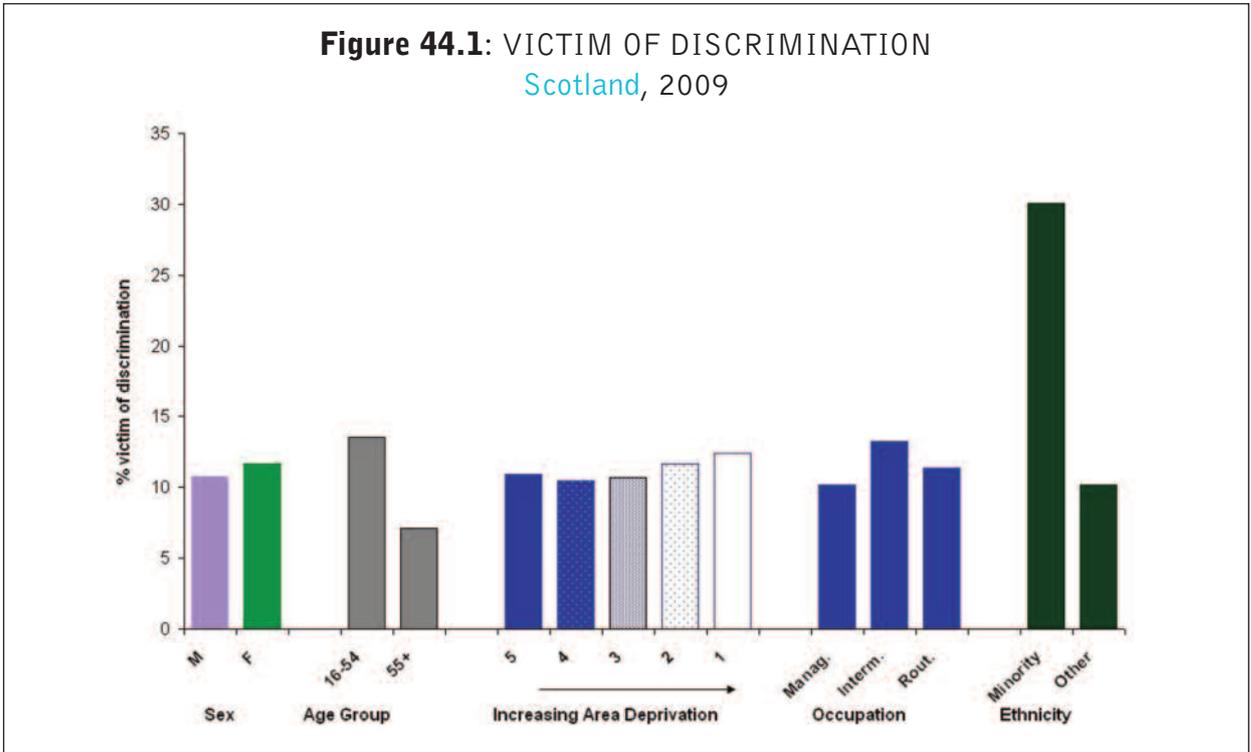
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[\$]:** 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

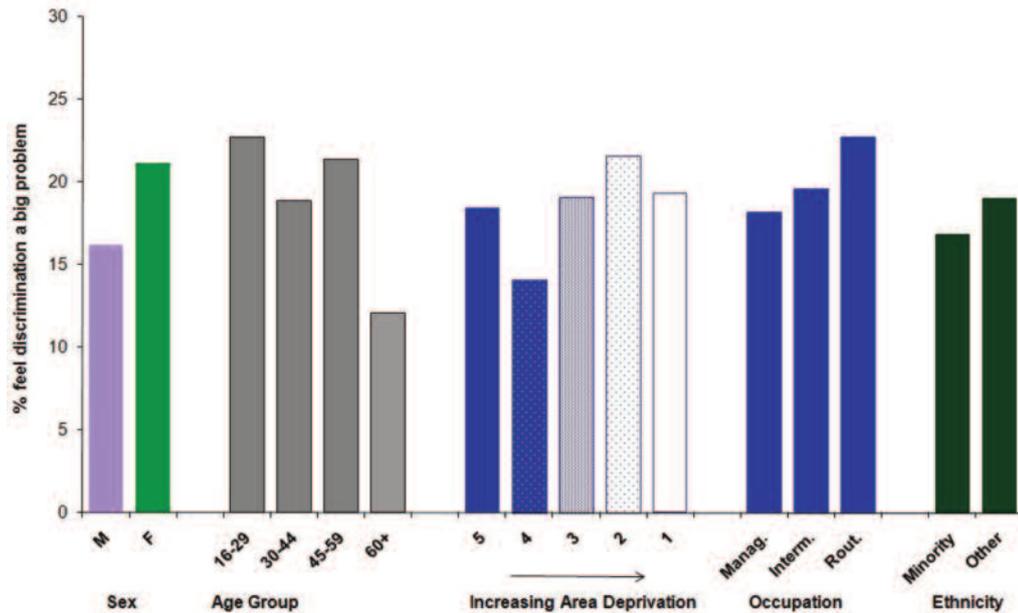
**[ \$ ]**: Statistically significantly different from 1

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

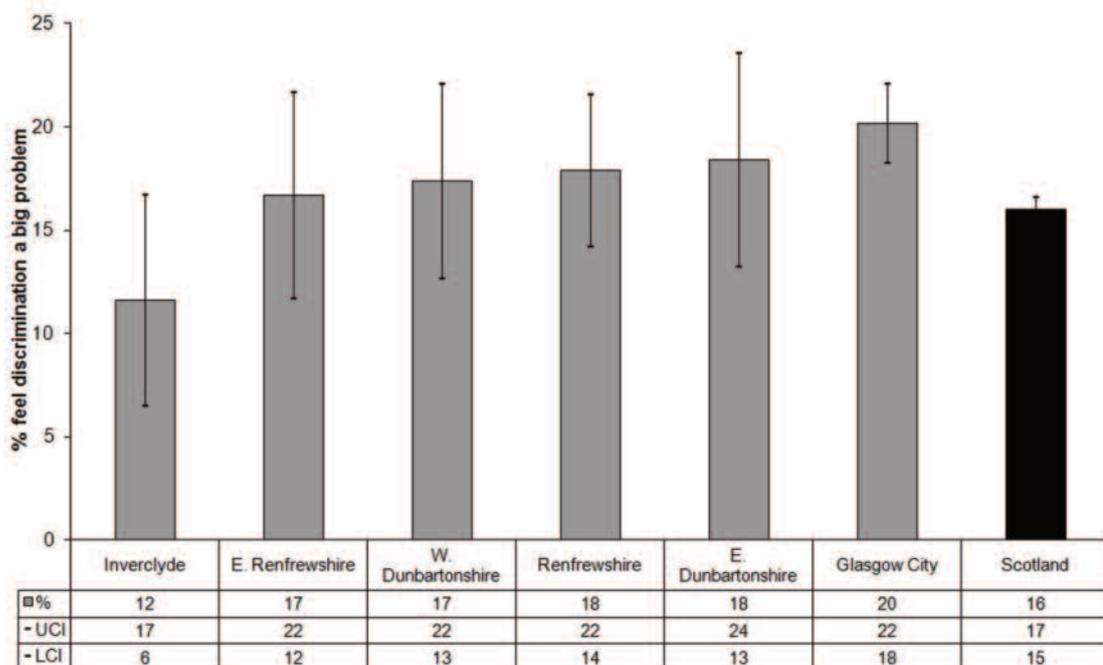
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

## Section 8. Discrimination domain

**Figure 45.1:** PERCEPTION OF RACIAL DISCRIMINATION IN SCOTLAND  
Greater Glasgow & Clyde, 2008

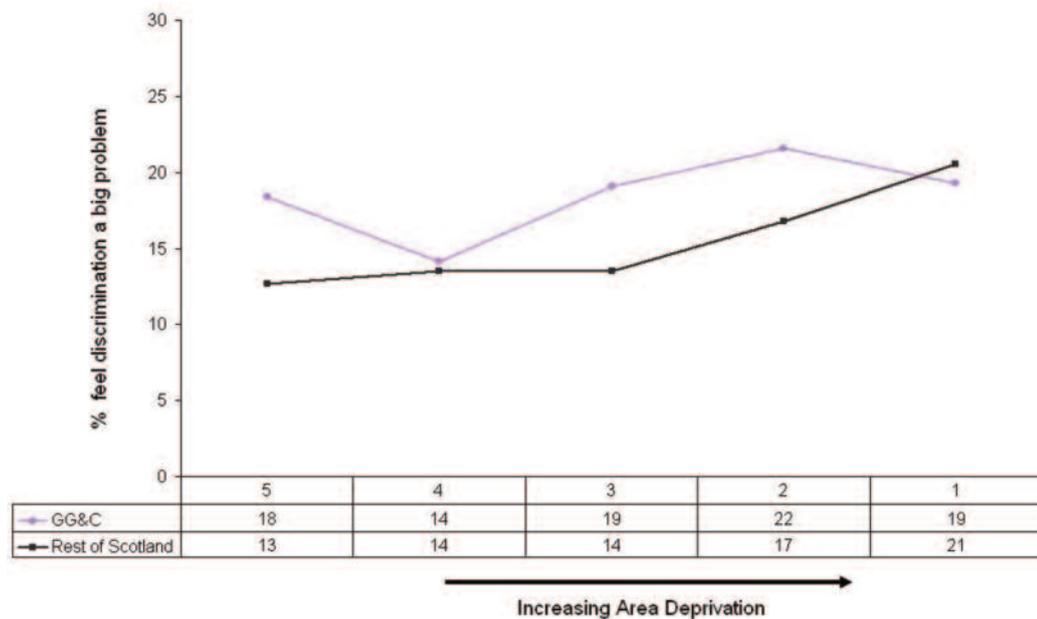


**Figure 45.2:** PERCEPTION OF RACIAL DISCRIMINATION IN SCOTLAND  
By local authority, 2008



## 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).

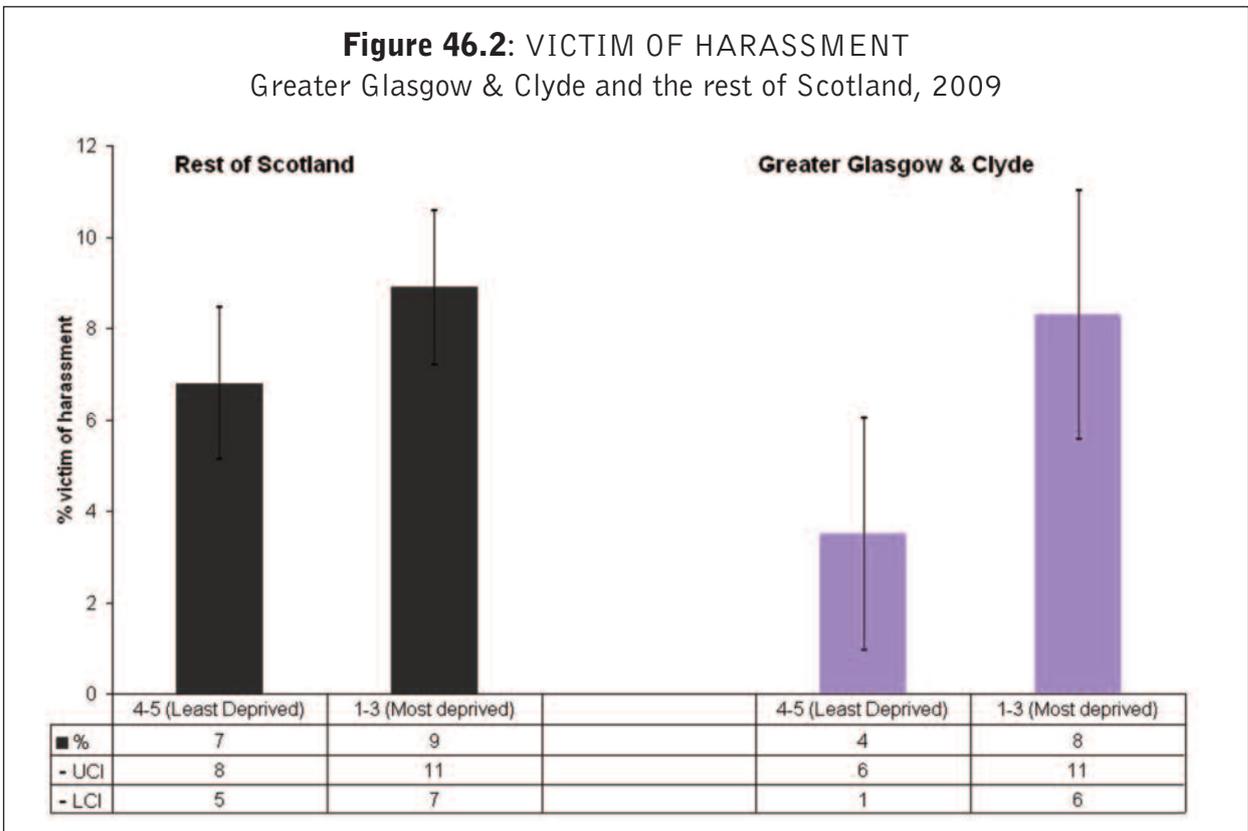
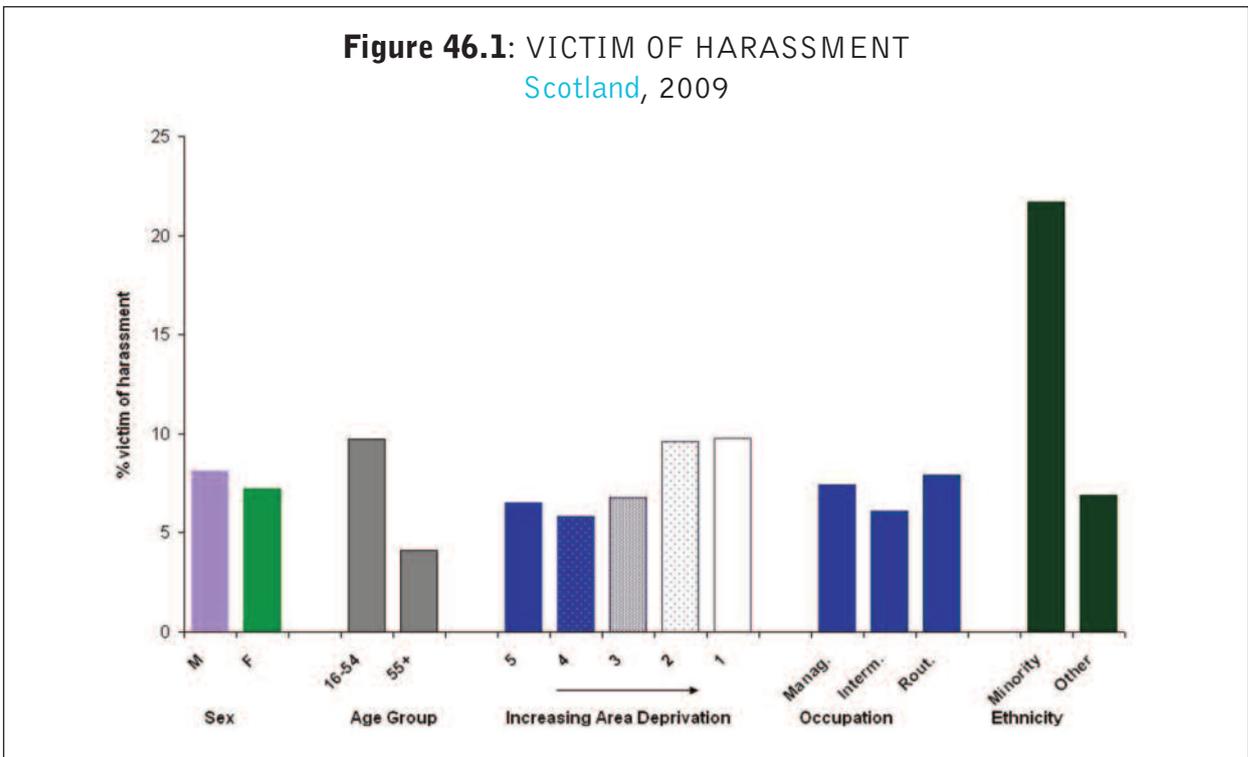
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[\$]:** 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 [ \$ ]

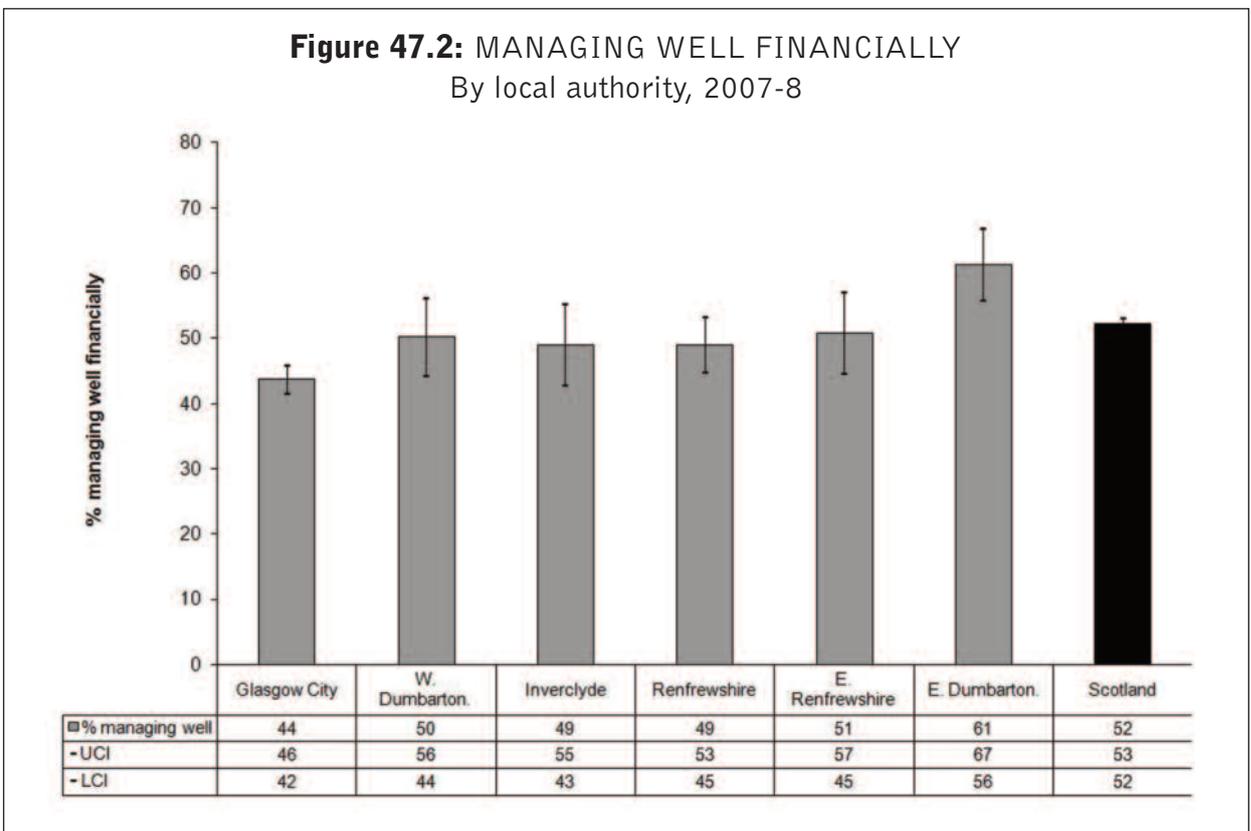
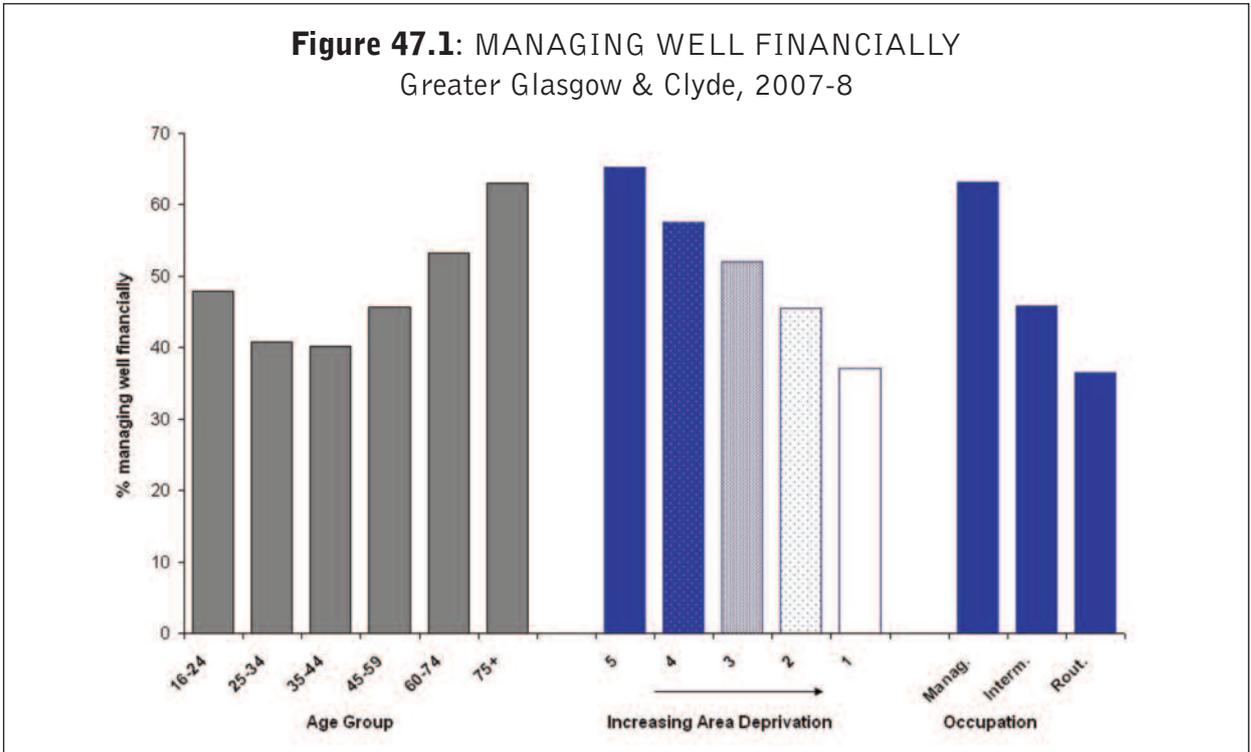
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

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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> 98	<b>Rest of Scotland</b> 99	Ratio 1

#### Inequalities in % financially included: GG&C

Age	16-24	25-34	35-44	45-59	60-74	75+	Trend
	98	99	98	99	99	97	Marginal
<b>Area level deprivation</b> (SIMD quintiles)	<b>5 (least deprived)</b> 100	<b>4</b> 99	<b>3</b> 99	<b>2</b> 99	<b>1 (most deprived)</b> 97		Ratio 1.03 [ \$ ]
<b>Occupation</b> (ns-sec)	<b>Managerial &amp; prof.</b> 99		<b>Intermediate</b> 100		<b>Routine &amp; manual</b> 99		Ratio 1

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

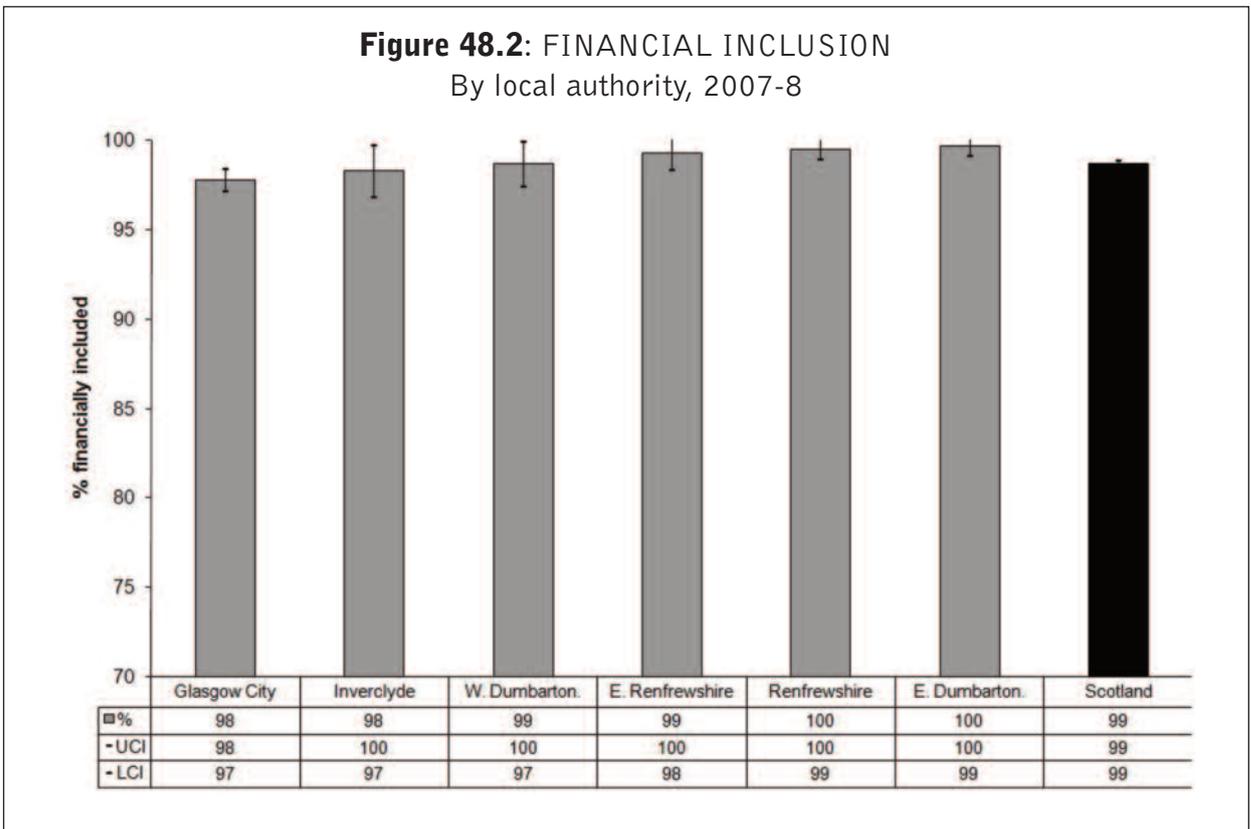
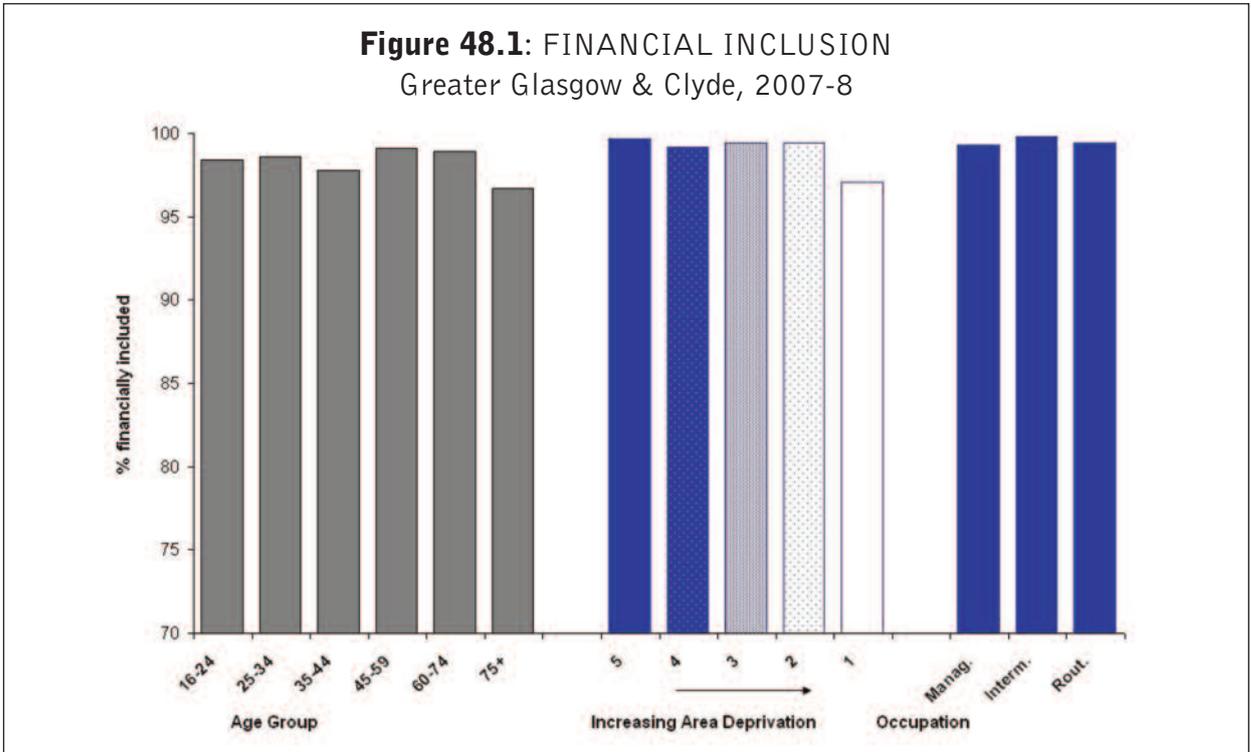
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For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

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 [ \$ ]

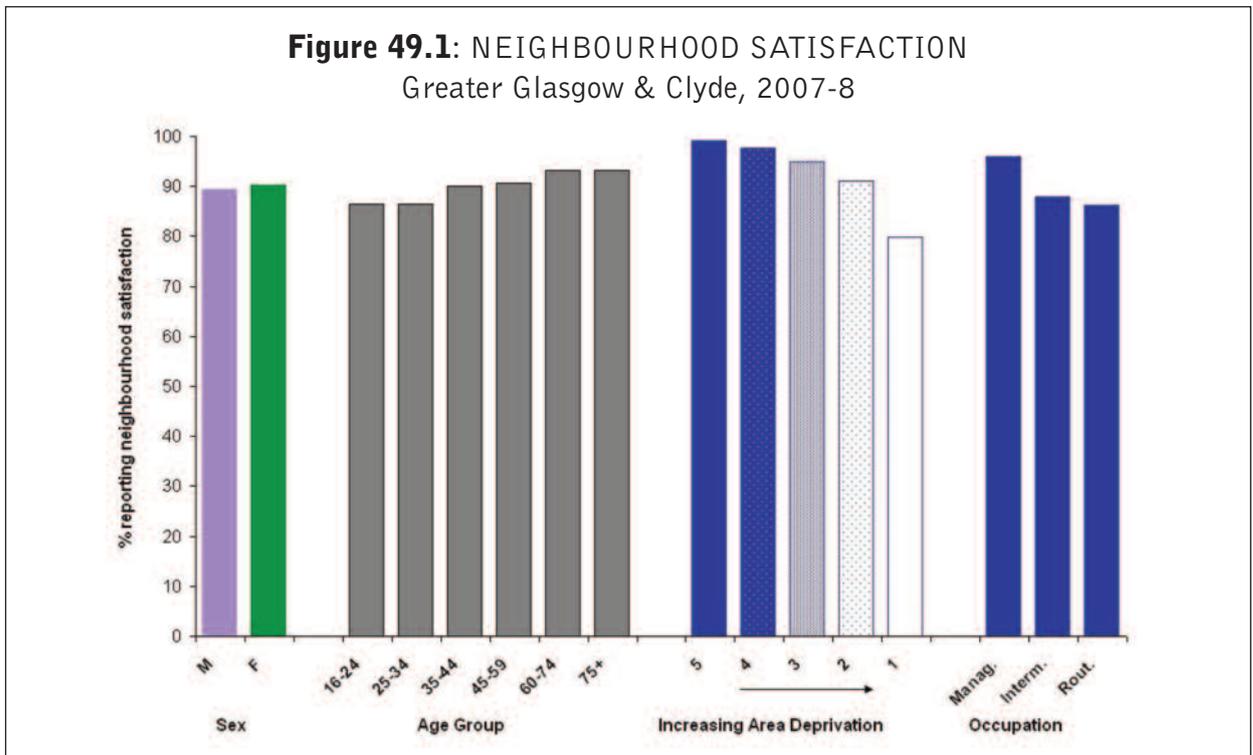
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

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

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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

### 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

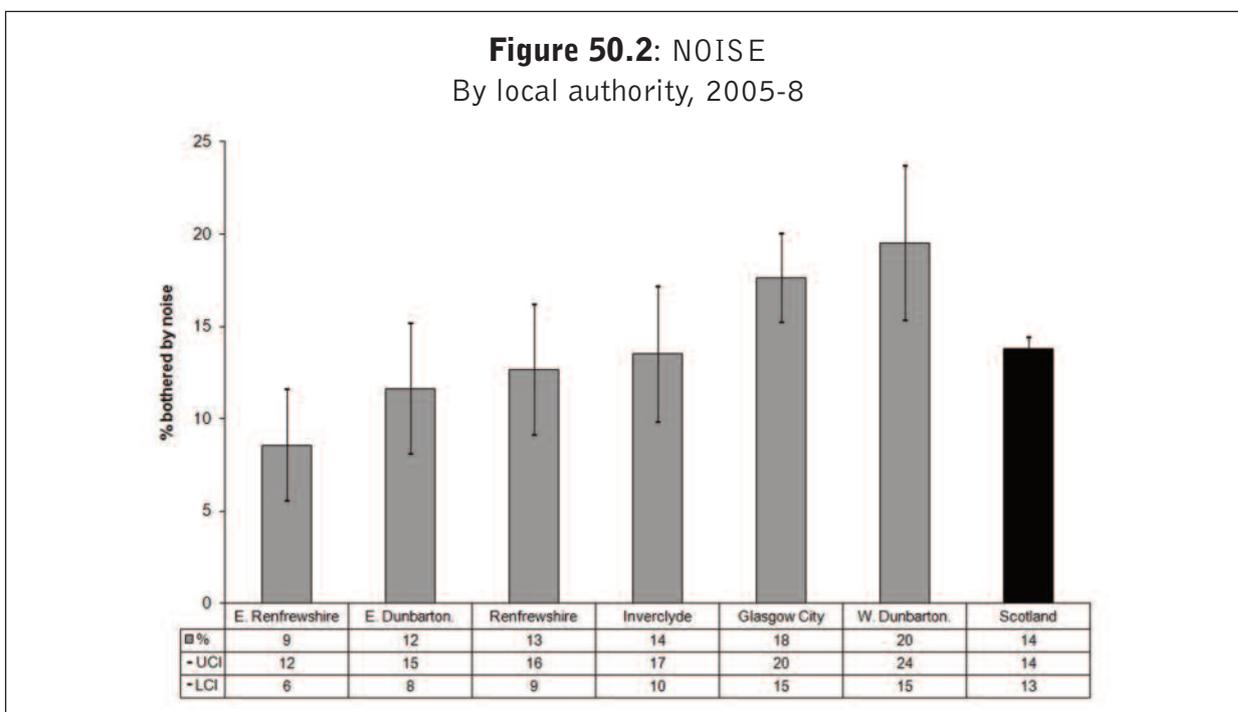
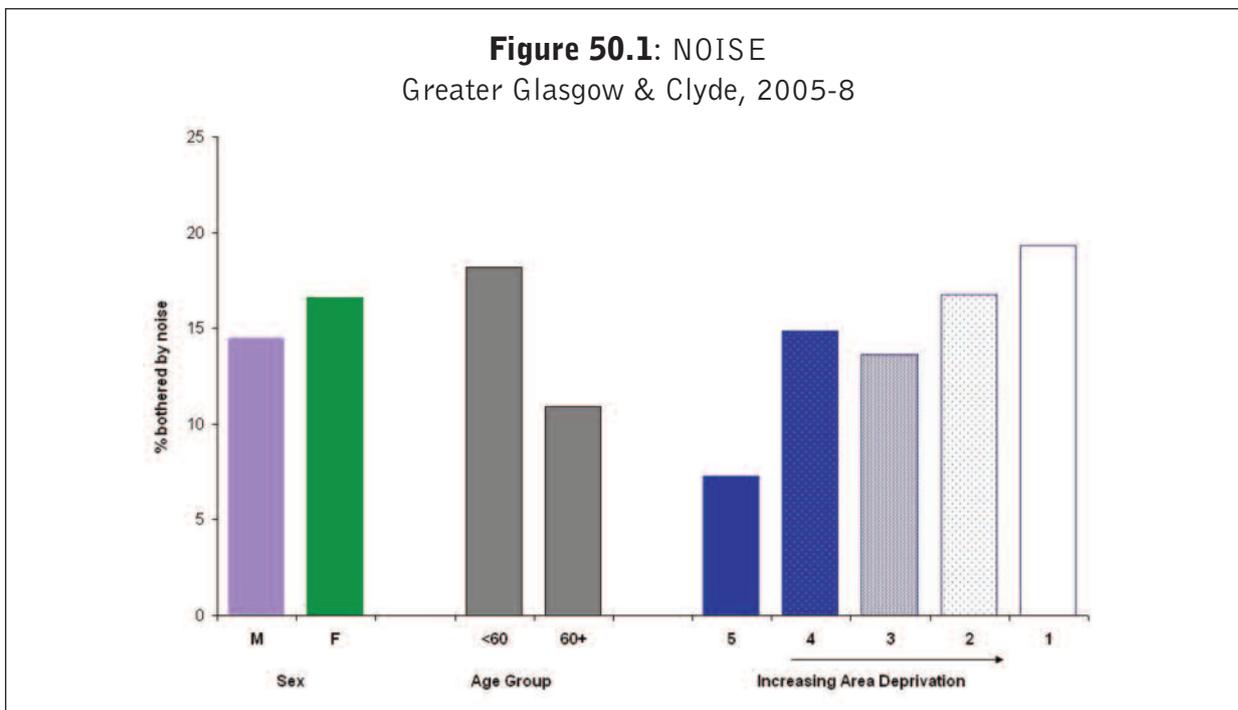
**[\$]**: Statistically significantly different from 1

**[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 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 [ \$ ]	

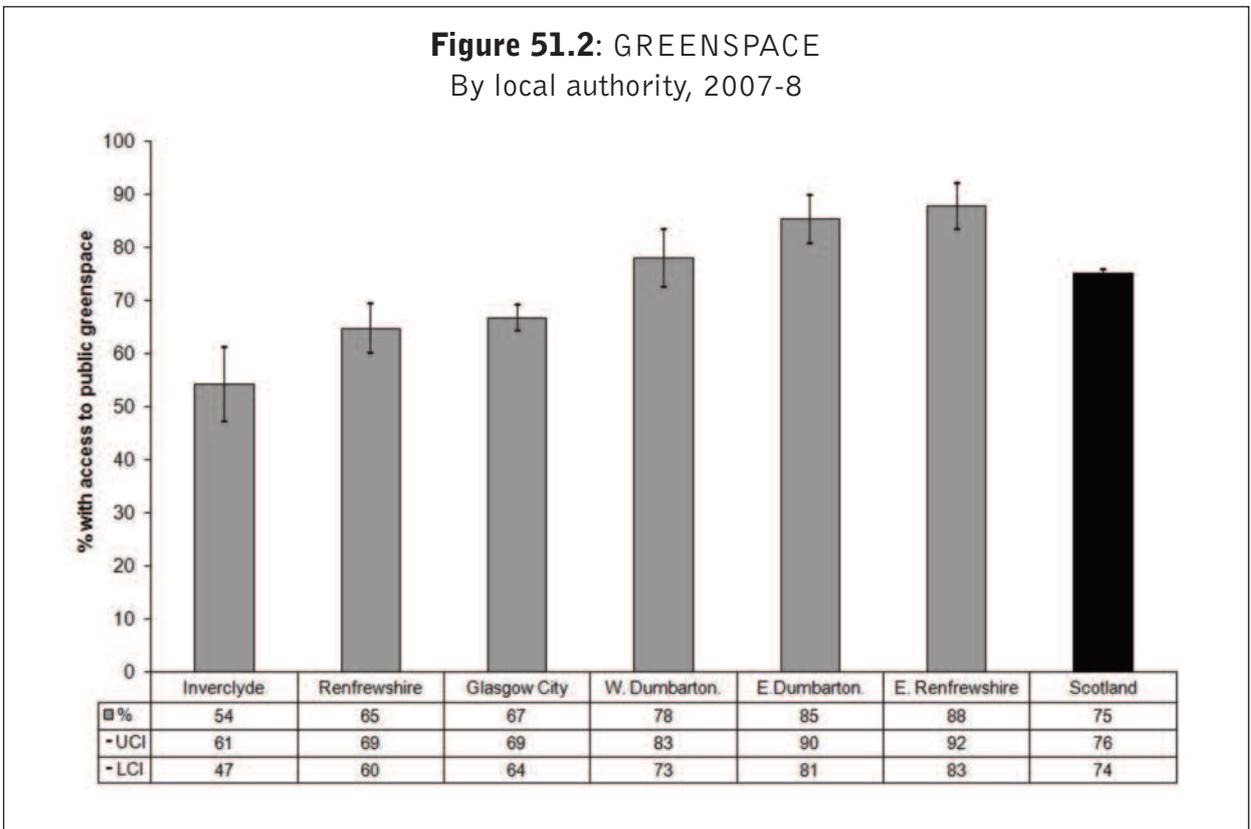
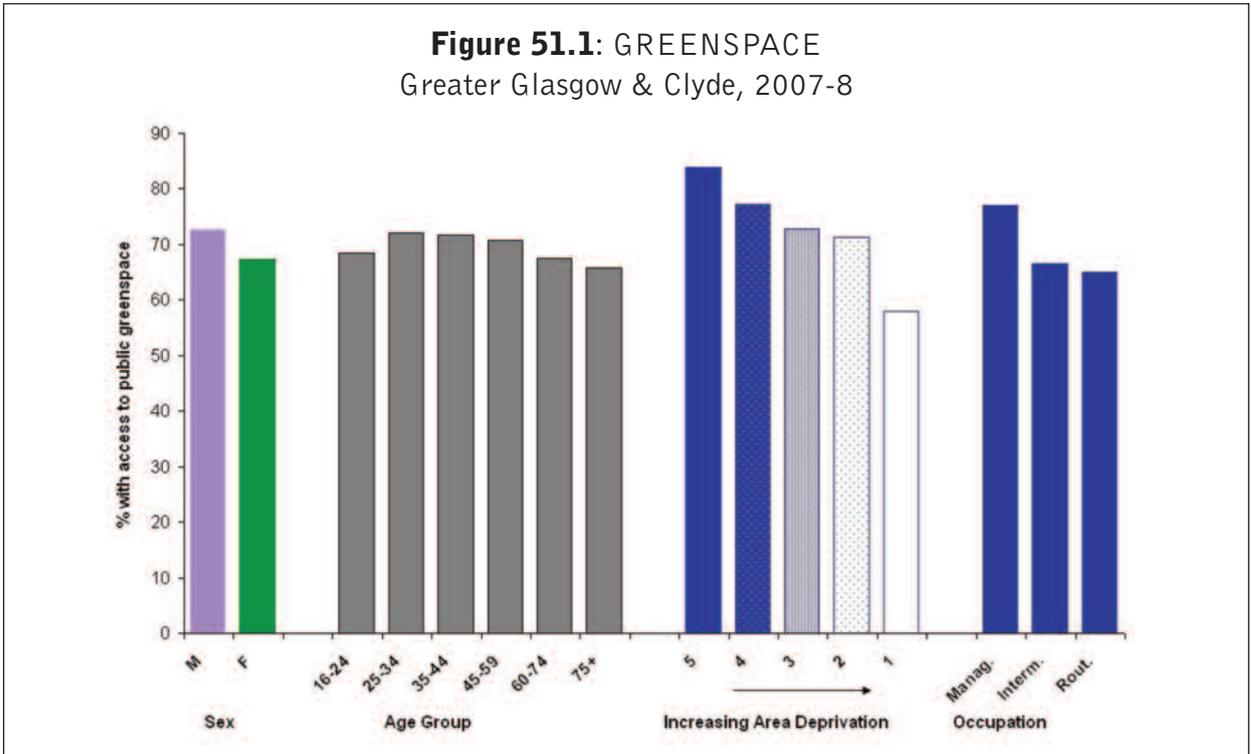
Ratio represents the highest to lowest; deprivation and occupation ratios are based on the first and last categories

**[ \$ ]**: 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

### 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> (SIMD quintiles)	<b>5 (least deprived)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>	Ratio
	91	89	84	81	74	1.2 <sup>i</sup>
<b>Time trend</b> (rolling averages)	<b>2003/6</b>	<b>2004/7</b>	<b>2005/8</b>			
	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

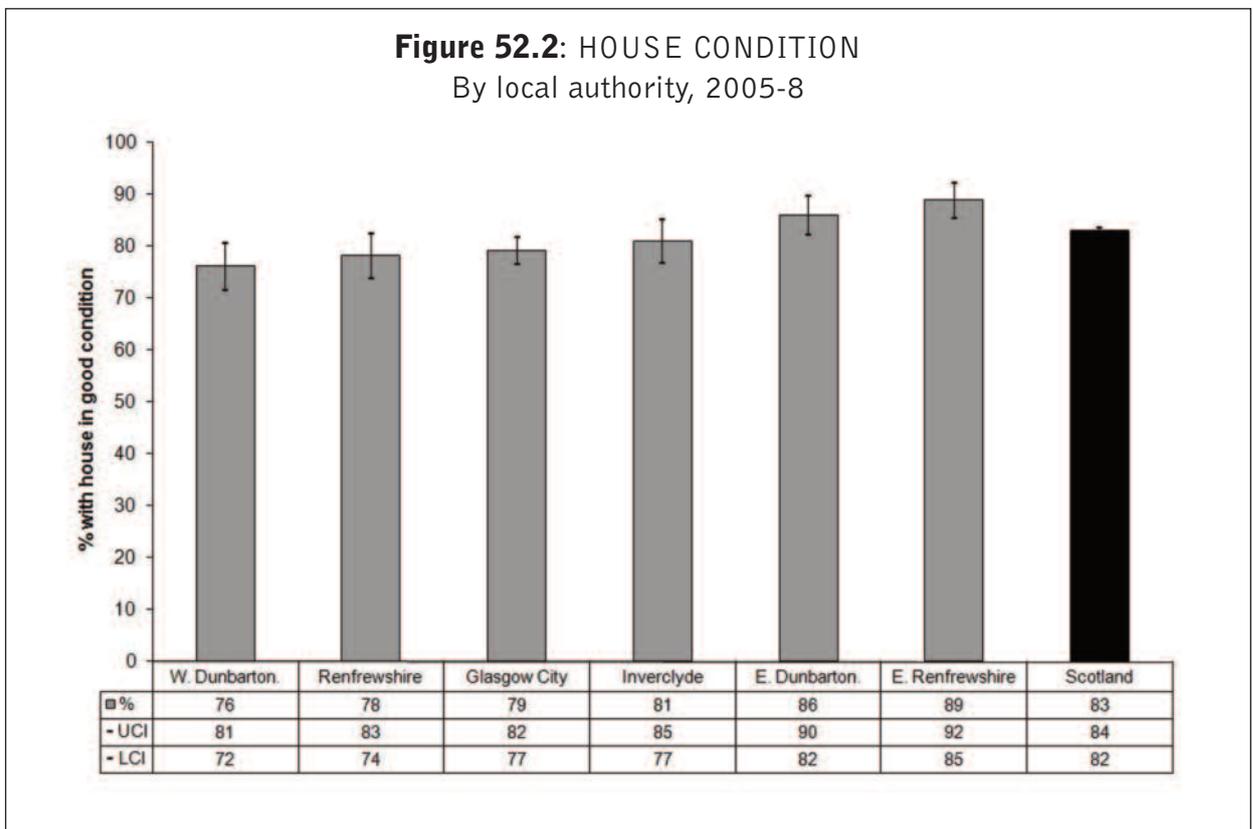
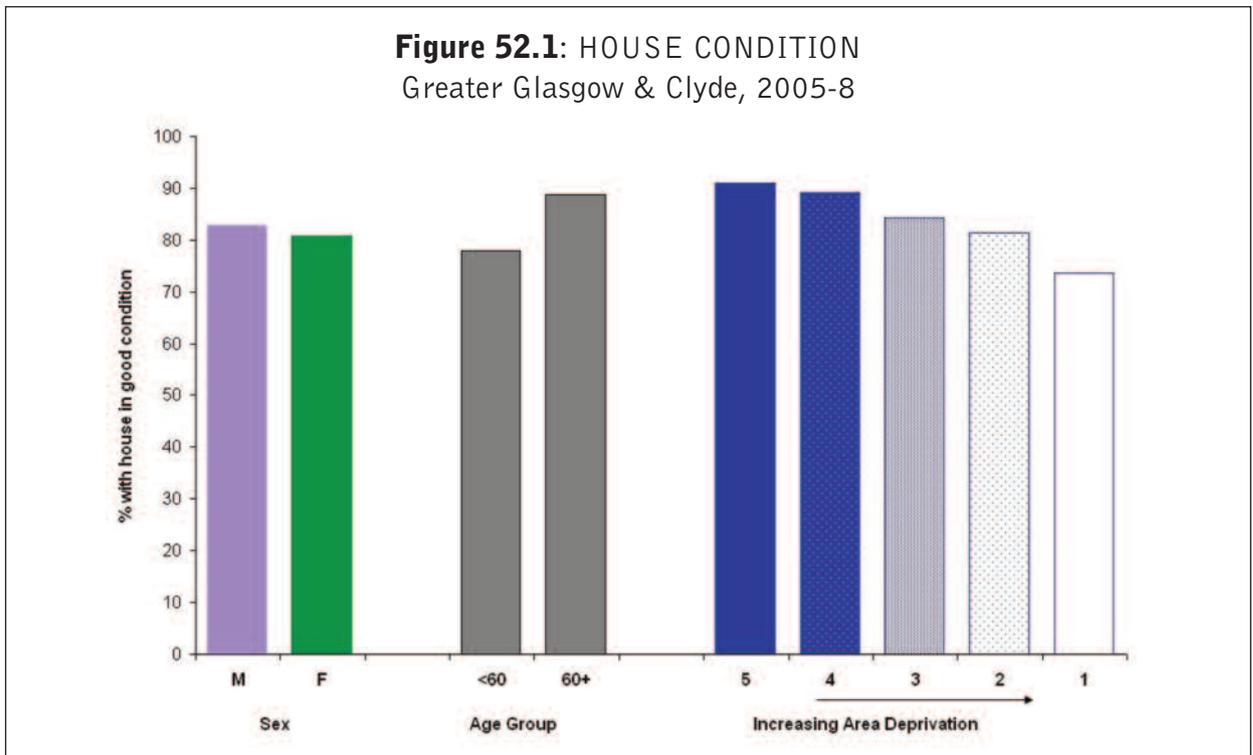
**[§]:** Statistically significantly different from 1

**[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 (SIMD quintiles)</b>	<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 (rolling averages)</b>	<b>2003-6</b>	<b>2004-7</b>	<b>2005-8</b>			
	17	17	15			

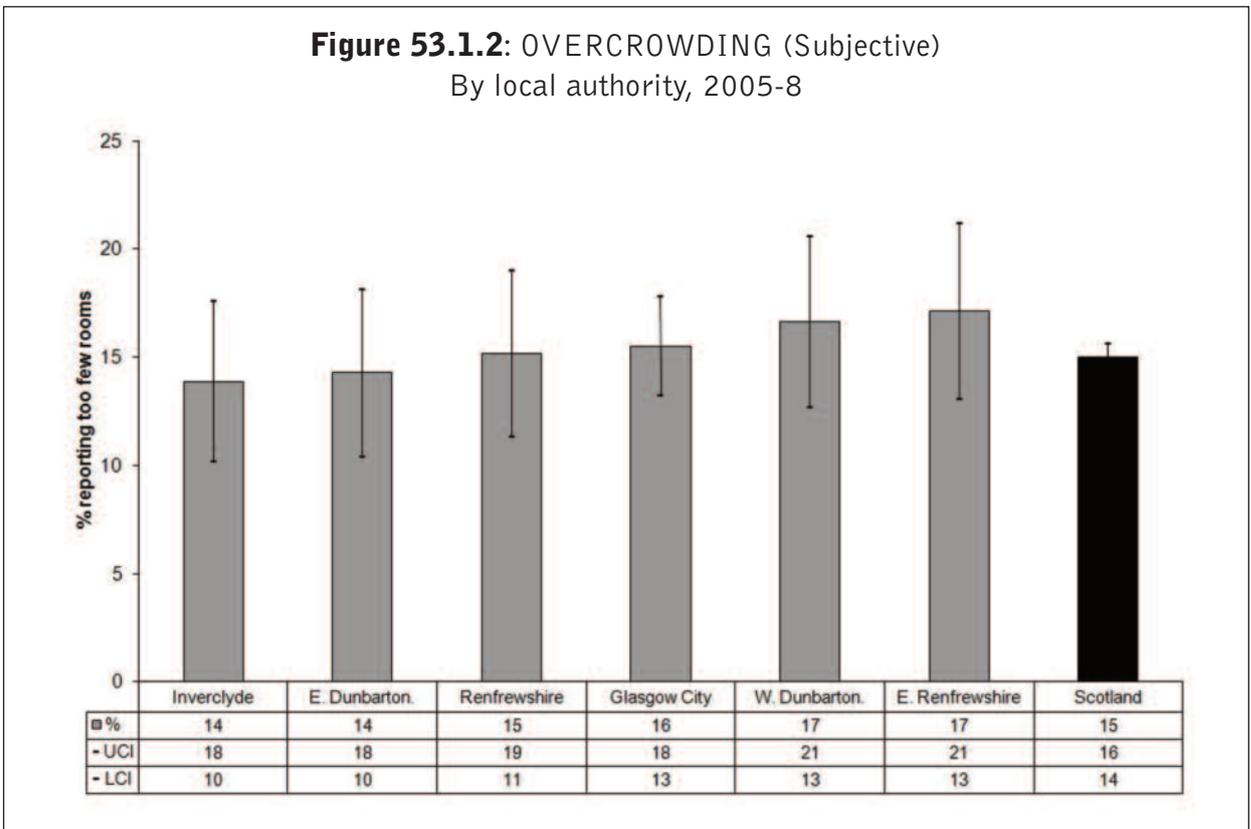
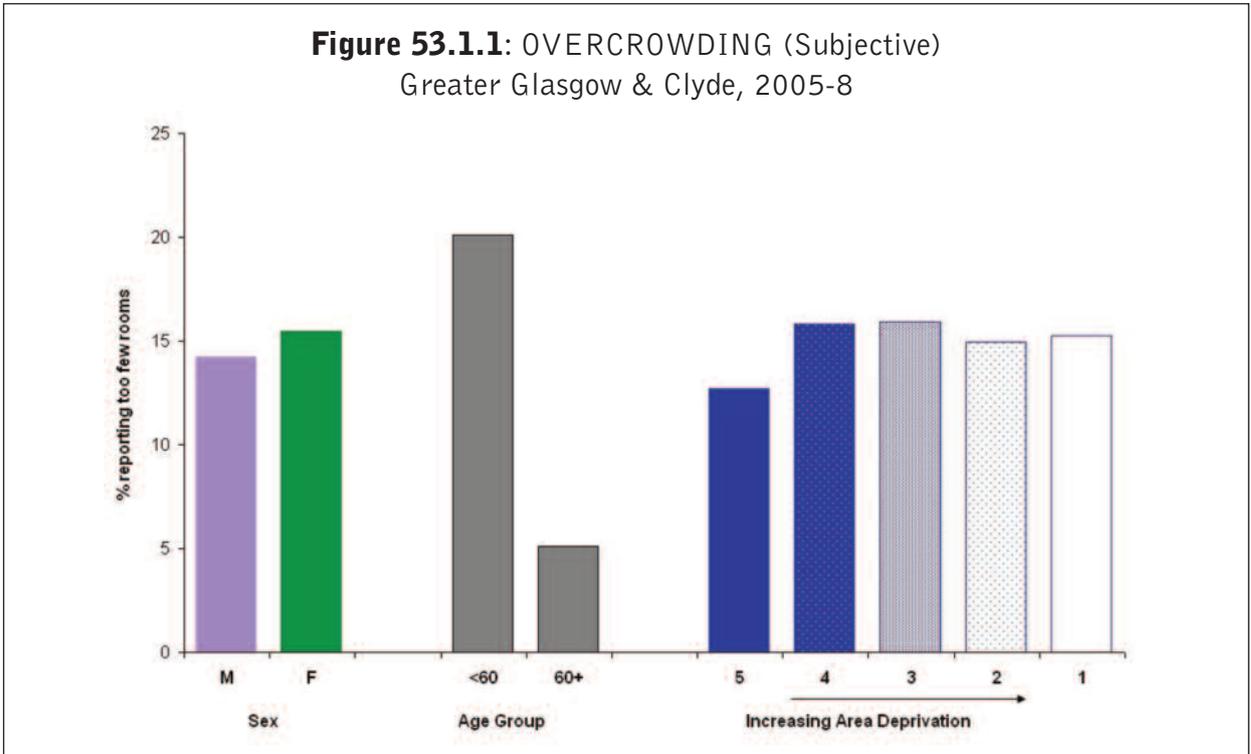
<sup>i</sup>: Statistical difference between deprivation quintiles could not be calculated because of insufficient information  
Ratio represents the highest to lowest; deprivation ratios are based on the first and last categories

**[\$]**: 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

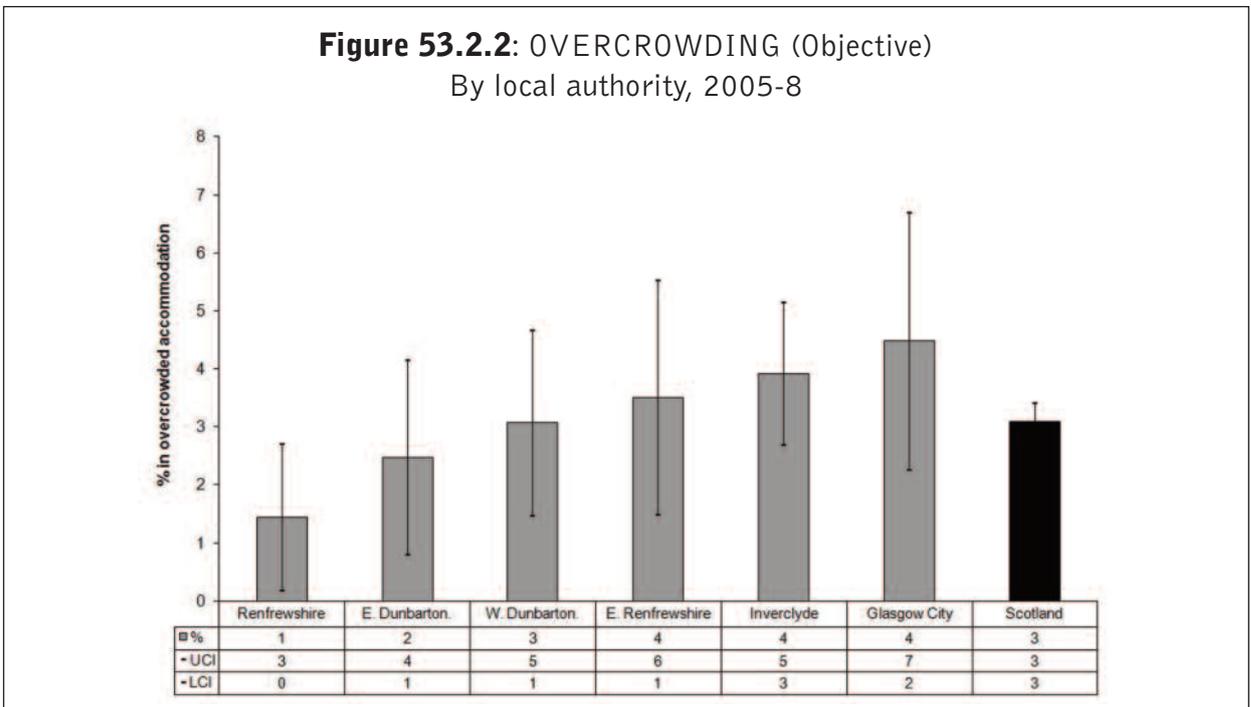
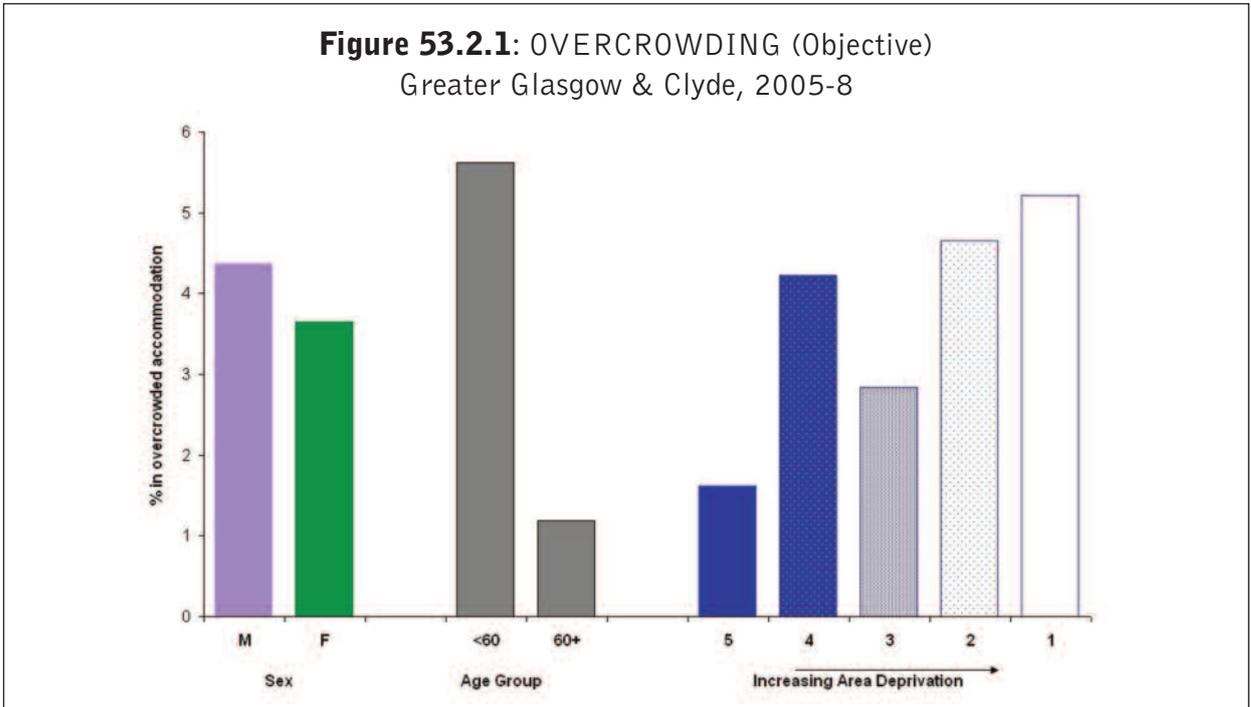
**[\$]:** Statistically significantly different from 1

**[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

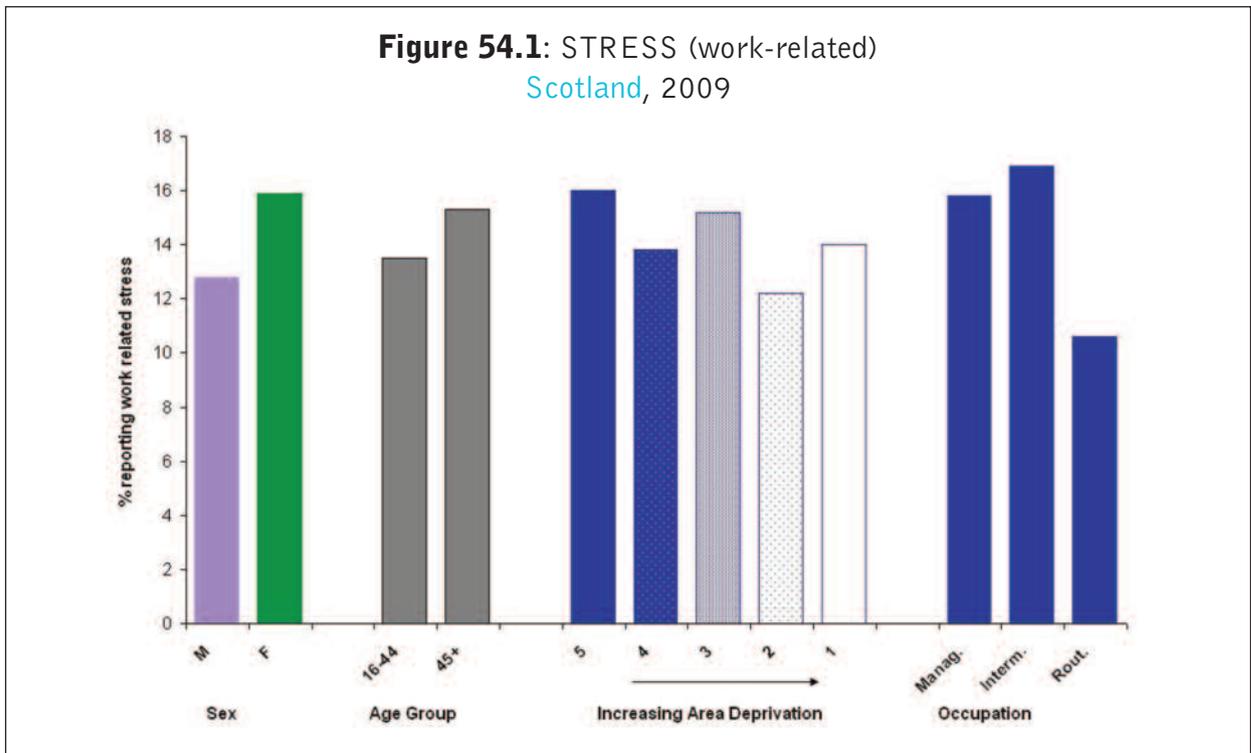
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

**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

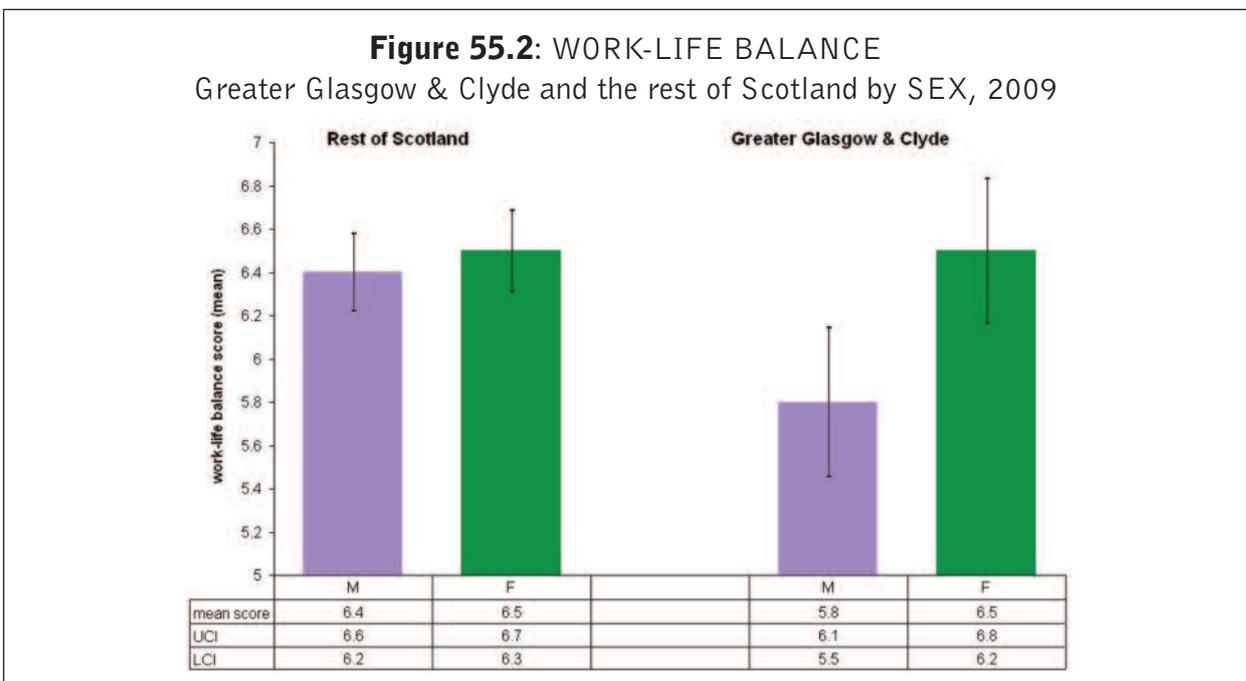
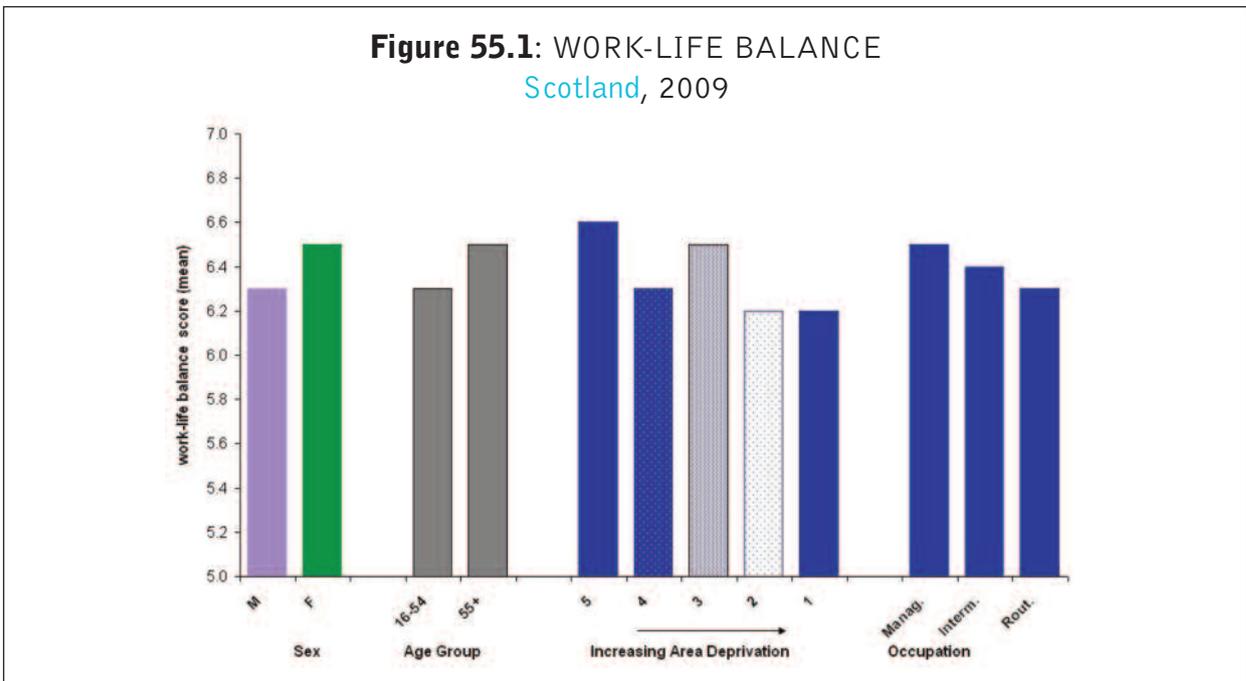
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

**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

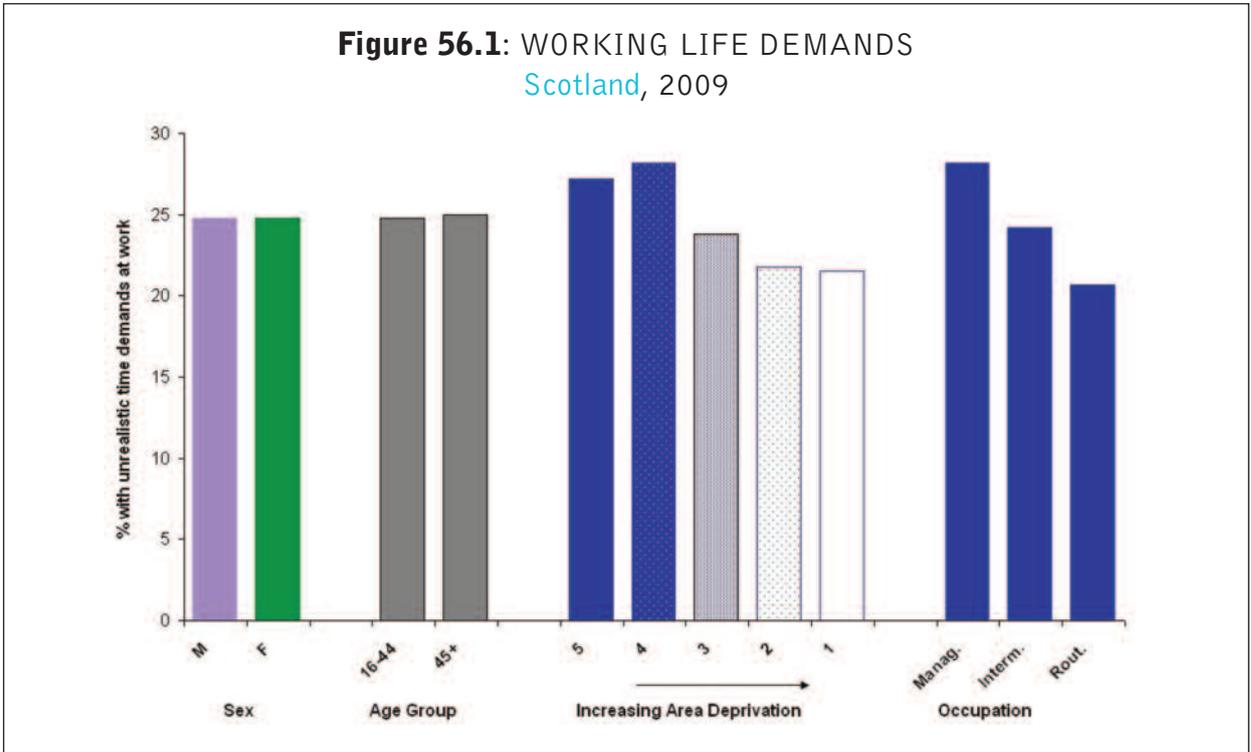
**[NS]**: Meaningful difference but not statistically significantly different from 1

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

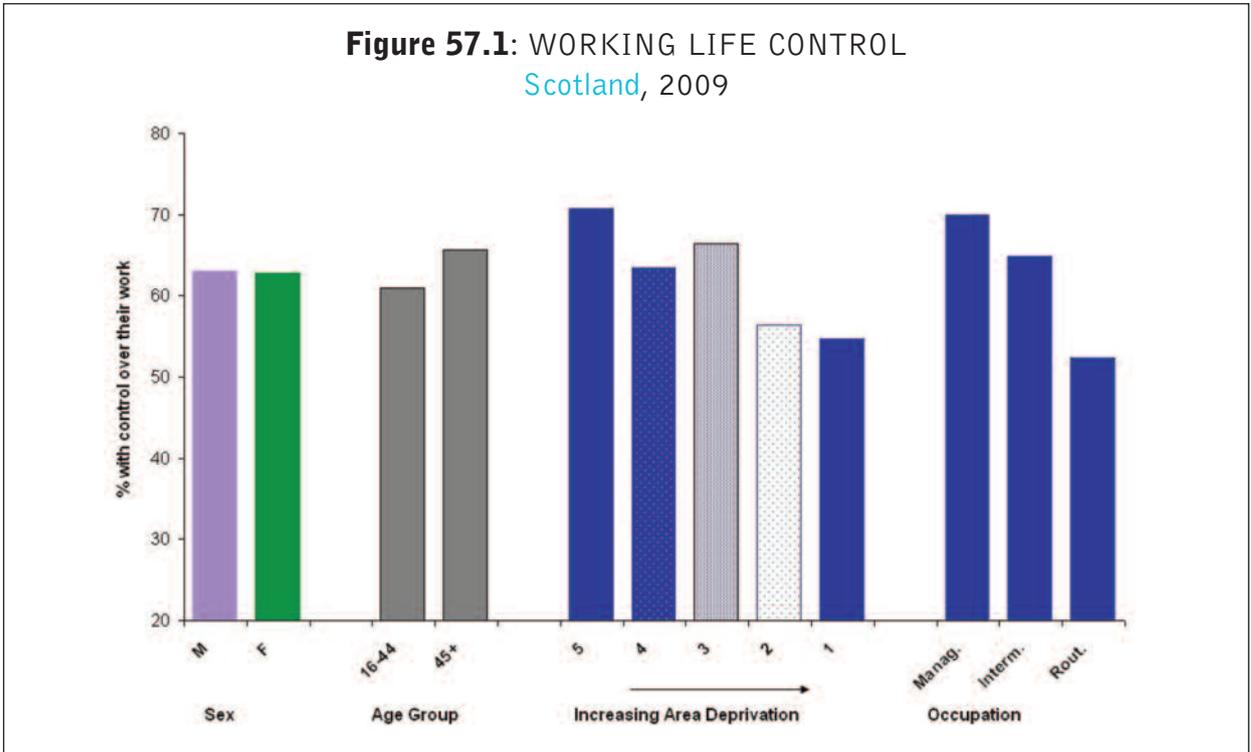
**[NS]:** Meaningful difference but not statistically significantly different from 1

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 (SIMD quintiles)</b>	<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 (ns-sec)</b>	<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

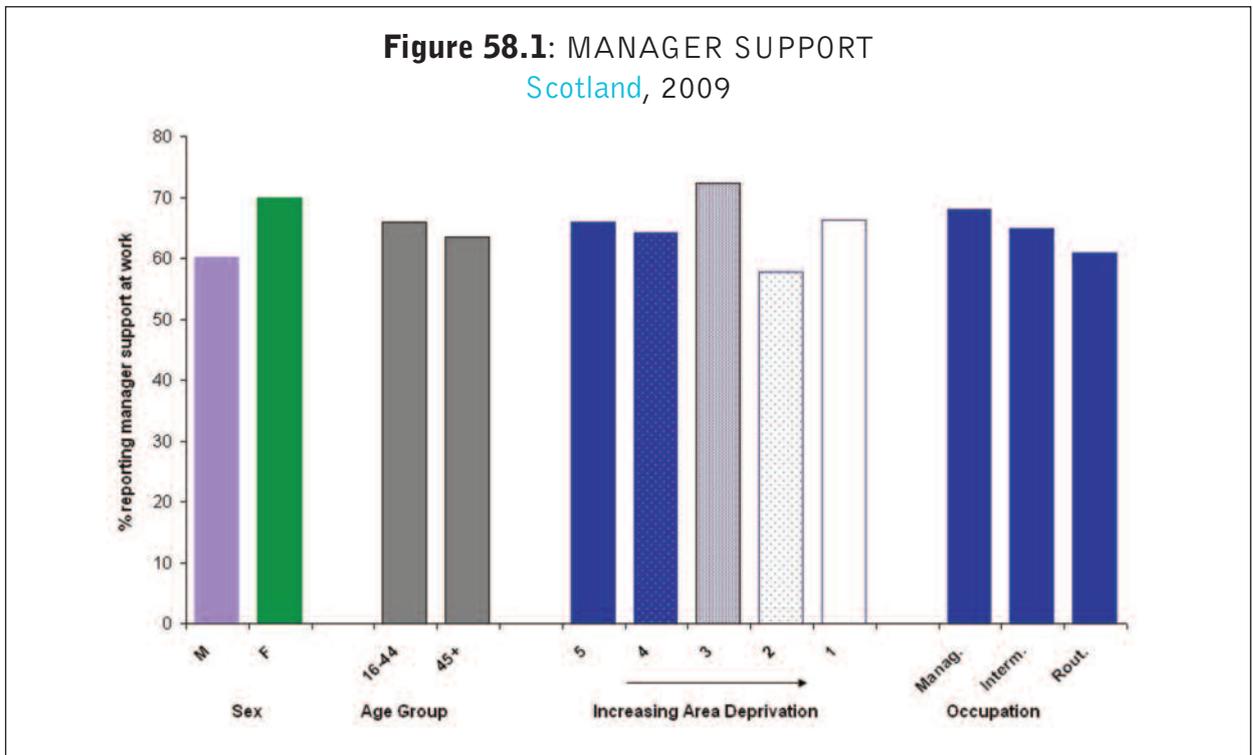
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

**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

### 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

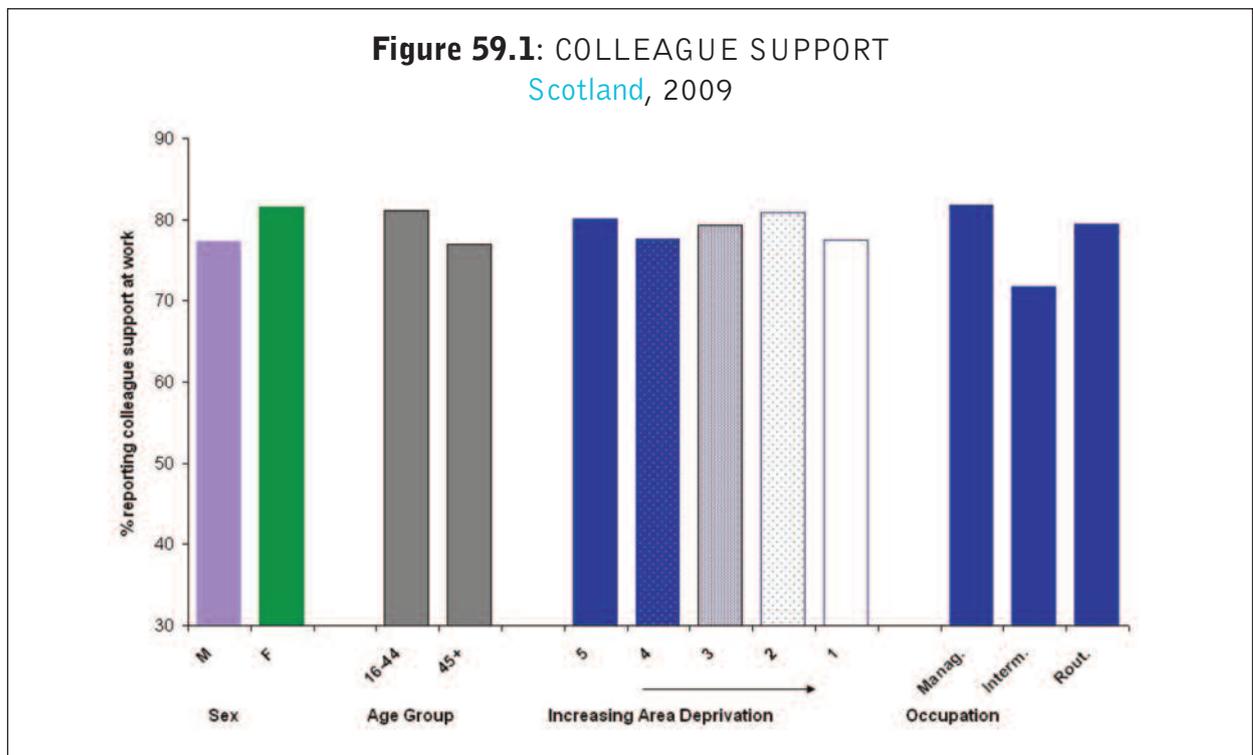
For explanation of area level deprivation or occupational groups see Notes and Definitions ([click here](#))

**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.

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)

## 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>		

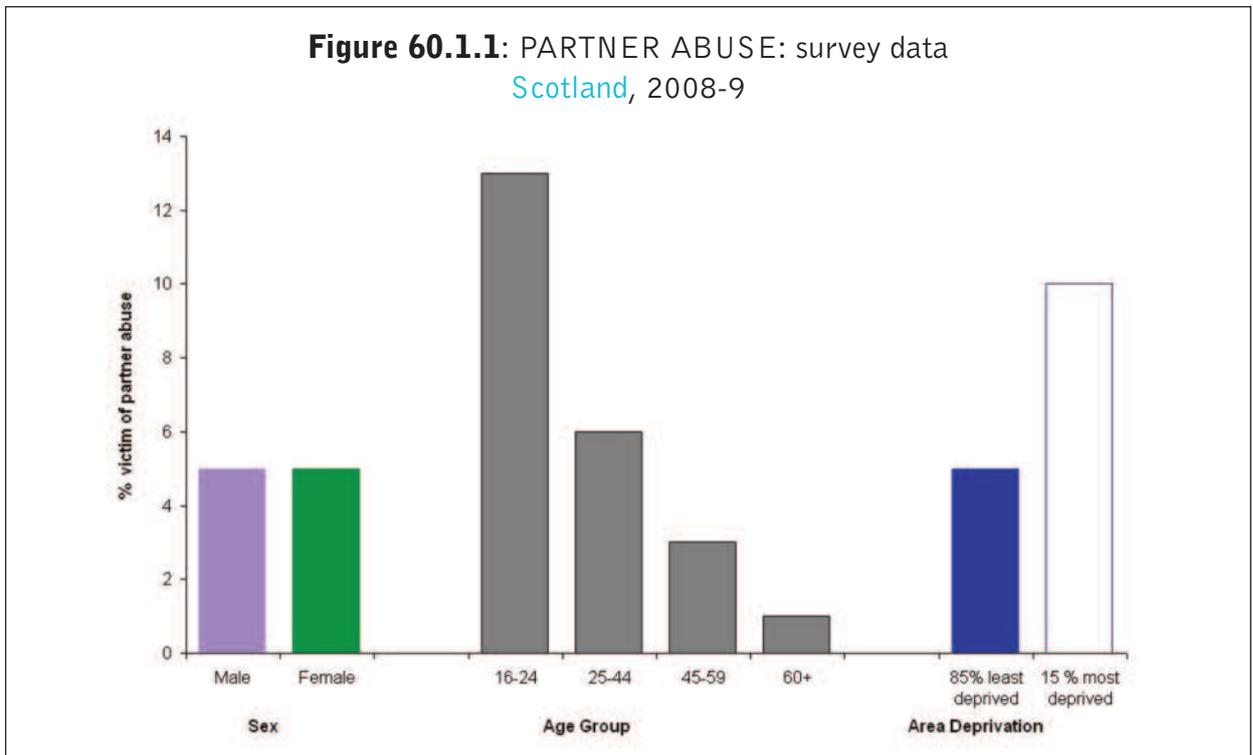
**i:** Data for the sub-populations within GG&C were not available

**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  
Section 8. Violence domain



## 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>	<b>Rest of Scotland</b>	
	64	n/a	

#### Inequalities in incidents of domestic violence per 10,000: GG&C

<b>Sex</b>	<b>Female</b>		<b>Male</b>							Ratio
	98		30							3.3 [ \$ ]
<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
	4	78	144	150	145	129	106	75	18	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	
	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

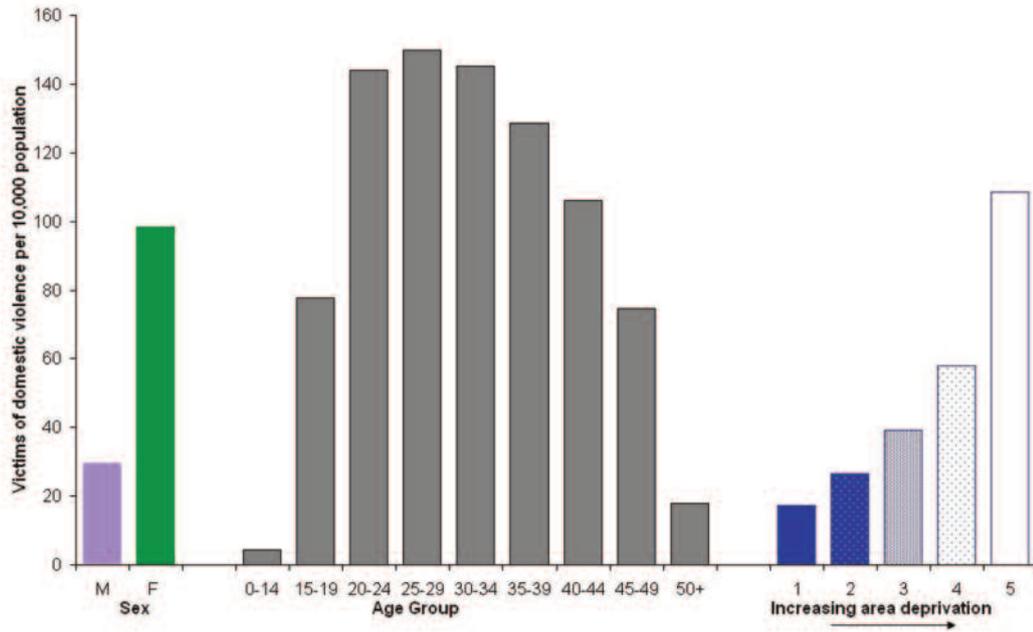
**[ \$ ]:** Statistically significantly different from 1

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

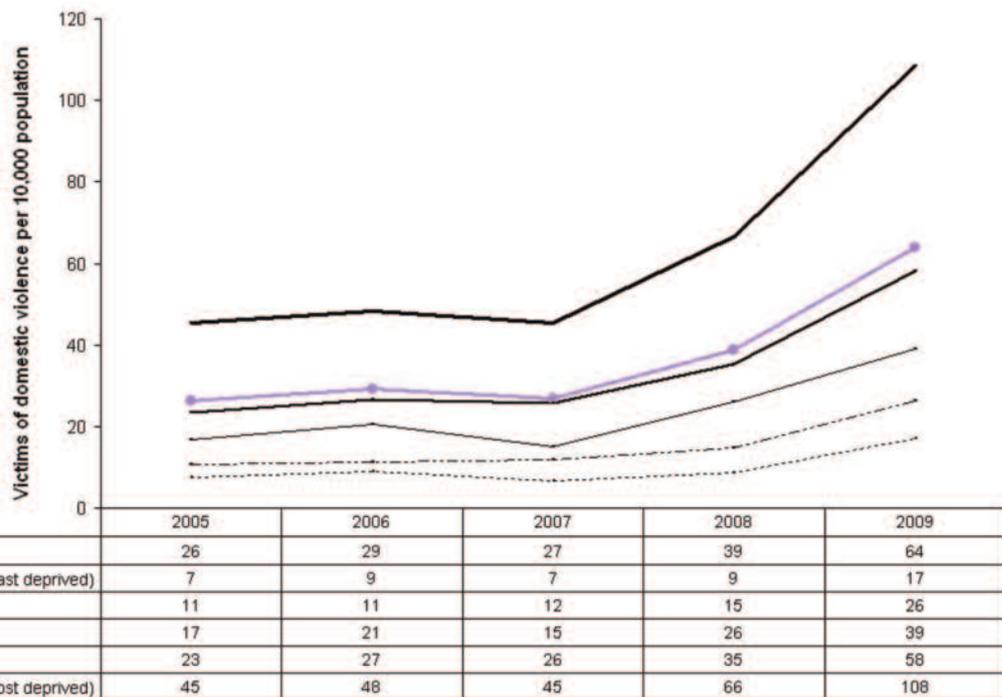
For explanation of area level deprivation see Notes and Definitions ([click here](#))

Section 8. Violence domain

**Figure 60.2.1:** PARTNER ABUSE - police-recorded  
Greater Glasgow & Clyde, 2009

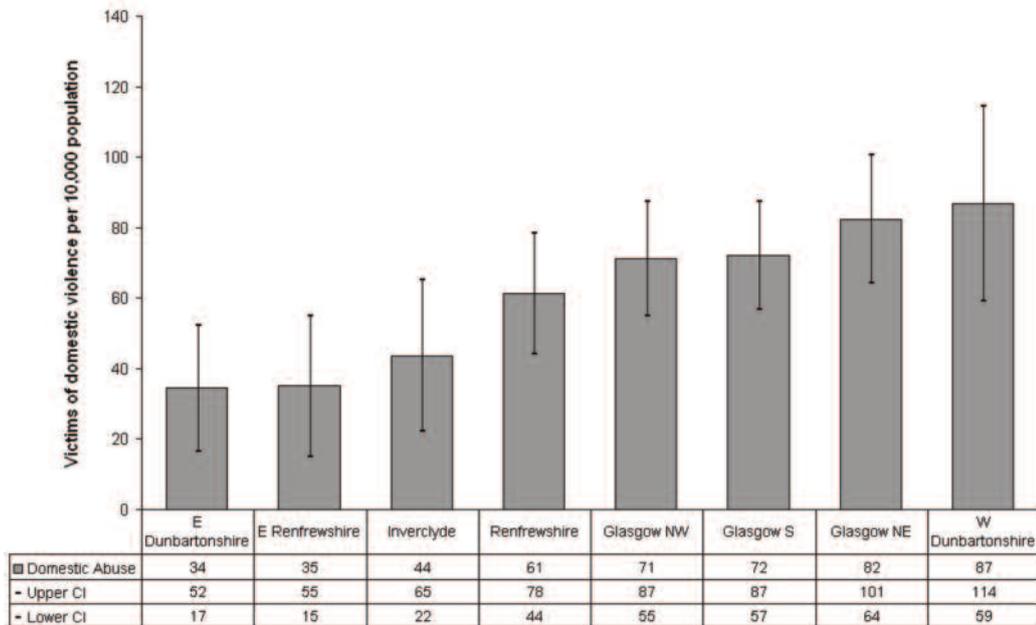


**Figure 60.2.2:** PARTNER ABUSE - police-recorded  
Greater Glasgow & Clyde by AREA DEPRIVATION and over TIME



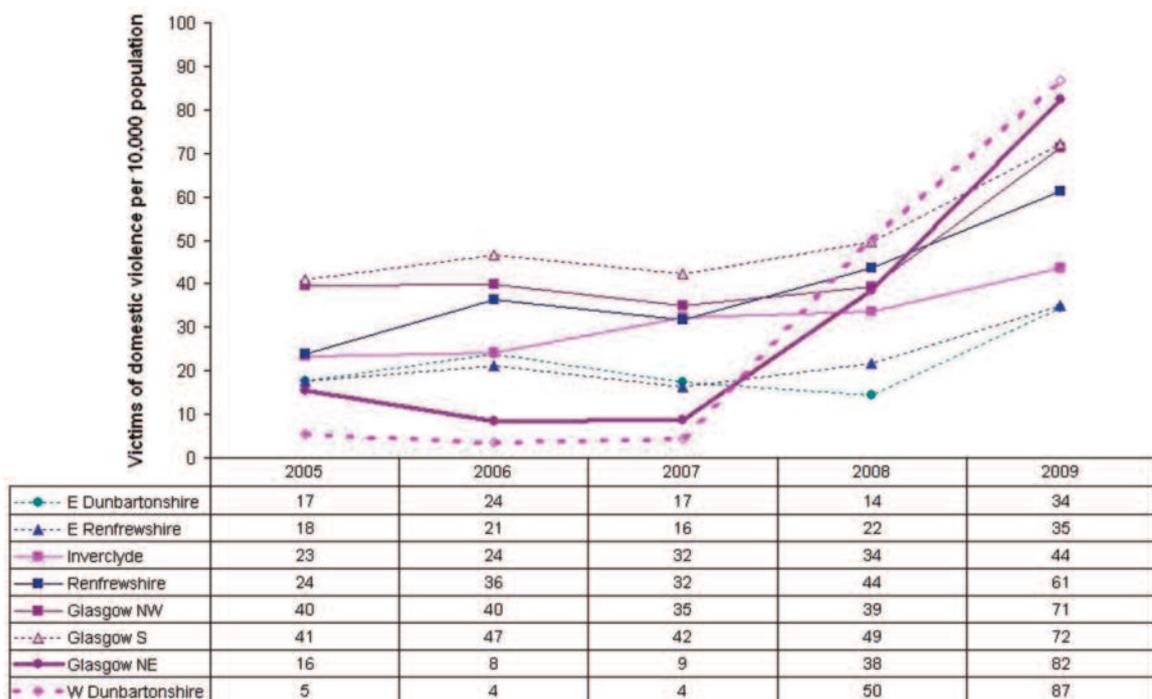
## Section 8. Violence domain

**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

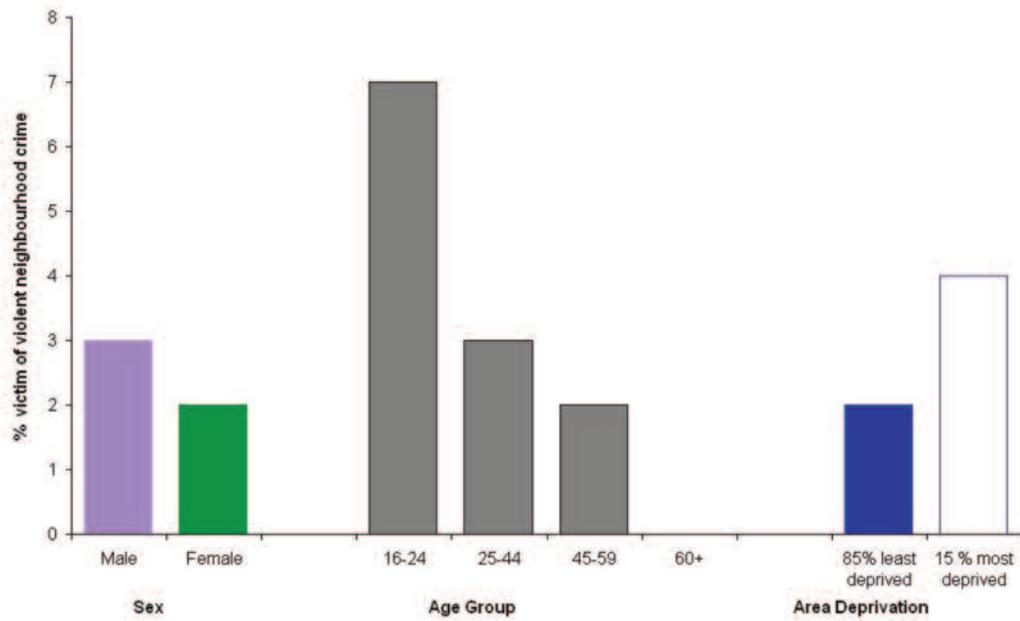
**[NS]:** Meaningful difference but not statistically significantly different from 1

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

\*: Suppressed data because of small numbers

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

**Figure 61.1.1:** Victim of NEIGHBOURHOOD VIOLENCE (survey data)  
Scotland, 2008-9



## 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

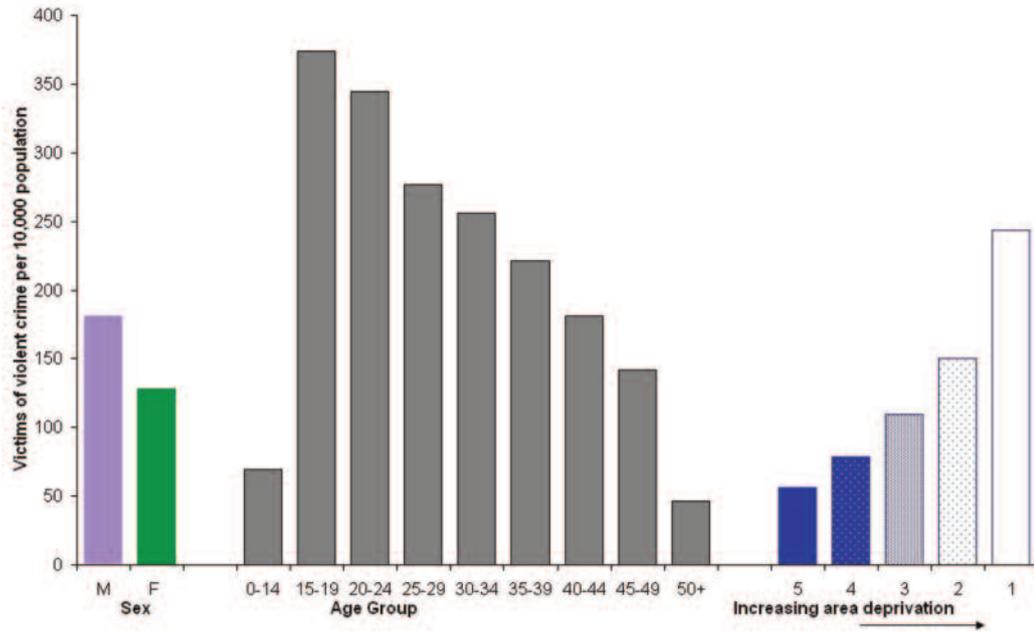
**[\$]:** Statistically significantly different from 1

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

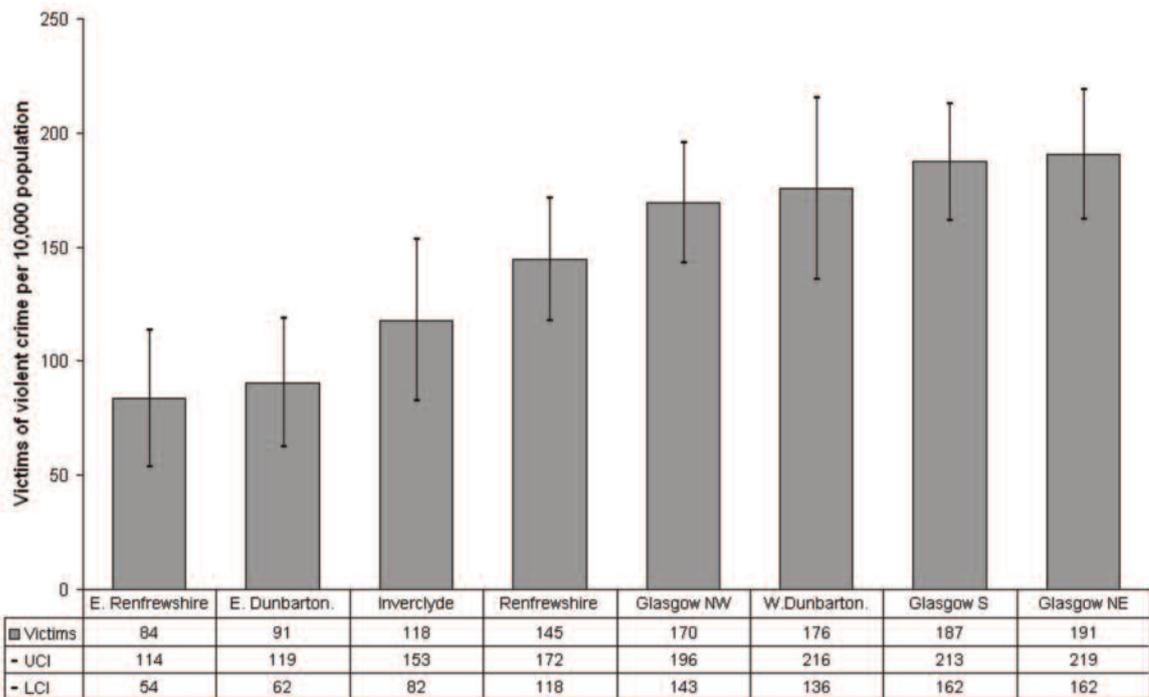
For explanation of area level deprivation see Notes and Definitions ([click here](#))

A profile of mental health and wellbeing in Greater Glasgow & Clyde  
**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> (SIMD quintiles)	<b>5 (least deprived)</b>		<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (most deprived)</b>		Ratio		
	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

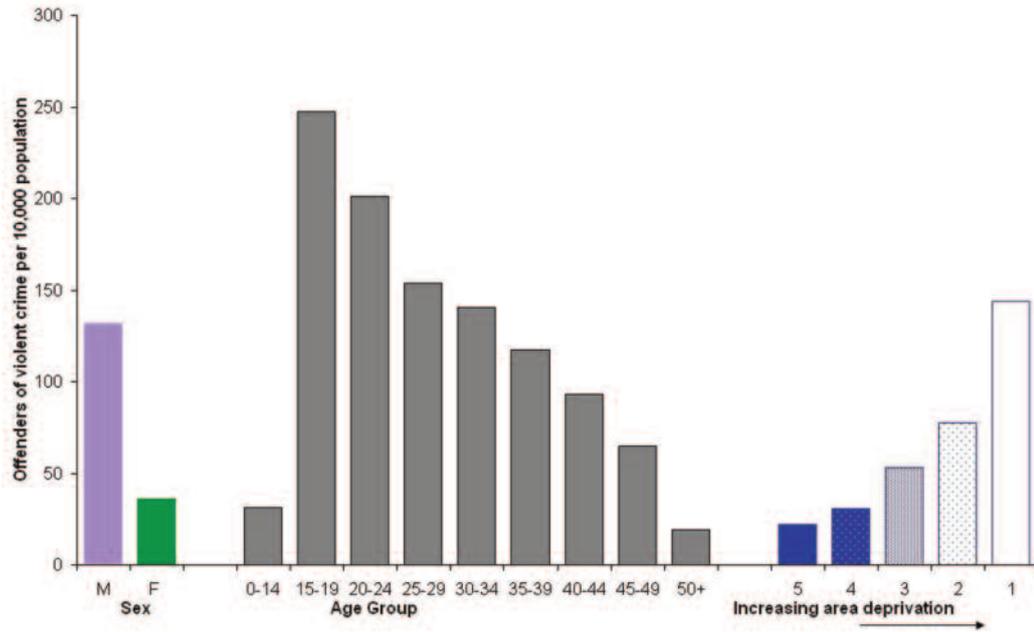
**[\$]:** Statistically significantly different from 1

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

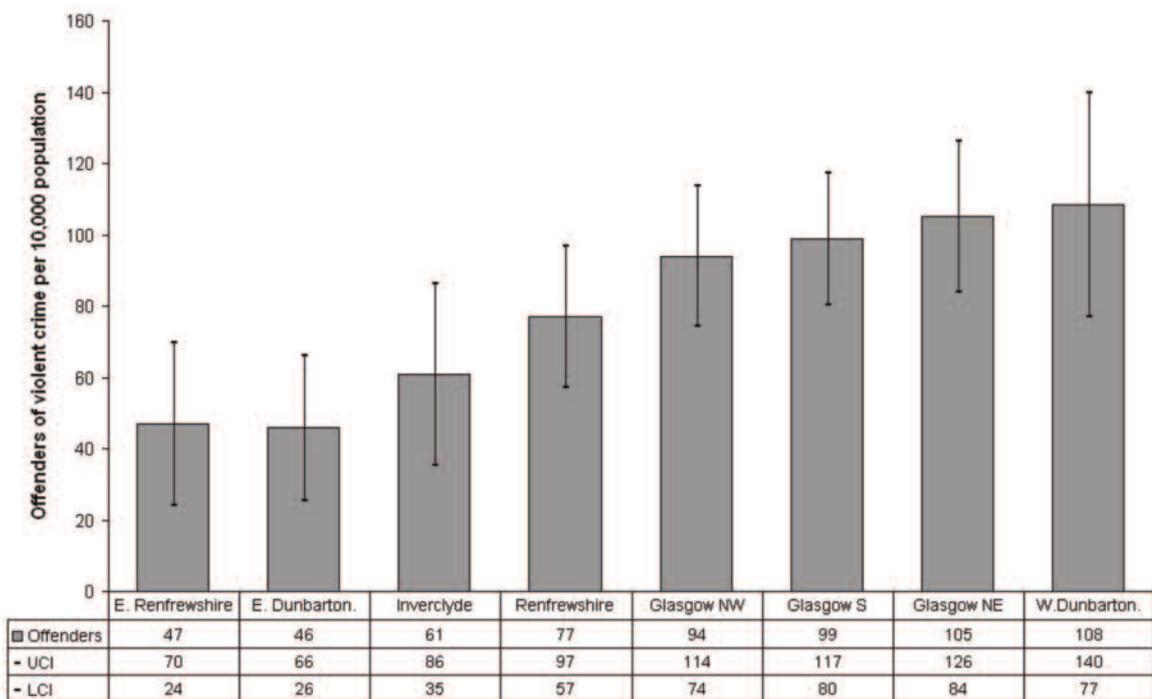
For explanation of area level deprivation see Notes and Definitions ([click here](#))

## Section 8. Violence domain

**Figure 61.2.3:** OFFENDERS of VIOLENT CRIME - police recorded  
Greater Glasgow & Clyde, 2009-10



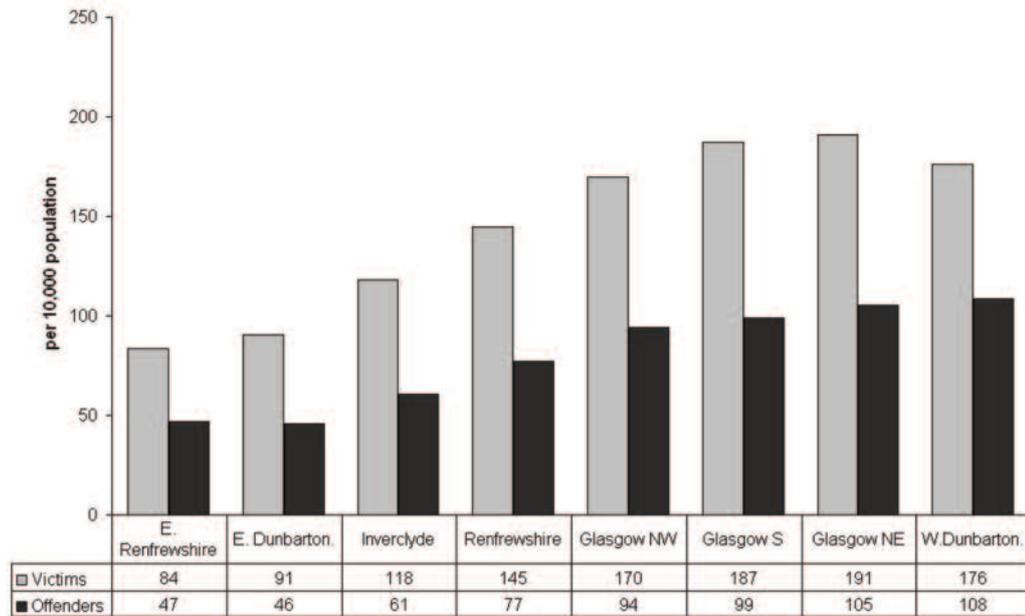
**Figure 61.2.4:** OFFENDERS of VIOLENT CRIME - police recorded  
By local authority/sector, 2009-10



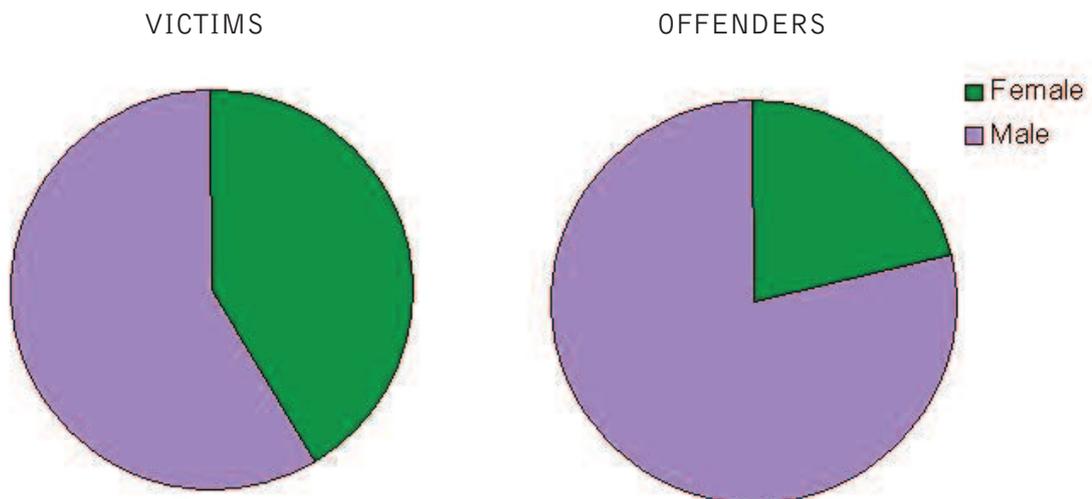
UCI: upper confidence limit; LCI: lower confidence limit

## 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



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

## Section 8. Indicator definitions and sources

For more information see Methods (Section 9, [www.gcph.co.uk/mentalhealthprofiles](http://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.

## 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).

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

## Section 8. Indicator definitions and sources

### 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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## Section 8. Indicator definitions and sources

### 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].

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## Section 8. Indicator definitions and sources

### 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:**

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

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