



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

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Section 1. Executive Summary

Background

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

Although most of these outputs have included reference to mental health and wellbeing, none have considered these issues in depth. This is partly because the concepts are more disputed, partly because the outcomes are arguably more complex to measure, and partly because the relevant data are more dispersed. However, the establishment of the national adult mental health indicators, developed by NHS Health Scotland¹, together with a growing policy awareness of the need to attend to mental health as a population health issue, created a climate of opportunity to look systematically and in detail at the mental health and wellbeing profile of Greater Glasgow & Clyde (GG&C).

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

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

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

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

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

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Findings

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

Emerging trends by population

In Greater Glasgow & Clyde:

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

Section 3

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

Section 3 & 6

Inequalities by sex:

Men had particularly poor outcomes on the violence indicators.

Section 4

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

Section 8:
Indicator 5

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

Section 8:
Indicator 4

Inequalities by area deprivation:

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

Section 5

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

Section 5

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

Section 5

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Inequalities by age:

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

Section 6

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

Section 6

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

Section 6

Inequalities by geography:

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

Section 7

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

Available on-line

Emerging trends by domain

Positive mental health:

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

Indicators 1 & 2

Healthy living & general health:

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

Indicators 21 to 24

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

Indicators 27 & 28

Community participation:

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

Indicators 30 & 32

Community safety and trust

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

Indicators 38 to 41, 61

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Conclusions

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

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

Mental Health in Focus:

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