

GCPH response to Review of the content of the Scottish Health Survey (SHeS)

September 2022



Adverse Childhood Experiences (ACEs)

Overview:

One of the aims of including the ACEs questions in the 2019 SHeS was to compare their prevalence in Scotland with elsewhere in the UK. However, this has not been possible because of differences in the wording of the physical abuse and verbal abuse questions. It would be extremely useful to ensure the questions are worded in the same manner as they were – for example – in the English (e.g. in 2014¹) and Welsh (e.g. 2015²) surveys.

For the physical abuse question, the English and Welsh questionnaires explicitly excluded 'gentle smacking' (the question included the statement: "This does not include gentle smacking for punishment"), whereas this was not the case with the SHeS questionnaire.

The answer categories for the verbal abuse question were also different, meaning that in SHeS an answer of verbal abuse having occurred 'once' counts as an ACE, whereas in the other surveys it only counts if it was reported as having occurred 'more than once'. This can obviously lead to quite different, and unhelpful, results when the different surveys' data are analysed.

Thus:

- **Q5:** replace the existing questions with alternative questions.
- **Q7:** see 'overview' paragraph above.
- **Q10:** yes.
- **Q11:** as it currently is.
- **Q13:** some impact.
- **Q14:** it is not collected elsewhere in Scotland at the national level; thus this would be a major gap in a policy-relevant area.
- **Q15-17:** I am not sure I understand the question. ACEs have been associated both with various important health determinants (e.g. income, poverty education) and various adverse health outcomes; thus, being able to analyse the data in relation to these other variables collected in SHeS is important. However, I am not sure what "link" means over and above that?
- **Q18:** no.

¹ Bellis, M.A., Hughes, K., Leckenby, N. et al. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. BMC Medicine 2014; 12 (72)

² Bellis M.A., Ashton K., Hughes K., et al. Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population. Cardiff: Public Health Wales; 2015.

Accidents

Overview:

Re. the question 'What caused an accident?', one of the response options is 'road traffic accident'. However, this term 'accident' has been criticised as it implies an unpredictable (and therefore unavoidable) event and is avoided by the BMJ and associated journals (see 'BMJ bans "accidents"': BMJ 2001; 322 doi: <https://doi.org/10.1136/bmj.322.7298.1320>). 'Road transport crash' (or 'road transport collision') would be a better term to use.

In relation to casualties of 'road traffic crashes', two additional follow-up questions would be helpful:

1. to ascertain the mode of transport of the casualty at the time of the crash
2. to ascertain the other type of vehicle(s) involved in the crash

This additional information would be helpful in assessing the level of road traffic crashes associated with different modes of travel and also the extent to which other vehicles were involved e.g. cycle casualties involving cars, pedestrian casualties involving buses etc. Investment in active travel in Scotland has increased substantially but levels of everyday walking and cycling are low, and real and perceived risks related to motorised traffic discourage many people from walking, cycling and wheeling.

Thus:

- **Q5:** replace the existing questions with alternative questions.
- **Q7:** see 'overview' paragraphs above.
- **Q10:** yes.
- **Q11:** as it currently is.
- **Q13:** major impact.
- **Q14:** see final sentence in overview paragraph above.
- **Q15-17:** as with the answers to the ACEs question, we are not clear what additional 'linking' (over and above analysing the data alongside other sections) refers to.

Food insecurity

Overview:

Questions on food insecurity were asked annually between 2017 and 2021 but were removed this year. Given the importance of this topic to current economic circumstances (austerity, 'cost of living crisis' etc.), it would be important to reinstate this as an annually asked topic.

In addition, given the current economic situation, it would be extremely useful to supplement the food insecurity questions with questions relating to fuel poverty.

Thus:

- **Q5:** retain as are/potentially add fuel poverty question.
- **Q6:** all options apply; see also overview paragraph above.
- **Q10:** yes.
- **Q11:** annually.
- **Q12:** first three options.
- **Q13:** major impact.
- **Q14:** it is a hugely important topic for reasons provided above.

Diet

Overview:

It would be useful to have information on the proportion of people following non-meat/plant-based diets.

Thus:

- **Q5:** add new.
- **Q7:** add question(s) on frequency of consumption of non-meat/plant-based food.
- **Q10:** yes.
- **Q11:** annually or biennially.
- **Q12:** first three options.
- **Q13:** some impact.
- **Q14:** missing increasingly important information nationally and locally.

Discrimination and harassment

Overview:

If this is not already the case, it would be useful to seek input/advice from experts with 'lived experience' regarding the choice and wording of questions. These would include, but not be restricted to, questions of discrimination and harassment, ethnic background and other identity groups.

The questions on discrimination and harassment do not take the approach of the everyday discrimination scale which is more sensitive to 'micro-aggressions' and the impact of assumptions and practices that may fall short of outright discrimination yet nevertheless accumulate to cement a sense of exclusion.

The current question asks respondents to not only identify when they were harassed or discriminated against but for what reason. Unless the offender has been explicit, a victim of discrimination is unlikely to know for which reason. Particularly in cases of intersecting identities.

Thus:

- **Q5:** replace.
- **Q7:** see second paragraph of overview section above.
- **Q10:** yes.
- **Q11:** as it currently is.

Mental wellbeing

Overview:

Questions to ascertain the use of, and (importantly) the potential unmet demand for, mental health services (including specifically children's mental health services) would be useful, given that there is a clear demand to understand these issues at both NHS Board and local authority levels.

For self-completion by young adults, additional mental health indicators on issues such as not feeling in control, self-harming, suicide ideation, loneliness, barriers to socialising and bullying would be helpful (as these are all obviously important measures of, or factors relevant to, mental wellbeing).

Thus:

- **Q5:** add new.
- **Q7:** see overview above.
- **Q10:** yes.
- **Q11:** as it currently is.

Submitted by David Walsh, Bruce Whyte, Lynn Naven, Pete Seaman, and Jill Muirie on behalf of the Glasgow Centre for Population Health (GCPH), September 2022.