

Scotland's mental health: Adults 2012

Technical supplement

Contents

Authorship	3
Acknowledgements	3
Abbreviations	4
Introduction	5
Data sources	5
Sample population	5
Data analyses	5
Point prevalence estimates and equalities analyses.....	5
Time trend analysis.....	7
Standardisation of rates	8
Interpreting statistical significance	9
Weighting survey data	9
Data tables and spine charts	9
Data accuracy and completeness	10
Data disclosure	10
Appendix A: Indicators by data source	11
Appendix B: Indicator meta-data – point estimates and equalities analyses	12
Appendix C: Indicator meta-data – Time trend analysis	26
Appendix D: Data sources	31
Scottish Health Survey	31
Scottish House Condition Survey	31
Scottish Household Survey.....	31
Annual Population Survey	32
Scottish Crime and Justice Survey	32
National Records of Scotland (formerly General Register Office for Scotland)....	33
Scottish Social Attitudes Survey	33
Family Resources Survey.....	33

Authorship

- **Elaine Tod**, Public Health Information Manager, Public Health Observatory, NHS Health Scotland – **lead author of technical report**
- **Dr Gerry McCartney**, Consultant in Public Health, Public Health Observatory, NHS Health Scotland - **editor**

Acknowledgements

This report could not have been written without the generous support and technical guidance provided by a number of data providers and colleagues, as listed below:

- *NHS Health Scotland* colleagues: Gerry McCartney, Sonnda Catto, Jane Parkinson, Drew Millard, Mark Robinson and Louise Flanagan for quality checking of data outputs; Louise Flanagan for quality checking of SPSS syntax and data analysis
- Catherine Bromley, *Scotcen Social Research*, for technical advice on data from the *Scottish Health Survey*
- Marie Climson, *National Records of Scotland* for providing selected vital statistics on those aged 16 years and over
- Carrie Graham and Julie Ramsay, for advice on data from the *Scottish Health Survey*
- Nicholas Krzyzanowski, for analysis of data from the *Scottish Household Survey*
- Catherine Millington and Wojciech Hupert, for guidance on data from the *Scottish Crime and Justice Survey*
- Deborah Shipton and Martin Taulbut, *Glasgow Centre for Population Health*, for provision of SPSS syntax for several indicators and advice on data sources and analysis
- Diane Stockton, *Information Services Division*, for statistical advice and support
- Susan Walker, for analysis of data from the *Scottish House Condition Survey*
- Simon Webster, for analysis of data from the *Psychosocial Working Conditions Survey*
- Alan Winetrobe, for analysis of data from the *Annual Population Survey*
- Jonathan Wright, for advice and support on data contained in the *Well? What do you think?* survey

Abbreviations

APMS	Adult Psychiatric Morbidity Survey
CIS-R	Revised Clinical Interview Schedule
ESS	European Social Survey
GHQ-12	12-item General Health Questionnaire
GHS	General Household Survey
GROS	General Register Office for Scotland
HEPS	Health Education Population Survey
ICD	International Classification of Diseases
ISD	Information Services Division
LFS (APS)	Labour Force Survey (Annual Population Survey)
PWCS	Psychosocial Working Conditions Survey
SCVS/SCJS	Scottish Crime and Victimisation Survey/Scottish Crime and Justice Survey
SHCS	Scottish House Condition Survey
SHeS	Scottish Health Survey
SHoS	Scottish Household Survey
SIMD	Scottish Index of Multiple Deprivation
WEMWBS	Warwick-Edinburgh Mental Well-being scale

Introduction

This report provides details of the analytical approach used in the second adult mental health report, *Scotland's mental health: Adults 2012*¹, and gives technical details important in the interpretation of individual measures. Of the 54 indicators comprising the adult mental health indicator set, data availability allowed point prevalence estimates for the population as a whole for 51 indicators; equalities analysis for 50 indicators; and examination of change over time for 29.

Data sources

The adult indicator set is based upon data from eight different sources¹ (number of indicators in brackets after the abbreviation): the *Scottish Health Survey* (SHeS, 28); the *Scottish Household Survey* (SHoS, 7); the *Scottish Crime and Justice Survey* (SCJS, 6); the *Scottish House Condition Survey* (SHCS, 3); the *Annual Population Survey* (APS, 3); the *Scottish Social Attitudes Survey* (SSAS, 2); *National Records of Scotland* (NRS, 2) and the *Family Resources Survey* (FRS, 1). See [Appendix A](#) for a full break down of indicators by data source. The three additional interim sources used for the time trend analysis brings the total number of sources used within this report to 11.

Sample population

Where possible, adults were taken to mean individuals aged 16 years and over. This definition was not possible for every indicator due to limitations in the age range available for some measures, or to allow consistent comparisons across time periods where the age range for a particular measure has changed between survey years. Please see [Appendix B](#) for further information on the age range available for each indicator.

The majority of the survey data are from either a random adult or all adults in a household. However, for a few indicators survey data are obtained from the highest income householder or their partner.

Data analyses

Point prevalence estimates and equalities analyses

Data were available for 51 of the 54 adult mental health indicators. For all indicators adult point prevalence estimates are presented for the whole population in the most

¹ Where possible, indicators are based on measures from the most appropriate data source for the indicator (recommended data source). In some cases, where there has been a recent change to a recommended data source, time-series data from an interim source will be reported to allow for reporting on time trends. Please see [Appendix C](#) for further information.

current year available; and point prevalence estimates by age, sex and area deprivation are presented for 50 indicators. Where the data allow, differences within the adult population have been shown by selected protected characteristics identified in the Equality Act 2010 (gender and age) and by the Scottish Index of Multiple Deprivation (SIMD), a marker of area-level deprivation.

Gender and age

All indicators were analysed by gender and age. Where possible, measures were broken down by 10-year age bands, where this was not possible due to limitations with data availability, alternative age bandings were used (see [Appendix B](#) for further details).

Scottish Index of Multiple Deprivation

Area deprivation was measured using the Scottish Index of Multiple Deprivation (SIMD). This index is composed of seven domains: current income, employment, health, education, skills and training, geographic access to services, housing, and crime. These are combined to produce an overall deprivation score.

For the purposes of this report, geographical areas were categorised into quintiles based on deprivation score – with 1 being the ‘most deprived quintile’ and 5 being the ‘least deprived quintile’.

Categorical measures

All categorical measures used in this report were treated as binomial responses i.e. the proportion of the population with the condition of interest compared with the proportion without (See [Appendix B](#) for more details on measures and associated indicators).

For categorical measures, statistical significance by gender was determined using Pearson’s chi-squared test. A chi-squared test for linear trend was used to determine any significant trends associated with increasing age, and Pearson’s chi-squared test was used to ascertain any significant non-linear trends between age bands. The same approach used to determine differences by age band was used to establish statistical significance by SIMD quintiles, with ‘1’ being the 20% most deprived areas in Scotland and ‘5’ being the 20% least deprived areas.

Continuous measures

For indicators with continuous measures statistical significance by gender was established using a two-tailed t-test (see [Appendix B](#) for more details). A one-way Analysis of Variance (ANOVA) was used to determine statistical significance by age band and SIMD.

For the following indicators, statistical significance was determined pragmatically by the comparison of confidence intervals for point prevalence estimates.

- Psychoactive substance-related deaths
- Suicide
- Worklessness
- Education
- Adult learning
- Noise
- House condition
- Overcrowding

This was due to the complexities of calculating statistical significance for Age Standardised Rates in this instance (psychoactive substance-related deaths and suicide) and also limitations in the analysis possible in the case of data being provided directly from the data provider (worklessness, education, adult learning, noise, house condition and overcrowding) due to limited access to the original data sets.

Time trend analysis

Time trend analysis was undertaken for both the adult population as a whole and for men and women separately. Unless different trends emerged for men and women, only the results for adults generally have been presented. When analysing data, the more comparisons that are made, the greater the chance of obtaining statistically significant results when in fact there are no real differences in the population (type I errors). In order to minimise the number of comparisons and the risk of these errors, time trend analysis was not undertaken separately by age or SIMD.

Time-trend data were available for 29 indicators, reflecting the currently limited availability of comparable data over time. This is attributable in part to changes to data sources and in some cases changes to survey questions precluding valid comparison across time (see [Appendix C](#) for more details).

Categorical measures

For categorical measures, binary logistic regression was used to determine statistically significant changes over time, allowing for the control of differences in age and sex distribution between years.

Continuous measures

For measures on a continuous scale, statistically significant change over the time period available for each respective indicator was established using the Kruskal-Wallis test.

A minimum of three data points was deemed necessary for time trend analysis to be undertaken due to the difficulties in determining a representative and robust pattern

over time with fewer data points. The length of the time series available varies by indicator – see [Appendix C](#) for further information.

Standardisation of rates

For psychoactive substance-related deaths and suicide, data were age-standardised to the European Standard Population. The direct standardisation method was used, with age-specific rates for the Scottish population applied to the age structure of the European Standard Population. This gives the overall rate that would have occurred in Scotland if it had the same age profile as the standard population. This method allows valid comparisons to be made between areas and across time. In this report age-standardised rates are expressed per 100,000 population per year.

The European Standard Population is divided into 5-year age bands (Table 2). It should therefore be noted that although the numerator data for both psychoactive substance-related deaths and suicides are for adults aged 16+ years, the closest denominator age range within the European Standard Population is for adults aged 15+ years. Using the 15+ European Standard Population denominator, rather than adjusting it to 16+ years, has a negligible impact on the reported values in the adult mental health report (0.2 percentage points or less) and has no effect on either the patterning or statistical significance of the distributions over time and between population subgroups (by gender, age, SIMD).

Table 2 - European Standard Population (age 15-years and over)¹

Age band (years)	Population (no. of persons)
15-19	7000
20-24	7000
25-29	7000
30-34	7000
35-39	7000
40-44	7000
45-49	7000
50-54	7000
55-59	6000
60-64	5000
65-69	4000
70-74	3000
75-79	2000
80-84	1000
85+	1000

Interpreting statistical significance

Statistical significance was set at $p < 0.05$ for all comparisons. Any use of the term 'significant' is taken to mean statistically significant, but this does not imply practical significance or importance.

The methods used to calculate confidence intervals follow the standard guidance issued by the Association of Public Health Observatories (APHO). Further guidance on these methods can be found at www.apho.org.uk.

Weighting survey data

Survey data were weighted using the appropriate weighting variable. For indicators using the Scottish Health Survey 2009 data, revised Scottish Health survey weights have been applied.

Data tables and spine charts

In the first adult report, findings were described separately for each indicator. This provided an excellent reference point if you were interested in individual aspects of Scotland's mental health or the contextual factors associated with it, but it was less easy to see the overall picture. In the second adult mental health report, the results are therefore described in a small number of tables and spine charts, each covering all of the indicators analysed.

In this second report, results are captured in three tables: The first table shows the most recent point prevalence estimates for the adult population as a whole.

The second table presents the time trend estimates for the last decade (where possible), again for the adult population as a whole. The estimates are colour-coded to show the results of the time-trend analysis – green for statistically significant improvement over time, amber for no significant change and red for worsening. Corresponding spine charts show the percentage change over the entire time series, i.e. from the first to last data point. A ranked spine chart ranks the differences over time from largest to smallest to show where improvement and deterioration have been the greatest and smallest.

The third table presents the most recent point prevalence data broken down by gender, age and SIMD to show age-related differences and gender and socio-economic inequalities in the mental health of adults in Scotland. Colour-coding illustrates whether those differences are statistically significant or not. Corresponding equalities spine charts show the size of the difference between each of the population subgroups, expressed as relative risk. Ranked spine charts rank the differences from largest to smallest to show where there is greatest scope to narrow the gap between subgroups and so reduce inequalities in the population's mental health.

An accompanying Microsoft Excel file includes charts for all statistically significant results, for both the time trends and equalities analyses. This is available on-line at www.scotpho.org.uk/scotlandsmentalhealthadults2012.

Data accuracy and completeness

The point prevalence estimates for the whole population and the equalities analyses presented in this report are based upon the most current data available at the time of analysis. Wherever possible, analyses are based on sources identified in the national mental health indicator set. These include the *Scottish Health Survey* (SHeS), the *Scottish Household Survey* (SHoS), the *Scottish House Condition Survey* (SHCS), the *Scottish Crime and Justice Survey* (SCJS), the *Scottish Social Attitudes Survey* (SSAS) and administrative data from the *National Records for Scotland* (NRS).

In the first adult mental health report, published in 2009, many indicators were based on interim data sources. For many of these indicators, these data sources have now been superseded by the revised data source, as outlined in the national adult mental health indicator set. For each indicator this applies to, and where appropriate to do so, time trend data from the interim and/or revised data sources is illustrated. It should be noted that data from interim and revised sources are not directly comparable.

The most recent available data were usually from 2009, although where a different year has been presented this will be indicated. When sample size or the number of cases in a single year was small, two or more years of data have been combined to allow robust analysis of the equalities dimensions.

No data are currently available for emotional intelligence and spirituality as there is a need to clarify these concepts and develop questions that adequately capture their contribution to mental health. This will allow appropriate measures to be developed and relevant data on emotional intelligence and spirituality to be collected in the future.

Data disclosure

The data contained in *Scotland's mental health: Adults 2012* conforms to our policy on statistical disclosure control. No information is given which could be potentially disclosive i.e. count information which might enable an individual to be identified, perhaps with the aid of further knowledge of the topic.

The data for the charts presented in this report are available through the ScotPHO website (www.scotpho.org.uk/mentalhealthadults2012).

Appendix A: Indicators by data source

Data source	Indicator(s)	Number
Annual Population Survey (and Labour Force Survey)	adult learning education worklessness	3
DWP Family Resources Survey, Households Below Average Income datasets	income inequality	1
General Register Office for Scotland (Vital Statistics and Demographics)	psychoactive substance-related deaths suicide	2
Scottish Crime and Justice Survey	drug use neighbourhood violence non-violent neighbourhood crime partner abuse perception of local crime racial discrimination	6
Scottish Health Survey	alcohol consumption alcohol dependency anxiety caring colleague support common mental health problems control demand depression discrimination general trust harassment healthy eating influencing local decisions involvement in local community life satisfaction long-standing physical condition or disability limiting long-standing physical condition or disability manager support neighbourhood trust physical activity positive mental health self-reported health social contact social support stress work-life balance	27
Scottish House Condition Survey	house condition noise overcrowding	3
Scottish Household Survey	financial inclusion financial management greenspace home safety neighbourhood safety neighbourhood satisfaction volunteering	7
Scottish Social Attitudes Survey	attitude to violence escape facility	2
TOTAL		51

Appendix B: Indicator meta-data – point estimates and equalities analyses

The following table provides information on the data used in the calculation of point prevalence estimates and equalities analyses for the most current year(s) of data.

Number of age groups	Age bands (years)
Two groups	16-59, 60+
Three groups	16-44, 45-64, 65+
Four groups - a	16-24, 25-34, 35-49, 50-64
Four groups - b	16-24, 25-44, 45-59, 60+
Five groups	16-24, 25-34, 35-44, 45-54, 55+
Six groups	16-24, 25-34, 35-44, 45-54, 55-64, 65+
Seven groups	16-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75+

HIGH LEVEL OUTCOMES					
INDICATOR	SOURCE	MEASURE	TOTAL VALID (UNWEIGHTED)	MISSING (UNWEIGHTED)	DETAILS
Positive mental health	Scottish Health Survey [2009, main – self completed, 16+ yrs]	Mean adult score on the Warwick-Edinburgh Mental Well-being Scale	6,880	171 - refused	<p>Variables use = 'WEMWBS'; Individual weight applied.</p> <p>The WEMWBS scale is a positively worded, 14 item, self-completed questionnaire covering most aspects of positive mental health known at the time of development. The questionnaire is made up of 14 questions about thoughts and feelings over the previous two weeks with each question scored on a five-point scale giving a minimum score of 14 and a maximum of 70.</p> <p>Seven group age banding</p>
Life satisfaction	Scottish Health Survey [2009, main, 16+ yrs]	Mean adult score of how satisfied individuals are with their life as a whole nowadays	7,504	27 – refused/don't know	<p>Variable used = 'Lifesat'; Individual weight applied.</p> <p>The question 'All things considered, how satisfied are you with your life as a whole nowadays?'. Scored on an 11-point scale where 0 (extremely dissatisfied) to 10 (extremely satisfied).</p> <p>Seven group age banding</p>

HIGH LEVEL OUTCOMES (continued)					
INDICATOR	SOURCE	MEASURE	TOTAL VALID (UNWEIGHTED)	MISSING (UNWEIGHTED)	DETAILS
Common mental health problems	Scottish Health Survey [2009, main – self completed, 16+ yrs]	Percentage of adults who score four or more on the GHQ-12	7,329	681 – refused/not obtained	Variable used = 'GHQg2'; Individual weight applied. The GHQ-12 is a validated scale which consists of 12 questions about general mental health over the previous few weeks. Each question is scored on a four point scale. A score of four or more is considered indicative of possible common mental health problems. Seven group age banding
Depression	Scottish Health Survey [2009, nurse interview, 16+ yrs]	Percentage of adults who have a symptom score of two or more on the depression section of the Revised Clinical Interview Schedule (CIS-R)	1,097	Five – refused/don't know	The depression section of the CIS-R consists of up to four questions asking about symptoms of depression in the previous week, providing a score from zero to four. A score of two or more indicates moderate to high symptoms of depression. Three group age banding
Anxiety	Scottish Health Survey [2009, nurse interview, 16+ yrs]	Percentage of adults who have a 'symptom score' of two or more on the anxiety section of the Revised Clinical Interview Schedule (CIS-R)	1,102	Zero	The anxiety section of the CIS-R consists of up to four questions asking about symptoms of anxiety, providing a score from zero to four. A score of two or more indicates moderate to high symptoms of anxiety. Three group age banding
Alcohol dependency	Scottish Health Survey [2009, main – self completed, 16+ yrs]	Percentage of adults who score two or more on the CAGE questionnaire	5,298	729 – refused/not obtained	The CAGE questionnaire consists of four questions: Have you ever felt you should cut down on your drinking?; Have people annoyed you by criticizing your drinking?; Have you ever felt bad or guilty about your drinking?; and Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? Alcohol dependency is defined as a positive response to two or more of these questions. Seven group age banding

HIGH LEVEL OUTCOMES (continued)					
INDICATOR	SOURCE	MEASURE	TOTAL VALID (UNWEIGHTED)	MISSING (UNWEIGHTED)	DETAILS
Psychoactive substance - related deaths	General Register Office for Scotland <i>[2007-2009, 16+ yrs]</i>	Deaths per 100,000 adults in the past year from 'mental and behavioural disorders due to psychoactive substance use'	1,098		Included deaths where the principal cause of death was ICD-10 coded F11-F16 & F19 (mental and behavioural disorders due to opioids, cannabinoids, sedatives/hypnotics, cocaine, stimulants, hallucinogens, and multiple/psychoactive drug use). Five group age banding
Suicide	General Register Office for Scotland <i>[2007-2009, 16+ yrs]</i>	Deaths per 100,000 adults in the past year from intentional self-harm and of undetermined intent	2,405		The definition follows the international convention of including deaths recorded as 'of undetermined intent' with suicides. This includes International Classification of Diseases (ICD) diagnosis codes ICD10 X60-X84, Y10-Y34, Y87.0 (intentional self-harm) and Y87.2 (event of undetermined intent). Rates have been standardised using the European Standard Population. Six group age banding
Deliberate self-harm	Scottish Health Survey <i>[2008-2009, 16+ yrs]</i>	Percentage of adults who in the past year have deliberately harmed themselves but not with the intention of killing themselves	N/A	N/A	Data will be available in future reports.

INDIVIDUAL CONTEXTUAL FACTORS					
INDICATOR	SOURCE	MEASURE	TOTAL VALID (UNWEIGHTED)	MISSING (UNWEIGHTED)	DETAILS
Adult learning	Annual Population Survey <i>[2009, females aged 16-59, and males aged 16-64].</i>	Percentage of adults (no longer in continuous full time education) who participated in some type of adult learning (taught or non-taught) in the last year	Not available	Not available	These data exclude those who had undertaken job related training or education in the previous three months, but will still include those who had undertaken job related training or education more than 3 months previously. Four group age banding - a
Physical activity	Scottish Health Survey <i>[2009, main, 16+ yrs]</i>	Percentage of adults who met the recommended level of physical activity for adults in the previous four weeks	7,514	15 – refused/ don't know	The physical activity question was first included in the SHeS in 1998 and in that year, and the subsequent survey carried out in 2003, bouts of physical activity lasting 15 minutes or more were recorded. The SHeS was brought into line with the Government guidelines of 'bouts of physical activity of 10 minutes or more' from 2008 onwards and this should be noted when looking at changes in physical activity across time. Seven group age banding
Healthy eating	Scottish Health Survey <i>[2009, 16+ yrs]</i>	Percentage of adults who ate five or more portions of fruit and vegetables in the previous day	9,777	16 - refused	Based on variable 'Porftvg5' which asked respondents about fruit and vegetable intake in the previous day. Seven group age banding
Alcohol consumption	Scottish Health Survey <i>[2009, 16+ yrs]</i>	Percentage of adults whose usual weekly consumption of alcohol in the past year was within the recommended weekly limits (i.e. 21 units or fewer for men and 14 units or fewer for women)	7,508	23 - refused	Respondents were probed about the amount and the frequency (almost every day; five or six days; three or four days a week; once or twice a week; once or twice a month; once every couple of months; once or twice a year; not at all in the last 12 months) they consumed a variety of drinks – including wine, normal strength lager, strong lager, cider, spirits, fortified wine etc. Seven group age banding

INDIVIDUAL CONTEXTUAL FACTORS					
INDICATOR	SOURCE	MEASURE	TOTAL VALID (UNWEIGHTED)	MISSING (UNWEIGHTED)	DETAILS
Drug use	Scottish Crime and Justice Survey <i>[2009/10, 16+ yrs]</i>	Percentage of adults (aged 16-59 yrs) who have taken drugs in the last 12 months	13,409	nine – incomplete responses	Respondents who reported taking illicit drugs in the previous 12 months were asked specifically about the following drugs: amphetamine, cannabis, cocaine, crack, ecstasy, heroin, LSD, magic mushrooms, methadone/physeptone, temazepam, valium, anabolic steroids, poppers, crystal meth, ketamine, glues, solvents, gas or aerosols. Five group age banding
Self-reported health	Scottish Health Survey <i>[2009, main, 16+ yrs]</i>	Percentage of adults who perceive their health in general to be good or very good	10,131	Seven – refused/don't know	Respondents were asked in a single question to rate their health, the possible responses being: very good, good, fair, bad or very bad. Responses were collapsed into two categories (good/very good or fair/bad/very bad). Seven group age banding
Long-standing physical condition or disability	Scottish Health Survey <i>[2009, main, 16+ yrs]</i>	Percentage of adults who have a long-standing physical condition or disability	10,129	Nine – refused/don't know	Respondents were asked in a single question if they had a long-standing physical or mental condition or disability that has troubled them for at least 12 months or that is likely to affect them for at least 12 months. Those who reported a long-standing illness were probed about their conditions, with a maximum of six conditions recorded. If any of these six were recorded as mental-health related (variable 'comp3') then they were excluded from the numerator – unless they also reported a long-standing physical condition. Seven group age banding
Limiting long-standing physical condition or disability	Scottish Health Survey <i>[2009, main, 16+ yrs]</i>	Percentage of adults who have a long-standing physical condition or disability that limits their daily activities	10,129	Nine – refused/don't know	Includes those respondents who reported a long-standing physical disability or condition but also reported that their condition limited their daily activities. Seven group age banding

INDIVIDUAL CONTEXTUAL FACTORS (continued)					
INDICATOR	SOURCE	MEASURE	TOTAL VALID (UNWEIGHTED)	MISSING (UNWEIGHTED)	DETAILS
Spirituality	N/A	N/A	N/A	N/A	No data currently exist for this indicator. There is a need to clarify the concept of spirituality and develop questions that adequately capture its contribution to mental health. This will allow an appropriate measure to be developed and relevant data on spirituality to be collected in the future.
Emotional intelligence	N/A	N/A	N/A	N/A	No data currently exist for this indicator. There is a need to clarify the concept of emotional intelligence and develop questions that adequately capture its contribution to mental health. This will allow an appropriate measure to be developed and relevant data on emotional intelligence to be collected in the future.

COMMUNITY CONTEXTUAL FACTORS					
INDICATOR	SOURCE	MEASURE	TOTAL VALID (UNWEIGHTED)	MISSING (UNWEIGHTED)	DETAILS
Volunteering	Scottish Household Survey <i>[2008, 16+ yrs]</i>	Percentage of adults who participated in volunteering activities at least five or six times in the past year	6,198	Zero	<p>Respondents were asked a series of questions about volunteering. Prompt questions were included which asked specifically about volunteering in a number of groups (for example, sports groups, charities, churches, political groups, social groups etc). Those who reported some volunteering were asked about the frequency of volunteering.</p> <p>Seven group age banding</p>
Involvement in local community	Scottish Health Survey <i>[2009, schedule A, 16+ yrs]</i>	Percentage of adults who feel involved in their local community a great deal or a fair amount	2,578	16 – refused/ don't know	<p>A random sample of respondents was asked how involved they feel in their local community, with possible responses being 'a great deal', 'a fair amount', or 'not at all'.</p> <p>Seven group age banding</p>
Influencing local decisions	Scottish Health Survey <i>[2009, schedule A, 16+ yrs]</i>	Percentage of adults who strongly agree or agree that they can influence decisions affecting their local area	2,587	Seven-refused	<p>A random sample of respondents was asked if they agreed that they could influence decisions affecting their local community, with possible responses being 'strongly agree', 'agree', 'neither agree nor disagree', or 'strongly disagree'.</p> <p>Seven group age banding</p>
Social contact	Scottish Health Survey <i>[2009, schedule A, 16+ yrs]</i>	Percentage of adults who have contact (in person, by phone, letter, email or through the internet) at least once a week with family, friends or neighbours who do not live with them	2,584	10 – refused / don't know	<p>A random sample of respondents was asked how frequently they had contact with family, friends or neighbours who do not live with them, with possible responses being 'on most days', 'once or twice a week', 'once or twice a month', 'less than once a month' and 'never'.</p> <p>Seven group age banding</p>

COMMUNITY CONTEXTUAL FACTORS					
INDICATOR	SOURCE	MEASURE	TOTAL VALID (UNWEIGHTED)	MISSING (UNWEIGHTED)	DETAILS
Social support	Scottish Health Survey [2009, schedule A, 16+ yrs]	Percentage of adults with a primary support group of three or more to rely on for comfort and support in a personal crisis.	2,571	23 – refused / don't know	A random sample of respondents were asked how many people the respondent could turn to for comfort and support in a personal crisis. Seven group age banding
Caring	Scottish Health Survey [2009, main, 16+ yrs]	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 employment	7,526	Zero	Respondents were asked if they provided any regular help or care for any sick, disabled or frail person and those responding 'yes' were asked how many hours per week they provided care. Seven group age banding
General trust	Scottish Health Survey [2009, schedule A, 16+ yrs]	Percentage of adults who trust most people	2,574	20- refused/don't know	A random sample of respondents was asked whether they felt that people could be trusted, with possible responses 'most people could be trusted' or 'can't be too careful in dealing with people'. Seven group age banding
Neighbourhood trust	Scottish Health Survey [2009, schedule A, 16+ yrs]	Percentage of adults who trust most people in their neighbourhood	2,529	65- refused/don't know	A random sample of respondents was asked whether the respondent felt that people in their neighbourhood could be trusted, with possible responses 'most people can be trusted', 'some can be trusted', 'a few can be trusted', or 'no-one can be trusted'. Seven group age banding
Neighbourhood safety	Scottish Household Survey [2008, 16+ yrs]	Percentage of adults who feel very or fairly safe walking alone in their neighbourhood after dark	9,164	4,660	Respondents were asked if they felt safe walking in their neighbourhood after dark, with possible responses being 'very safe', 'fairly safe', 'very unsafe' and 'don't know'. Six group age banding
Home safety	Scottish Household Survey [2008, 16+ yrs]	Percentage of adults who feel very or fairly safe when at home alone at night	9,113	51 – don't know	Respondents were asked how safe they felt at home alone at night, with possible responses, 'very safe', 'fairly safe', 'very unsafe', and 'don't know'. Six group age banding

COMMUNITY CONTEXTUAL FACTORS (continued)					
INDICATOR	SOURCE	MEASURE	TOTAL VALID (UNWEIGHTED)	MISSING (UNWEIGHTED)	DETAILS
Non-violent neighbourhood crime	Scottish Crime and Justice Survey <i>[2009/10, 16+ yrs]</i>	Percentage of adults who have been a victim of non-violent crime occurring locally	4,333	33- refused/don't know	Percentage of adults (16+years) who had been a victim of non-violent crime occurring locally (within a 15 minute walk from the respondent's home) in the previous year. Non-violent crime was defined as household crime (excluding domestic violence), theft from the person and other personal theft. Four group age banding - b
Perception of local crime	Scottish Crime and Justice Survey <i>[2009/10, 16+ yrs]</i>	Percentage of adults who perceive crime to be very or fairly common in their local area	3,973	22 – refused/don't know	Respondents were shown a list of crimes that might affect people – having their homes broken into, being mugged/robbed, having their property or vehicle damaged, experiencing theft of or from their car or vehicle, being assaulted/attacked in public, drug dealing and drug abuse – and asked how common they thought each was in their local area. The indicator presented the proportion who thought that at least one of these crimes was very or fairly common in their local area. Seven group age banding

STRUCTURAL CONTEXTUAL FACTORS					
INDICATOR	SOURCE	MEASURE	TOTAL VALID (UNWEIGHTED)	MISSING (UNWEIGHTED)	DETAILS
Income inequality	DWP Family Resources Survey, Households Below Average Income datasets [2009/10]	The Gini coefficient	-	-	<p>The Gini coefficient is a widely used measure of income inequality, which measures how evenly incomes are distributed between households in a particular population. A lower Gini coefficient (closer to zero) indicates greater equality of income distribution, a higher value (closer to one), greater inequality. Thus, a Gini score of zero would reflect complete equality of income distribution within a population, whereas a score of 1 would reflect perfect inequality, with one household receiving all the income.</p> <p>The data are not broken down by age.</p>
Worklessness	Annual Population Survey [2009, females aged 16-59, and males aged 16-64].	Percentage of adults (women aged 16-59 and men aged 16-64), excluding students, who are unemployed or economically inactive and who want to work.	Not available	Not available	<p>Data provided by the Annual Population Survey team.</p> <p>Four group age banding - a</p>
Education	Annual Population Survey [2009, females aged 16-59, and males aged 16-64].	Percentage of adults (women aged 16-59 and men aged 16-64) with at least one academic or vocational educational qualification.	Not available	Not available	<p>Data provided by the Annual Population Survey team.</p> <p>Four group age banding - a</p>
Discrimination	Scottish Health Survey [2009, Schedule A, 16+ yrs}	Percentage of adults who reported having been unfairly treated or discriminated against in the past year.	2,581	13 – refused/don't know	<p>A random sample of respondents were asked if they had experienced discrimination because of accent, ethnicity, age, language, colour, nationality, mental ill-health, disability/other health problems, sex, religion, sexual orientation, location of residence or any other reason.</p> <p>Seven group age banding</p>

STRUCTURAL CONTEXTUAL FACTORS (continued)					
INDICATOR	SOURCE	MEASURE	TOTAL VALID (UNWEIGHTED)	MISSING (UNWEIGHTED)	DETAILS
Racial discrimination	Scottish Crime and Justice Survey [2009/10, 16+ yrs]	Percentage of adults who think that racial discrimination is a big problem in Scotland.	15,244	792- refused/don't know	Respondents were asked 'how much of a problem is racial discrimination in Scotland today?', with possible responses 'not a problem', 'a bit of a problem', or 'a big problem'. Four group age banding - b
Harassment	Scottish Health Survey [2009, Schedule A, 16+ yrs]	Percentage of adults who have personally experienced harassment or abuse in the past year due to discrimination.	2,583	11- refused/don't know	Respondents were asked if they had experienced harassment because of accent, ethnicity, age, language, colour, nationality, mental ill-health, disability/other health problems, sex, religion, sexual orientation, location of residence or any other reason. Three group age banding
Financial management	Scottish Household Survey [2008, 16+ yrs]	Percentage of households managing very or quite well financially these days.	6,807	152 – refused/don't know	Respondents were asked how well the household was managing financially now-a-days, with possible responses, 'very well', 'quite well', 'get by alright', 'don't manage very well', 'have some financial difficulties', 'are in deep financial trouble'. Six group age banding
Financial inclusion	Scottish Household Survey [2008, 16+ yrs]	Percentage of households with access to a bank account, building society account, credit union account or post office account.	9,885	479 – don't know	Respondents were asked if they or their partner had one of the following accounts: bank, building society, credit union or post office card account. Six group age banding
Neighbourhood satisfaction	Scottish Household Survey [2008, 16+ yrs]	Percentage of adults who rate their neighbourhood as a very or fairly good place to live.	9,322	0	Respondents were asked how they rated their area as a place to live, with possible responses, 'very good', 'fairly good', 'fairly poor', 'very poor', or 'no opinion'. Six group age banding
Noise	Scottish House Condition Survey [2009, 16+ yrs]	Percentage of adults who are bothered often or fairly often by noise when home indoors.	Not available	Not available	Data provided by the Scottish House Condition Survey team. Two group age banding

STRUCTURAL CONTEXTUAL FACTORS (continued)					
INDICATOR	SOURCE	MEASURE	TOTAL VALID (UNWEIGHTED)	MISSING (UNWEIGHTED)	DETAILS
Escape facility	Scottish Social Attitudes Survey [2009, 16+yrs]	Percentage of adults (aged 18+) who agree or strongly agree that they have somewhere they can go to escape problems/stresses (not home/garden).	1,482	0	Respondents were asked if they had somewhere they could go to escape problems/stresses (not home/garden), with possible responses, 'strongly agree', 'agree', 'don't agree', 'don't know'. Six group age banding
Greenspace	Scottish Household Survey [2008, 16+ yrs]	Percentage of adults who feel that they have a safe and pleasant park, green or other area of grass in their neighbourhood, excluding personal private garden space, which they and their family can use.	6,236	0	Data provided by the Scottish Household Survey Seven group age banding
House condition	Scottish House Condition Survey [2009, 16+ yrs]	Percentage of adults rating the condition of their house or flat as very or fairly good.	Not available	Not available	Data provided by Scottish House Condition Survey team. Two group age banding
Overcrowding	Scottish House Condition Survey [2009, 16+ yrs]	Percentage of adults who feel their home has too few rooms.	Not available	Not available	Data provided by Scottish House Condition Survey team. Two group age banding
Stress	Scottish Health Survey [2009, Schedule A, 16+ yrs]	Percentage of adults who find their job very or extremely stressful.	1,357	19-refused/ don't know	Respondents were asked how stressful, in general, they found their job, with possible responses, 'not at all stressful', 'mildly stressful', 'moderately stressful', 'extremely stressful'. Five group age banding
Work-life balance	Scottish Health Survey [2009, Schedule A, 16+ yrs]	Mean score for how satisfied adults are with their work-life balance (paid work).	1,357	19 – refused/ don't know	Respondents were asked to score how satisfied they were with the balance between time in paid work and time on other aspects of life. Six group age banding
Demand	Scottish Health Survey [2009, Schedule A, 16+ yrs]	Percentage of adults who often or always have unrealistic time pressures at work.	1,357	19-refused/ don't know	Respondents were asked if they had unrealistic time pressures at work, with possible responses, 'always', 'often', 'sometimes', 'seldom', 'never'. Seven group age banding

STRUCTURAL CONTEXTUAL FACTORS (continued)					
INDICATOR	SOURCE	MEASURE	TOTAL VALID (UNWEIGHTED)	MISSING (UNWEIGHTED)	DETAILS
Control	Scottish Health Survey [2009, Schedule A, 16+ yrs]	Percentage of adults who often or always have a choice in deciding the way that they do their work.	1,357	19 – refused/ don't know	Respondents were asked if they have a choice in deciding how they do their work, with possible responses, 'always', 'often', 'sometimes', 'seldom', 'never'. Three group age banding
Manager support	Scottish Health Survey [2009, Schedule A, 16+ yrs]	Percentage of adults who strongly or tend to agree that their line manager encourages them at work.	1,341	35- refused/don't know	Respondents in paid employment were asked if their line manager encourages them at work, with possible responses being, 'strongly agree', 'tend to agree', 'neutral', 'tend to disagree', 'strongly disagree'. Three group age banding
Colleague support	Scottish Health Survey [2009, Schedule A, 16+ yrs]	Percentage of adults who strongly or tend to agree that they get the help and support they need from colleagues at work.	1,340	36- refused/don't know	Respondents in paid employment were asked if they got the help and support they need from colleagues at work, with possible responses being 'strongly agree', 'tend to agree', 'neutral', 'tend to disagree', 'strongly disagree'. Three group age banding
Partner abuse	Scottish Crime and Justice Survey [2009/10, 16+ yrs]	Percentage of adults reporting being physically or emotionally abused by a partner or ex-partner in the past year.	Not available	Not available	Data provided by the Scottish Crime and Justice Survey team. Four group age banding - b
Neighbourhood violence	Scottish Crime and Justice Survey [2009/10, 16+ yrs]	Percentage of adults who have experienced violence, excluding violence by a household member, occurring locally in the past year,	Not available	Not available	Data provided by the Scottish Crime and Justice Survey team. Four group age banding - b

STRUCTURAL CONTEXTUAL FACTORS (continued)					
INDICATOR	SOURCE	MEASURE	TOTAL VALID (UNWEIGHTED)	MISSING (UNWEIGHTED)	DETAILS
Attitude to violence	Scottish Social Attitudes Survey [2009, 16+yrs]	Mean adult score on attitudes to violence scale.	1,230	Zero	<p>The attitude to violence scale ranges from 'one' (not wrong at all) to 'five' (very seriously wrong). The measure is a summary of responses to five questions on attitudes to violence that between them tap into the key dimensions of attitudes (as revealed by factor analysis) and which were regarded as sufficiently coherent to form a single underlying scale of attitudes towards violence to provide a single measure of violence.</p> <p>How wrong are the following?</p> <ol style="list-style-type: none"> 1. Stranger punching stranger in response to verbal abuse 2. Punching a bag snatcher to prevent their escape 3. Stranger punching stranger in response to being punched 4. Shoving neighbour who shouts abuse at son 5. Sibling sees sister/brother being hit by a partner, so punches partner. <p>Six group age banding</p>

Appendix C: Indicator meta-data – Time trend analysis

When the adult mental health indicators were first published in 2009, the availability of suitable data for some of the measures associated with these indicators was limited. To counter this, in some instances an interim data source was used for some measures in the 2009 report, with a view to moving to the preferred data source for future reports.

For the 2012 update report, many of these indicators have now moved to the revised data source. However in order to bridge the gap between the interim and preferred data sources and to demonstrate how the change to a new data source has affected estimates, these have been shown in some instances alongside the interim data source estimates.

The following table shows which indicators are affected by this and the associated data sources.

Indicator	Data source used for time trend analysis	Revised or interim data source	Age range available	Years available	Notes
Positive mental health	N/A		N/A	N/A	Insufficient data points available for time trend analysis.
Life satisfaction	European Social Survey	Interim	adults 16+ years	2002–2008	Data points from SHeS for 2008 and 2009 have been charted but are not included in the analysis for change over time.
Common mental health problems	Scottish Health Survey	revised/preferred	Adults 16-64 years Adults 16+ years	SHeS, 1995-2009 SHeS, 2003-2009	Analysis was carried out for both age ranges and reported separately.
Depression	Scottish Health Survey	revised/preferred	Adults 16+ years	SHeS, 2008-2009	Point estimates for 2008 and 2009 have been charted for information but no time trend analysis was undertaken due to the limited number of data points available.
Anxiety	Scottish Health Survey	revised/preferred	Adults 16+ years	SHeS, 2008-2009	Point estimates for 2008 and 2009 have been charted for information but no time trend analysis was undertaken due to the limited number of data points available.
Alcohol dependency	Scottish Health Survey	revised/preferred	Adults 16-74 years Adults 16+ years	SHeS, 1998-2009 SHeS, 2003-2009	Time trend analysis was undertaken on the time points between 2003 and 2009 for adults aged 16+ years in line with the indicator measure.
Psychoactive substance-related deaths	National Records of Scotland (NRS)	revised/preferred	Adults 16+ years	NRS, 2001-2009	Time trend analysis was presented for all adults and also for men and women separately.

Indicator	Data source used for time trend analysis	Revised or interim data source	Age range available	Years available	Notes
Suicide	National Records of Scotland (NRS)	revised/preferred	Adults 16+ years	NRS, 2001-2009	Time trend analysis was presented for all adults and also for men and women separately.
Deliberate self-harm	N/A		N/A	N/A	Will be available in future reports.
Adult learning	Annual Population Survey	revised/preferred	Women aged 16-59/ men aged 16-64 years	2007-2009	Data prior to 2007 is not directly comparable due to changes in the way the data are coded.
Physical activity	Scottish Health Survey	revised/preferred	Adults 16-74 years Adults 16+ years	SHeS, 1998-2008 SHeS, 2008-2009	Data for adults aged 16+ (2008-2009) have been charted but have not been included in the time trend analysis due to the limitations of having only 2 data points.
Healthy eating	Scottish Health Survey	revised/preferred	Adults 16+ years	HEPS, 1996-2007 SHeS, 2003-2009	Time trend analysis was undertaken on the SHeS data. Data from the interim data source (Health Education Population Survey) was also charted for continuity with the previous report.
Alcohol consumption	Scottish Health Survey	revised/preferred	Adults 16+ years	SHeS, 2003-2009	Data have been presented separately for men and women to reflect differences in recommended weekly drinking limits.
Drug use	N/A	N/A	N/A	N/A	Insufficient data points available for time trend analysis.
Self-reported health	Scottish Health Survey	Revised/preferred	adults 16-64 years adults 16+ years	SHeS, 1995-2009 SHeS, 2003-2009	Time trend analysis undertaken for both age groups.
Long-standing physical condition or disability	N/A	N/A	N/A	N/A	Insufficient data points available for time trend analysis.
Limiting long-standing physical condition or disability	N/A	N/A	N/A	N/A	Insufficient data points available for time trend analysis.
Emotional intelligence	N/A	N/A	N/A	N/A	No data currently exist for this indicator.
Spirituality	N/A	N/A	N/A	N/A	No data currently exist for this indicator.
Volunteering	N/A	N/A	N/A	N/A	Changes in the question format for the measure linked to this indicator mean that it is not currently possible to measure trends over time.

Indicator	Data source used for time trend analysis	Revised or interim data source	Age range available	Years available	Notes
Involvement in local community	Scottish Household Survey	Interim	Adults 16+ years	SHoS 2000-2003	Data from the interim data source were used to determine change over time due to insufficient data points in the revised data source (SHeS).
Influencing local decisions	N/A	N/A	N/A	N/A	Time trend data are not yet available for this indicator.
Social contact	Well? What do you think? Survey	Interim	Adults 16+ years	2004-2008	Data from the interim data source were used to determine change over time due to insufficient data points in the revised data source (SHeS).
Social support	Well? What do you think? Survey	Interim	Adults 16+ years	2004-2008	Data from the interim data source were used to determine change over time due to insufficient data points in the revised data source (SHeS).
Caring	N/A	N/A	N/A	N/A	Changes to the survey question over time in SHoS preclude time trend analysis. Question included in revised data source (SHeS) from 2009 onwards, currently insufficient data to analyse changes over time.
General trust	N/A	N/A	N/A	N/A	Time trend data are not yet available for this indicator.
Neighbourhood trust	N/A	N/A	N/A	N/A	Time trend data are not yet available for this indicator.
Neighbourhood safety	Scottish Household Survey	revised/preferred	Adults 16+ years	2002-2008	Data analysed and presented for all adults between 2002 and 2008.
Home safety	Scottish Household Survey	revised/preferred	Adults 16+ years	2002-2008	Data analysed and presented for all adults between 2002 and 2008.
Non-violent neighbourhood crime	N/A	N/A	N/A	N/A	Insufficient data to allow for time trend analysis.
Perception of local crime	N/A	N/A	N/A	N/A	Insufficient data to allow for time trend analysis.
Income inequality	Social Welfare Statistics – Scottish Government	revised/preferred	N/A	1999/00-2009/10	Measure of how evenly incomes are distributed between households across Scotland. See indicator for more information.
Worklessness	Annual Population Survey	revised/preferred	Women aged 16-59/ men aged 16-64 years	1999-2009	Time trend analysis for all adults within the relevant age range for men and women respectively.

Indicator	Data source used for time trend analysis	Revised or interim data source	Age range available	Years available	Notes
Education	Annual Population Survey	revised/preferred	Women aged 16-59/ men aged 16-64 years	1999-2009	Time trend analysis for all adults within the relevant age range for men and women respectively.
Discrimination	N/A	N/A	N/A	N/A	As this indicator was only recently introduced to the Scottish Health Survey, it is not currently possible to calculate to present change over time.
Racial discrimination	N/A	N/A	N/A	N/A	Insufficient data points available for time trend analysis.
Harassment	N/A	N/A	N/A	N/A	Insufficient data points available for time trend analysis.
Financial management	Scottish Household Survey	revised/preferred	Adults 16+ years	1998-2008	Data analysed and presented for all adults between 1998 and 2008.
Financial inclusion	Scottish Household Survey	revised/preferred	Adults 16+ years	1998-2008	Data analysed and presented for all adults between 1998 and 2008.
Neighbourhood satisfaction	Scottish Household Survey	revised/preferred	Adults 16+ years	1998-2008	Data analysed and presented for all adults between 1998 and 2008.
Noise	Scottish House Condition Survey	revised/preferred	Adults 16+ years	2004/05-2009	Respondents are adults aged 16+ years who are the highest income householder or spouse/partner.
Escape facility	N/A	N/A	N/A	N/A	Insufficient data points available for time trend analysis.
Greenspace	N/A	N/A	N/A	N/A	This question has only recently been introduced to the Scottish Household Survey therefore analysis over time is not yet possible.
House condition	Scottish House Condition Survey	revised/preferred	Adults 16+ years	2004/05-2009	Data analysed and presented for all adults between 2004/05 and 2009.
Overcrowding	Scottish House Condition Survey	revised/preferred	Adults 16+ years	2004/05-2009	Data analysed and presented for all adults between 2004/05 and 2009.
Stress	Psychosocial Working Conditions Survey	Interim	Adults 16+ years	2004-2007	Data analysed and presented for all adults between 2004 and 2007.
Work-life balance	N/A	N/A	N/A	N/A	Insufficient data points available for time trend analysis.
Demand	Psychosocial Working Conditions Survey	Interim	Adults 16+ years	2004-2007	Data analysed and presented for all adults between 2004 and 2007.

Indicator	Data source used for time trend analysis	Revised or interim data source	Age range available	Years available	Notes
Control	Psychosocial Working Conditions Survey	Interim	Adults 16+ years	2004-2007	Data analysed and presented for all adults between 2004 and 2007.
Manager support	Psychosocial Working Conditions Survey	Interim	Adults 16+ years	2004-2007	Data analysed and presented for all adults between 2004 and 2007.
Colleague support	Psychosocial Working Conditions Survey	Interim	Adults 16+ years	2004-2007	Data analysed and presented for all adults between 2004 and 2007.
Partner abuse	N/A	N/A	N/A	N/A	Changes to the SCJS methodology over the years means that it is not currently possible to produce a time trend for this indicator.
Neighbourhood violence	N/A	N/A	N/A	N/A	Insufficient data points available for time trend analysis.
Attitude to violence	N/A	N/A	N/A	N/A	Insufficient data points available for time trend analysis.

Appendix D: Data sources

Scottish Health Survey

- The Scottish Health Survey (SHeS) is designed to be representative at NHS board level.
- Scottish Health Surveys were undertaken in 1995, 1998, and 2003. The continuous Scottish Health Survey began in January 2008 and is running continuously from 2008 - 2011.
- Over time, the age range captured within SHeS has changed, and this has been reflected in the age ranges that it is currently possible to report on across time. In 1995 the age range was 16–64 years; in 2003 this rose to 74 years; from 2008 this has been extended to all adults aged 16+ years.
- Analysis for questions in the core (asked annually to all adult sample) possible for all NHS boards.
- As postcode information is collected, local authority analysis will be possible for the larger local authorities.
- Sub-national analysis for questions in the nurse and biennial module is not possible/advised due to the small sample numbers.
- For further information on analyses possible, please email Scottishhealthsurvey@scotland.gsi.gov.uk.

Scottish House Condition Survey

- Designed to be representative at national level annually for main indicators (e.g. fuel poverty, Scottish Housing Quality Standard (SHQS) by housing sector, energy ratings).
- Information for all local authorities and NHS boards possible every three years (since the survey went continuous in 2003).
- Analysis may be possible for the larger local authorities and NHS boards annually or every two years.
- Postcode information is collected in the survey allowing different geographical analyses to be created.
- To establish whether a required geographical analysis is possible please email SHCS@scotland.gsi.gov.uk.

Scottish Household Survey

- Designed to be representative at local authority level.
- Information for all local authorities is possible every two years for data from the full survey sample.
- Analysis for larger local authorities may be available sooner.
- As postcode information is collected, NHS board analysis may be possible.

- For a three-quarter sample size, analysis should be available for the majority of local authorities and NHS boards using two years' combined data, and possibly sooner for the largest.
- For a one-quarter sample size, analysis should be possible for the larger local authorities and NHS boards using four years' combined data, and possibly sooner for the largest.
- As postcode information is collected, it is possible to obtain analyses for bespoke geographies.
- To establish whether a required geographical analysis is possible please email shs@scotland.gsi.gov.uk.

Annual Population Survey

- Designed to provide robust estimates at a local authority level, there is a target for the number of economically active adults who are surveyed in each local authority.
- Information for all local authorities and NHS boards annually.
- As postcode information is collected, it is possible to obtain analyses for bespoke geographies, provided the data at this geography are considered reliable.
- In theory, analyses are possible at sub-local authority level, NHS board level, parliamentary constituency and some larger Community Health Partnerships (CHPs). Analyses for larger regeneration outcome agreement areas have been undertaken in the past.
- To establish if your required geography is possible, please email labour-market.statistics@scotland.gsi.gov.uk

Scottish Crime and Justice Survey

- From the 2008/2009 survey (financial year) designed to be representative at police force area and community justice authority area.
- Analysis for all police force areas and community justice authority areas available annually from 2008/2009 survey.
- Analysis is possible annually for larger local authorities and those that are coincident with a police force area e.g. Dumfries & Galloway, and Fife.
- Analysis may be possible for other local authorities using several years' pooled data, although this may still not allow analysis for the smaller local authorities.
- As postcode information is collected, in theory analysis is possible annually at NHS board level although not for the smaller NHS boards. However, as the survey is not designed to be representative at NHS board level the representativeness of data would need to be assessed.
- To establish if analysis at your required geography is available please email scottishcrimeandjusticesurvey@scotland.gsi.gov.uk.

National Records of Scotland (formerly General Register Office for Scotland)

- Information for all NHS boards and local authorities for the indicators using five years' combined data.
- For larger NHS boards and local authorities, three years of data can be combined.
- For larger CHPs, five years of data can be combined.

Scottish Social Attitudes Survey

- Information available by Parliamentary constituency and by urban/rural classification.
- Please contact rachel.ormston@scotcen.org.uk for further information on analysis by different geographies.

Family Resources Survey

- Information is not available sub-nationally.
- Please contact the Family Resources Survey team for further information team.frs@dwp.gsi.gov.uk.

Please access the ScotPHO website at the following link for more information on key data sources.

<http://www.scotpho.org.uk/publications/overview-of-key-data-sources>