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Scotland's mental health: Adults 2012

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Sonnda Catto, NHS Health Scotland

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1. Introduction

Background

Improving mental health is a national priority in Scotland. In 2004, as part of its *National Programme for Improving Mental Health and Wellbeing* (2001–2008),[1] the Scottish Government commissioned NHS Health Scotland to establish a core set of sustainable mental health indicators to enable regular national monitoring and so support the Scottish Government's drive on mental health improvement.[2] Development of the indicators was identified as a support activity to the National Programme in its 2003–2006 action plan.[3] Commitment to the indicators was reaffirmed in the Scottish Government's 2009 action plan for mental health improvement, *Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009–2011*[4] and in the *Mental Health Strategy for Scotland: 2012–2015*.[5]

The indicators

The adult indicator set was published in December 2007.[6,7] The set comprises 54 indicators plus a cross-cutting equalities analysis that involves analysing each indicator by selected dimensions of equality. The indicators are structured into two categories (Table 1):

- Mental health – covering both mental wellbeing and mental health problems
- Contextual factors – covering the factors associated with mental health at an individual, community and structural level. Although these contextual factors are associated with mental health they may not be causally related.

Table 1. Framework for the indicators (number of indicators shown in brackets)

Mental Health		
Mental wellbeing (2)	Mental health problems (7)	
Contextual factors associated with mental health		
Individual	Community	Structural
Learning and development (1)	Participation (3)	Equality (1)
Healthy living (4)	Social networks (1)	Social inclusion (2)
General health (3)	Social support (2)	Discrimination (3)
Spirituality (1)	Trust (2)	Financial security/debt (2)
Emotional intelligence (1)	Safety (4)	Physical environment (6)
		Working life (6)
		Violence (3)

Aim

The NHS Health Scotland mental health indicators aim to provide regular, comprehensive and up-to-date information on the mental health of the Scottish population, thus enabling evidence-informed decision making for mental health improvement and, ultimately, facilitating more effective mental health improvement policy and planning.

The first analysis of the adult indicators was provided in 2009.[8] This briefing paper summarises the key findings from the second report in the adult series, which aims to provide a comprehensive and up-to-date description of mental health (covering both mental wellbeing and mental health problems) and associated contextual factors in the adult population of Scotland.[9] Where the data allow, trends over time and equalities analysis (by gender and age, selected protected characteristics identified in the Equality Act 2010,[10] and the Scottish Index of Multiple Deprivation (SIMD)) are also presented. All estimates are based upon the most recent data available at the time of analysis.

Target audience

This briefing paper and the accompanying report are targeted towards organisations, partnerships, policy-makers and planners who have a role in creating a mentally flourishing Scotland. It will be useful to professionals working in public health intelligence, policy making and health improvement planning; in the fields of mental health and other policy areas where there is a link to mental health; and within the Scottish Government, NHS Boards, local authorities, community planning partnerships, other public sector organisations, non-governmental organisations (NGOs), academia and the third sector.

2. Methods

Further work is required to establish two indicators (spirituality and emotional intelligence) and no data were available for one indicator (deliberate self-harm). Some data were therefore available for 51 out of the 54 indicators. This permitted point prevalence to be calculated for all 51, equalities analysis for 50 and examination of change over time for 29. Unless stated otherwise, indicators cover adults aged 16 and above.

A three-colour 'traffic light' system was used to illustrate the results from the time trends and equalities analyses. This gives a clear visual impression, based on statistical analysis of significance, of which aspects of adult mental health and which associated contextual factors have improved, worsened or remained stable over time. It also shows which population subgroups are faring better, worse or no differently than others in relation to their mental health and associated contextual factors.

For full details of the methods, please refer to the original report[9] and accompanying technical supplement.[11]

An additional Excel file includes charts for all statistically significant results, for both the time trends and equalities analyses.[12]

3. Results

Trends over time

The picture over the last decade can be summed up as broadly stable, with a promising level of positive change and only a small, but important, number of negative trends (Table 2).

Time trend data were available for five out of the nine indicators of mental health. One indicator of mental health has improved:

- rates of suicide.[i]

Two indicators of mental health show no significant change:

- life satisfaction
- common mental health problems.

Two indicators of mental health have worsened:

- possible alcohol dependency
- deaths from mental and behavioural disorders due to psychoactive substance use.[i]

Time trend data are not yet available for four indicators of mental health (mental wellbeing, depression, anxiety and deliberate self-harm) leaving a fair amount of uncertainty regarding how adult mental health in Scotland has changed over recent years (Table 3).

Of the 45 indicators covering the contextual factors associated with mental health, time trend data were available for 24. Two showed divergent trends for men and women, bringing the total number of results to 26.

Ten contextual factors have improved:

Individual level

- physical activity
- healthy eating (women)
- alcohol consumption
- self-reported health
- adult learning

Community level

- home safety

Structural level

- financial management
- education
- financial inclusion
- neighbourhood satisfaction.

i Deaths from mental and behavioural disorders due to psychoactive substance use will be subsumed within the number of recorded suicides from 2011 onwards. Suicide data prior to 2011 will not be directly comparable with data published after this time. More information is available from the National Records of Scotland website.[13]

Although statistically significant, change for several of these contextual factors amounted to only one or two percentage points over a period of years. This applied to adult learning, home safety, financial inclusion and neighbourhood satisfaction. In terms of absolute differences, the largest improvements were seen for financial management, physical activity and education.

Thirteen contextual factors show no significant change:

Individual level
- healthy eating (men)

Community level
- involvement in local community (women)
- social contact
- social support

Structural level
- income inequality
- worklessness
- noise
- house condition
- overcrowding
- work-related stress
- demand at work
- control at work
- colleague support at work.

Three contextual factors have worsened:
- men's involvement in the local community
- neighbourhood safety
- manager support at work.

The data suggesting a reduction in male involvement in the local community are quite old (2000 to 2003) while the change in neighbourhood safety was small – one percentage point – and may simply reflect year-to-year variability rather than a genuine downward trend. Both of these trends should be monitored to confirm if the worsening observed in this analysis is reflective of recent (male involvement in the local community) or real change (neighbourhood safety).

To improve Scotland's mental health, priority should be given to the three indicators where there is solid evidence of worsening over the last decade or so: psychoactive substance-related deaths, alcohol dependency and manager support at work. The trends for deaths from mental and behavioural disorders due to psychoactive substance use and alcohol dependency are of particular concern. Action should also be focused on the 15 indicators which have not showed any significant change with the aim of turning them into areas of improvement. Finally, there is scope for further improvement on many of the indicators which have already improved, particularly healthy eating among women, physical activity, adult learning, financial management and suicide.

Table 2. Scotland's adult mental health: trends over time

Significantly better across time period
Not significantly different across time period
Significantly worse across time period

Domain	Construct	Indicator	Unit	Age range	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	P-value
Mental Health	Mental wellbeing	Life satisfaction	Mean	16+					7.0		7.3		7.4		7.5		0.456
	Mental health problems	Common mental health problems	%	16+						15					15	14	0.565
		Alcohol dependency	%	16+						8					11	10	0.000
		Psychoactive substance-related deaths†	EASR per 100,000	16+				6.2	7.8	6.1	6.5	5.6	7.7	8.1	10.3	10.4	CI††
		Suicide†	EASR per 100,000	16+				21.9	22.3	19.6	20.4	18.6	18.6	20.1	20.4	18.0	CI††
Contextual factors associated with mental health — Individual	Learning and development	Adult learning	%	Women 16-59, Men 16-64										48	50	50	CI††
	Healthy living	Physical activity	%	16-74	32					39					41		0.007
		Healthy eating (men)	%	16+						20					20	22	0.125
		Healthy eating (women)	%	16+						22					24	25	0.011
		Alcohol consumption	%	16+						72					75	77	0.000
	General health	Self-reported health	%	16+						74					75	77	0.000
Contextual factors associated with mental health — Community	Participation	Involvement in local community (men)	%	16+			24	24	24	21							0.018
	Participation	Involvement in local community (women)	%	16+			27	27	28	28							0.099
	Social networks	Social contact	%	16+							83		83		85		0.157
	Social support	Social support	%	16+							83		82		83		0.715
	Safety	Neighbourhood safety	%	16+					73	75	74	75	74	73	72		0.009
	Safety	Home safety	%	16+					96	97	96	97	97	97	97		0.000
Contextual factors associated with mental health — Structural	Equality	Income inequality‡	Gini score	N/A		0.33	0.34	0.31	0.31	0.31	0.30	0.31	0.32	0.33	0.34	0.35	CI††
	Social inclusion	Worklessness	%	Women 16-59, Men 16-64		12	11	12	12	11	10	9	9	8	9	10	CI††
	Social inclusion	Education	%	Women 16-59, Men 16-64		82	82	83	84	84	84	85	86	86	87	88	CI††
	Financial security/debt	Financial management	%	16+		42	40	46	48	46	47	46	49	53	52		0.000
	Financial security/debt	Financial inclusion	%	16+							96	98	98	98	98		0.000
	Physical environment	Neighbourhood satisfaction	%	16+		91	92	92	92	92	92	92	92	92	92		0.000
	Physical environment	Noise*	%	16+							13	13		16	12	12	CI††
	Physical environment	House condition*	%	16+							84	84		83	83	83	CI††
	Physical environment	Overcrowding*	%	16+							16	16		16	13	14	CI††
	Working life	Stress	%	16+							15	11	12	10			0.204
	Working life	Demand	%	16+							16	11	12	12			0.435
	Working life	Control	%	16+							23	12	17	17			0.592
	Working life	Manager support	%	16+							74	75	63	62			0.012
	Working life	Colleague support	%	16+							77		81	76			0.982

Footnotes
1 Shaded cells indicate a statistically significant difference (P<0.05) over the time period; **2** Estimates are based on calendar year unless stated otherwise; **3** EASR - European Age-Standardised Rate per 100,000 adults; **4** Data are for all adults (men and women combined) unless stated otherwise;
5 Only indicators with time series data have been included in the table.
Notes on selected indicators
*Years are 2004/05, 2005/06, 2007, 2008, 2009; † From 2011, psychoactive substance-related deaths will be subsumed within the total number of recorded suicides. Suicide data prior to 2011 will not be directly comparable with data published after this time; ‡This estimate is based on the financial year (April - March); †† Comparison of confidence intervals used to determine significance of change over time

Table 3. Scotland's adult mental health – indicators currently without time trend data

Construct	Indicator
Mental wellbeing	Mental wellbeing
Mental health problems	Depression
Mental health problems	Anxiety
Mental health problems	Deliberate self-harm
Healthy living	Drug use
General health	Long-standing physical condition or disability
General health	Limiting long-standing physical condition or disability
Spirituality	Spirituality - indicator not yet defined
Emotional intelligence	Emotional intelligence - indicator not yet defined
Participation	Volunteering
Participation	Influencing local decisions
Social support	Caring
Trust	General trust
Trust	Neighbourhood trust
Safety	Non-violent neighbourhood crime
Safety	Perception of local crime
Discrimination	Discrimination
Discrimination	Racial discrimination
Discrimination	Harassment
Physical environment	Escape facility
Physical environment	Greenspace
Working life	Work-life balance
Violence	Partner abuse
Violence	Neighbourhood violence
Violence	Attitude to violence

Inequalities in Scotland's mental health

The analyses also highlight clear inequalities in mental health within the Scottish population, by socioeconomic status, age and gender (Table 4). Socioeconomic inequalities were particularly extensive; of the 50 indicators for which equalities analysis was possible, a poorer state of mental health and less favourable contextual factors were associated with greater socioeconomic disadvantage for 42. Only two indicators – unrealistic time pressures at work (demand) and drinking within the weekly alcohol limits – were more favourable in more deprived areas. Age was associated with differences in mental health and associated contextual factors for 43 indicators and gender associated with differences for 31. No gender difference was observed in either measure of mental wellbeing, which is surprising given that significant differences were observed between men and women for every indicator of mental health problems. As more data accumulate in the area of mental wellbeing measurement, this paradox will be an important topic to explore for the insights it might provide for health improvement action.

Table 4. Inequalities in mental health in Scotland, by gender, age and area deprivation

					Gender		Age Bands																SIMD Quintiles					All
Domain	Construct	Indicator	Unit	Year	Men	Women	16-24	25-34	35-44	45-54	55-64	65-74	75+	16-44	45-64	65+	35-49	50-59/ 50-64‡	25-44	45-59	55+	16-59	60+	1st (most deprived)	2nd	3rd	4th	5th (least deprived)	
Mental Health	Mental wellbeing	Mental wellbeing	Mean score	2009	49.9	49.7	50.2	49.8	49.5	48.8	50.3	50.9	48.6											47.8	48.9	49.7	50.6	51.3	49.7
		Life satisfaction	Mean score	2009	7.6	7.6	7.8	7.6	7.5	7.4	7.7	8.0	7.5											7.1	7.4	7.6	7.9	8.0	7.6
	Mental health problems	Common mental health problems	%	2009	11	17	16	14	16	17	12	9	15											21	16	14	12	10	14
		Depression*	%	2009	7	10								8	11	7								13	9	9	7	5	9
		Anxiety*	%	2009	6	10								7	10	7								13	8	8	7	5	7
		Alcohol dependency	%	2009	12	8	15	14	12	9	7	4	3											14	11	10	9	8	10
		Psychoactive substance-related deaths** †	EASR per 100,000	2009	16.4	4.6	9.0	21.9	17.0	4.9											0.3			26.0	10.9	7.8	4.5	2.2	10.4
		Suicide** †	EASR per 100,000	2009	27.4	8.9	16.0	24.1	26.2	21.6	16.2					10.0								30.8	20.5	19.1	11.6	7.9	18.0
		Deliberate self-harm	N/A																										
Individual	Learning and development	Adult learning††	%	2009	51	49	55	54									50	46						40	46	50	54	60	50
	Healthy living	Physical activity	%	2009	43	32	50	47	45	40	33	19	8											35	38	34	41	38	37
		Healthy eating	%	2009	22	25	17	23	22	22	28	26	25											17	19	23	28	28	23
		Alcohol consumption	%	2009	73	81	70	74	78	74	77	84	93											80	80	78	77	73	77
		Drug use	%	2009/10	10	5	20	15	8	3											0			10	9	6	5	6	7
	General health	Self-reported health	%	2009	77	77	90	87	83	76	71	65	53											65	71	74	84	88	77
		Long-standing physical condition or disability	%	2009	35	39	16	20	25	36	52	61	68											43	40	41	33	31	37
		Limiting long-standing physical condition or disability	%	2009	22	25	9	11	15	22	32	40	55											32	26	26	18	17	24
	Spirituality	Spirituality	Indicator to be identified																										
	Emotional intelligence	Emotional intelligence	Indicator to be identified																										
Community	Participation	Volunteering	%	2008	21	23	19	15	27	24	25	22	15											14	18	23	27	27	22
	Participation	Involvement in local community	%	2009	24	28	20	20	26	27	25	34	37											22	22	28	26	33	26
	Participation	Influencing local decisions	%	2009	20	21	13	18	21	26	20	22	22											18	18	22	22	24	21
	Social networks	Social contact	%	2009	91	97	96	96	95	91	92	95	96											95	93	94	92	96	94
	Social support	Social support	%	2009	86	90	94	89	87	87	88	88	82											85	87	88	90	91	88
	Social support	Caring	%	2009	4	5	1	1	4	5	7	7	6											6	4	5	3	3	4
	Trust	General trust	%	2009	47	46	45	42	43	48	45	50	58											33	45	50	50	54	46
	Trust	Neighbourhood trust	%	2009	57	58	37	45	52	60	67	75	77											35	47	61	67	75	57
	Safety	Neighbourhood safety	%	2008	84	61	73	76	79	80	73					55								57	67	76	79	81	72
	Safety	Home safety	%	2009	99	96	94	97	98	98	97					98								93	97	98	98	99	97
	Safety	Non-violent neighbourhood crime	%	2009/10	14	15	15												19	16			8	20	17	13	10	12	14
	Safety	Perception of local crime	%	2009/10	57	61	69	65	63	58	56	53	41											79	71	54	48	45	59
Structural	Equality	Income inequality	Gini score	2009/10																									0.35
	Social inclusion	Worklessness††	%	2009	11	10	15	10									9	9						19	12	10	7	5	10
	Social inclusion	Education††	%	2009	89	87	91	93									88	81						75	84	90	93	96	88
	Discrimination	Discrimination	%	2009	11	12								14	12	4								12	12	11	11	11	11
	Discrimination	Racial discrimination	%	2009/10	14	19	19												18	16			13	22	17	15	14	15	16
	Discrimination	Harassment	%	2009	8	7								10	6	3								9	10	7	6	6	8
	Financial security/debt	Financial management	%	2008	56	46	41	41	46	52	59					59								37	46	53	58	68	52
	Financial security/debt	Financial inclusion	%	2008	99	98	98	99	98	99	99					98								96	98	99	100	100	98
	Physical environment	Neighbourhood satisfaction	%	2008	93	92	86	91	93	94	94					96								79	91	96	98	99	92
	Physical environment	Noise	%	2009	11	15																15	8	20	14	11	8	7	12
	Physical environment	Escape facility‡	%	2009	84	77	82†	77	79	83	84					79								65	77	83	87	89	80
	Physical environment	Greenspace	%	2009	78	74	74	78	77	77	76	76	72											64	72	75	83	85	76
	Physical environment	House condition	%	2009	85	80																80	89	75	82	82	86	91	83
	Physical environment	Overcrowding	%	2009	14	14																18	6	15	14	16	12	11	14
	Working life	Stress	%	2009	13	16	10	12	17	17											12			14	13	15	14	16	14
	Working life	Work-life balance	Mean score	2009	6.3	6.5	6.4	6.1	6.4	6.1	6.8					7.8								6.2	6.2	6.5	6.3	6.6	6.4
	Working life	Demand	%	2009	25	25	18	22	30	30											18			22	22	24	28	27	25
	Working life	Control	%	2009	63	63								61	66	62								54	57	66	64	71	63
	Working life	Manager support	%	2009	60	70								66	63	63								66	58	72	64	65	65
	Working life	Colleague support	%	2009	77	82								81	77	72								78	82	79	77	80	79
	Violence	Partner abuse	%	2009/10	3	4	11												4	2			1	5	5	3	2	2	3
	Violence	Neighbourhood violence	%	2009/10	3	2	7												4	1			0	5	3	2	2	2	3
	Violence	Attitude to violence‡	Mean score	2009	3.0	3.3	2.8†	3.0	3.0	3.3	3.3					3.4								3.1	3.2	3.1	3.3	3.1	3.2

Contextual factors associated with mental health

Footnotes

1 Equalities analysis not undertaken for four indicators: data were not available for deliberate self-harm; indicators for spirituality and emotional intelligence have yet to be agreed, income inequality could not be disaggregated due to discloure risk associated with small sample size; **2** Shaded cells indicate a statistically significant difference between genders, age groups (linear or non-linear) and SIMD quintiles (linear, except for overcrowding which was non-linear) (P<0.05); **3** Estimates are based on calendar year unless stated otherwise; **4** SIMD - Scottish Index of Multiple Deprivation; **5** EASR - European Age-Standardised Rate per 100,000 adults; **6** Values of zero and 100 are due to rounding of percentages to whole numbers.

Notes on selected indicators

*Depression and anxiety - estimates for all adults are from 2009, estimates for equalities analysis are based on 2 years' aggregated data (2008-2009) due to small numbers; **Psychoactive substance-related deaths, suicide - estimates for all adults are from 2009, estimates for equalities analysis are based on 3 years' aggregated data (2007-2009) due to small numbers;

†From 2011, psychoactive substance-related deaths will be subsumed within the total number of recorded suicides. Suicide data prior to 2011 will not be directly comparable with data published after this time; ‡Escape facility and attitude to violence refer to adults aged 18-24 years rather than 16-24 years as the source survey (Scottish Social Attitudes Survey) targets adults aged 18+;

††Indicators from the Annual Population Survey (adult learning, worklessness and education) are based on women aged 16-59 and men aged 16-64.

4. Conclusions

The balance of the indicators suggests that modest progress is being made in terms of improving mental health and the conditions that underpin or undermine it. There remains substantial scope for action, building on the range of national policies already in place. These include policies not primarily directed towards mental health (poverty, inequality, nutrition, physical activity) that foster a mentally flourishing Scotland, as well as specific action on topics such as alcohol and drug misuse.[14-25]

Inequalities in mental health and contextual factors are extensive. Both targeted and population-wide strategies are necessary to ensure more equal opportunities and outcomes between genders, ages and socioeconomic groups as well as overall improvement in mental health and the conditions that foster it.[21] The existence of substantial inequalities in both person- and area-based indicators suggests that targeting should also be guided by both personal and area characteristics. Consistent data are lacking on other dimensions of equality, which therefore remain largely uncharted territory.

The breadth and complexity of the adult indicators demonstrates that a very wide range of policies, strategies, actions, organisations and individuals have a role to play in creating a mentally flourishing Scotland. We hope that this report will contribute to that process by adding to our understanding of adult mental health and its context in Scotland – where we stand today, what changes have occurred over the last decade or so, and where inequalities exist. In terms of application, we hope that the report's findings will enable evidence-informed decision making for mental health improvement, ultimately facilitating more effective mental health improvement policy and planning; that future mental health strategy will explicitly refer to and be driven by the priorities for action identified in the report; and, in the longer term, that the indicator set will be reflected in future mental health policy.

Updates to this report will be produced once every four years.

Future work: supporting local use

Although the indicators were commissioned and developed to monitor mental health at the national level, considerable interest has been expressed in their use locally. NHS Health Scotland has already published a briefing paper identifying the sub-national geographies at which data for the national indicators are available.[26] To provide local areas with further support, work is currently underway to produce a web resource setting out how local areas can use the indicators to measure mental wellbeing specifically, to be published on Well Scotland in autumn 2012 (**www.wellscotland.info**). This is being led by NHS Health Scotland via local engagement work undertaken through its Mental Health Improvement Programme. The resource is being developed in conjunction with those leading mental health improvement at local level and will feature examples of local use, related information, guidance and resources.

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All web links were verified as working on 5 October 2012.

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