Scotland's Mental Health and its Context: Adults 2009 – Briefing
February 2009

Improving mental health is a national priority in Scotland. In December 2007, NHS Health Scotland published a framework of 54 indicators to support and promote consistent and sustainable national monitoring of adult mental health and associated contextual factors in Scotland. The first systematic assessment using these indicators was published in February 2009. This briefing covers its key points.

Framework of adult mental health indicators (number of indicators in brackets)

HIGH LEVEL		
Positive mental health (2)		Mental health problems (7)

CONTEXTUAL		
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)
Socio-demographic analysis across all indicators, where possible, by gender, age and area deprivation or socio-economic status.		

Key points

- Data were available for 45 out of the 54 indicators for at least one year.
- On balance, the results suggest that modest progress is being made in mental health and the conditions that underpin or undermine it. Time trend data for the last decade or so were available for 33 indicators. Half (16) showed no significant change. There was improvement, often small, in 12 indicators, and deterioration, again often small, in five. The trend for each individual indicator is shown on the back page of this briefing.
- There were marked inequalities by area deprivation/socio-economic status, age and gender. Patterns of inequality were particularly clear for mental health problems and for individual- and structural-level contextual factors. Comparison between groups on these dimensions of socio-demographic equality was possible for 44 indicators.
- There are substantial opportunities to enable Scotland's population to reach its full potential by improving mental health and the conditions in which it can flourish. A wide range of national policies – including many that are not primarily directed towards mental health, such as poverty, inequality, environment and criminal justice – support progress towards a mentally flourishing Scotland.

Introduction

NHS Health Scotland was commissioned by the Scottish Government to establish a core set of sustainable mental health indicators to enable national monitoring.

Definitions for the adult indicator set were published in December 2007. The set comprises 54 indicators. The indicators cover the state of mental health – both positive mental health and mental health problems – and the contextual factors associated with mental health. Indicators cover the population aged 16 and above, except where restricted by data availability.

NHS Health Scotland has used these indicators to provide the first ever systematic assessment of adult mental health and its context in Scotland. The full report (see Further information) provides data for 45 indicators for at least one year. No data were available for five indicators and a further four indicators are not yet operationalised. Time trend analysis was possible for 33 indicators and socio-demographic equalities analysis for 46. This briefing focuses on time trend and equalities results.

Time trends

Taken overall, the results suggest a picture of broad stability in the last decade. Around half of the indicators for which time trend data were available – 16 out of 33 – showed no significant change over the period of analysis.

Improvement over time was seen in 12 indicators. As well as the state of mental health (common mental health problems, suicide), these indicators encompassed contextual factors at all three levels:

- individual (adult learning, physical activity, healthy eating)
- community (involvement in local community, home safety)
- structural (worklessness, education, financial management, financial inclusion and neighbourhood satisfaction).

For several indicators, the change, although statistically significant, amounted to only around one percentage point over a period of years: common mental health problems, involvement in local community, home safety and neighbourhood satisfaction.

Just five indicators showed a worsening in the last decade: alcohol dependency, psychoactive substance-related deaths, house condition, overcrowding and manager support. The deterioration in perceived overcrowding was small and not consistent with an alternative objective measure of overcrowding. However, the subjective measure used in the indicator set may be more effective at capturing the impact of overcrowding on mental health.

Socio-demographic inequalities

The report highlights clear inequalities in mental health within the Scottish population, by area deprivation, socio-economic status, age and gender. Of the 44 indicators for which equalities analysis was possible, a poorer state of mental health and less favourable contextual factors were associated with greater socio-economic disadvantage for 32. Age was associated with differences in mental health for 30 indicators and gender associated with differences for 31.

No difference was observed in positive mental health by either gender or area deprivation. This is very different from the picture for mental health problems. As more data accumulate in this

new area of positive mental health measurement, it will be important to explore this paradox for the insights it might provide for health improvement action.

Inequalities in mental health and its contextual factors are substantial. Both population-wide and more targeted strategies (based on both area and individual characteristics) are necessary to ensure overall improvement in mental health and greater equality between genders, ages and socio-economic groups. Consistent data are lacking on other dimensions of population diversity, which therefore remain largely uncharted territory.

Limitations

Analysis was constrained by a lack of recent data, relatively short time series and small sample sizes. The last two factors particularly limited the potential for equalities analysis. Interim data sources (pending data becoming available from questions introduced to national surveys in 2008) were used for 19 out of the 45 indicators analysed and for 12 out of the 33 for which trends over time were examined. A lack of time trend data for positive mental health limits our current understanding. In addition, there are particular gaps around time trends for community and structural indicators.

Conclusion

On balance, the results suggest that modest progress is being made in 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 that nonetheless foster a mentally flourishing Scotland – such as poverty, inequality, environment and criminal justice – as well as specific action on topics such as alcohol and drug misuse.

A very wide range of organisations and partnerships can play a role in creating a mentally flourishing Scotland. We hope that the first report on the indicator set and this summary briefing contribute to this process by establishing a robust standard for monitoring adult mental health and its context in Scotland.

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Scotland's adult mental health: summary of trends over time

			Indicator	Time trend
HIGH LEVEL		Positive mental health	**Positive mental health**[a]	No trend data
		Positive mental health	**Life satisfaction**[a]	No significant change
		Mental health problems	**Common mental health problems**	Improved
		Mental health problems	**Depression**[a]	No significant change
		Mental health problems	**Anxiety**[a]	No significant change
		Mental health problems	**Alcohol dependency**	Worsened
		Mental health problems	**Psychoactive substance-related deaths**	Worsened
		Mental health problems	**Suicide**	Improved
		Mental health problems	**Deliberate self-harm**[a]	No trend data
CONTEXTUAL	**Individual**	Learning and development	**Adult learning**	Improved
		Healthy living	**Physical activity**	Improved
		Healthy living	**Healthy eating**[a]	Improved
		Healthy living	**Alcohol consumption**	No significant change
		Healthy living	**Drug use**	No trend data
		General health	**Self-reported health**	No significant change
		General health	**Long-standing physical condition or disability**	No significant change
		General health	**Limiting long-standing physical condition or disability**	No significant change
		Spirituality	**Spirituality – Indicator to be identified**	Undefined
		Emotional intelligence	**Emotional intelligence – Indicator to be identified**	Undefined
	Community	Participation	**Volunteering**	No trend data
		Participation	**Involvement in local community**[a]	Improved
		Participation	**Influencing local decisions**[a]	No trend data
		Social networks	**Social contact**[a]	No significant change
		Social support	**Social support**[a]	No significant change
		Social support	**Caring**[a]	No trend data
		Trust	**General trust**[a]	No trend data
		Trust	**Neighbourhood trust**[a]	No trend data
		Safety	**Neighbourhood safety**	No significant change
		Safety	**Home safety**	Improved
		Safety	**Non-violent neighbourhood crime**	No data
		Safety	**Perception of local crime**	No trend data
	Structural	Equality	**Income inequality**	No significant change
		Social inclusion	**Worklessness**	Improved
		Social inclusion	**Education**	Improved
		Discrimination	**Discrimination**	No data
		Discrimination	**Racial discrimination**	No trend data
		Discrimination	**Harassment**	No data
		Financial security/debt	**Financial management**	Improved
		Financial security/debt	**Financial inclusion**	Improved
		Physical environment	**Neighbourhood satisfaction**	Improved
		Physical environment	**Noise**	No significant change
		Physical environment	**Escape facility – Indicator to be identified**	Undefined
		Physical environment	**Greenspace**	No data
		Physical environment	**House condition**	Worsened
		Physical environment	**Overcrowding**	Worsened
		Working life	**Stress**[a]	No significant change
		Working life	**Work–life balance**[a]	No trend data
		Working life	**Demand**[a]	No significant change
		Working life	**Control**[a]	No significant change
		Working life	**Manager support**[a]	Worsened
		Working life	**Colleague support**[a]	No significant change
		Violence	**Partner abuse**	No trend data
		Violence	**Neighbourhood violence**	No data
		Violence	**Attitude to violence – Indicator to be identified**	Undefined

[a] 'Interim' data source analysed for this indicator. For details see full report.