

Mental health inequalities in Scotland

An exploration using the ScotPHO mental
health profiles

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Key points

- Our mental health can be influenced by a wide range of physical, social, and economic factors. These include work, school, neighbourhoods, relationships, poverty, and the physical environment.
- Scotland's Public Health Observatory's (ScotPHO) mental health profiles – one for adults and one for children and young people – highlight the wide range of factors that influence mental health and wellbeing. The profile data are presented on the [ScotPHO dashboard](#).
- Here we present selected data on inequalities (unfair and avoidable differences) by deprivation (Scottish Index of Multiple Deprivation, 'SIMD'), to illustrate what the mental health profiles can tell us. The dashboard contains much more information, including data for local areas.



- We see stark inequalities in mental health outcomes, as well as in their determinants and consequences. For example, **compared with the least deprived areas, people in the most deprived areas have:**
 - Suicide rates that are 2.5 times higher.
 - School exclusion rates that are four times higher.
 - Smoking during pregnancy rates that are nine times higher.

Take home messages:

Our mental health is shaped by a range of influences. Wide inequalities persist across many of these.



Tackling the wider factors affecting mental health – e.g., by considering mental health implications in social security, education, employment, and planning policies, as well as in health policies – can help prevent conditions developing, and can be more effective than treating conditions once they arise.

This primary prevention approach is key to improving mental health in Scotland and reducing inequalities in mental health.

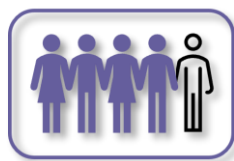
Background

Mental health and wellbeing in Scotland

Mental health conditions are a major public health concern in Scotland:



1 in 5 children have emotional and behavioural difficultiesⁱ ([Scottish Health Survey](#), 2024).



Over 1 in 5 adults have symptoms of common mental health conditionsⁱⁱ ([Scottish Health Survey](#), 2024).

Mental health conditions – such as depression, anxiety, or schizophrenia – have a huge impact on the Scottish population’s ability to live longer lives in better health. They are a major contributor to Scotland's burden of disease, which is measured by summing years lost to premature deaths and years lived with illness (Table 1).

Improved mental health and reduced inequality are national priorities for Scotland: the vision of the Scottish Government and COSLA is for a Scotland where everyone fulfils their right to achieve the best mental health and wellbeing possible.¹

Table 1: Top five broad causes of Scotland's burden of disease

Ranking	Children (5-14 years; 2021)	Whole population (2019)
1 st	Mental health conditions	Cancers
2 nd	Skin diseases	Cardiovascular diseases
3 rd	Neurological disorders	Neurological disorders
4 th	Other non-communicable	Mental health conditions
5 th	Chronic respiratory diseases	Musculoskeletal disorders

Sources: Global Burden of Disease² and Scottish Burden of Disease³.

ⁱ Elevated total difficulties scores from the Strengths and Difficulties Questionnaire.

ⁱⁱ General Health Questionnaire score of four or more.

Our mental health profiles

Improving mental health and wellbeing requires taking a wide view, because it has many determinants acting at multiple levels. We have developed two mental health profiles – one for adults and one for children and young people – to provide the bigger picture around mental health at a population level. Developing these profiles involved reviewing evidence, collaborating with experts, and consulting with communities.

Each profile consists of:

- a **framework** summarising the topics of relevance at each ‘domain’ (level) (Figure 1 and Figure 2),
- a range of measurable **indicators** for each topic, to capture information about a specific outcome or determinant.

The **children and young people mental health profile** consists of 70 indicators within six domains (Figure 1):

- Mental health outcomes
- Contextual factors:
 - Individual level
 - Family and friends
 - Learning environment
 - Community level
 - Structural level.

Thirty of the indicators currently lack a definition, data source, and/or high quality data.ⁱⁱⁱ

The **adult mental health profile** consists of 55 indicators within four domains: mental health outcomes, and their individual, community, and structural contexts (Figure 2). Ten of the adult mental health indicators currently lack a definition and/or data source.

ⁱⁱⁱ Eleven of these were intended to be sourced from the Health and Wellbeing Census, which we have not used because the data are only available for a single year and are not representative of Scotland.

Figure 1: Children and young people mental health profile framework

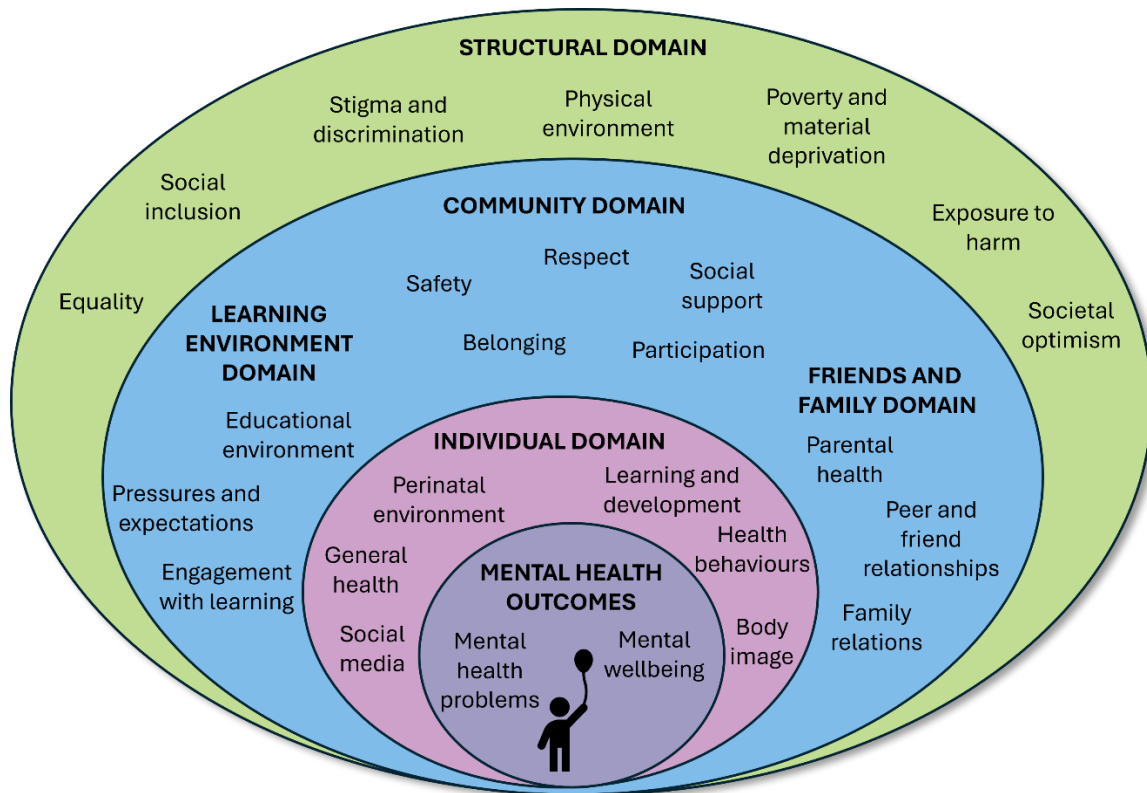
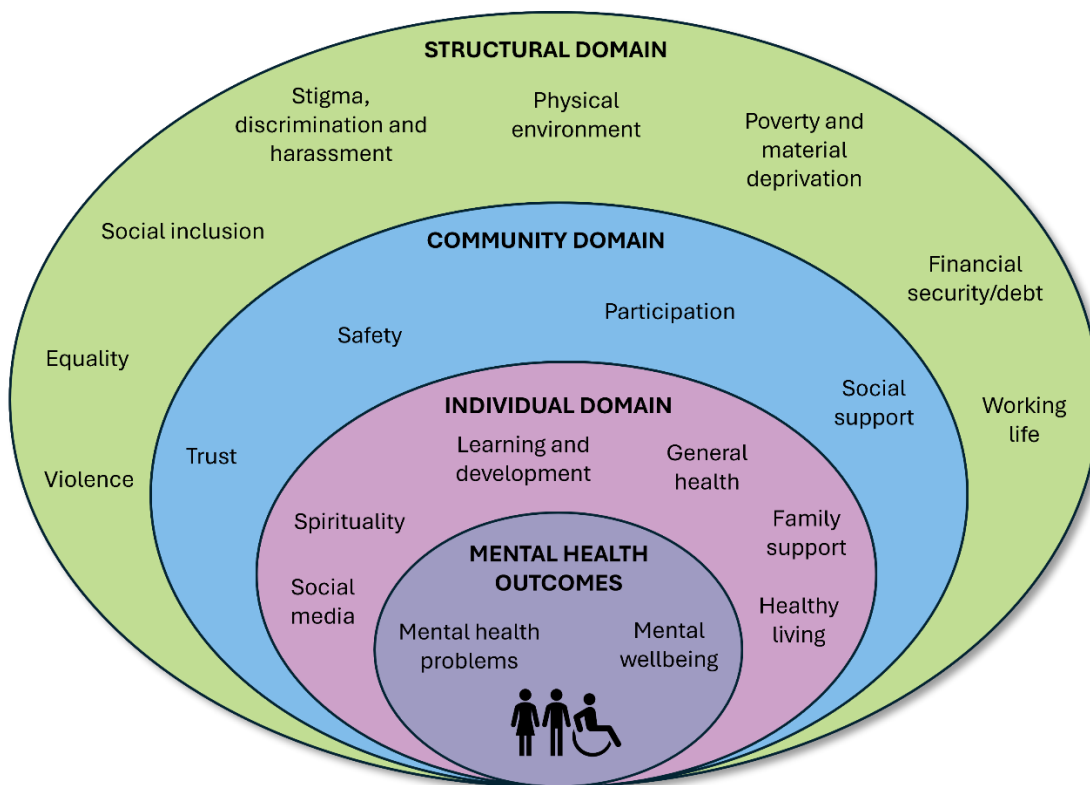


Figure 2: Adult mental health profile framework



What are the profiles for?

The **frameworks** (Figures 1 and 2) aim to increase our understanding of the wide range of determinants and consequences of mental health and wellbeing. They promote a **primary prevention approach** to mental health: showing the importance of investing in the building blocks of health to prevent conditions developing, rather than solely treating these once they arise. They demonstrate the importance of considering mental health in all policies.

Data for the **indicators**, for Scotland and for local areas, help to monitor change over time, highlight inequalities, and inform prioritisation and resource allocation. The indicator data can be explored on the **Scotland's Public Health Observatory (ScotPHO) dashboard**. Where available, data are presented for Scotland and smaller areas (e.g., health boards and council areas), and split by sex and **Scottish Index of Multiple Deprivation (SIMD)**.

About this report

Given the complexity of the mental health profiles and the richness of their indicator data we cannot present them here in their entirety. Instead, we present trend data on inequalities for a selection of the indicators. In doing so we highlight the average trend for Scotland, and how trends in the most and least deprived areas compare. We select indicators that show the range of topics covered, and that are available for deprivation splits. Please note that their selection does not infer that they are of greater importance than the other indicators in the profiles. Indicator definitions are provided in the Appendix.

We use charts to show the available time series for each indicator. We focus on the data for the most deprived areas, least deprived areas, and Scotland. We add labels for the first and last values, and to highlight large or small gaps as relevant to the indicator.

More data for these indicators and the full indicator sets are available on the **ScotPHO dashboard**. The 2024 data presented here use SIMD 2020, but when SIMD 2026 is released the 2024 figures will be revised. Although the numbers might change, we expect the general patterns to remain the same.

Mental health outcomes domain

The Mental health outcomes domain distinguishes mental wellbeing from mental health conditions. This approach recognises that the absence of mental health conditions does not necessarily imply the presence of high levels of mental wellbeing, and vice versa, and that mental wellbeing is an important determinant of health in its own right. Improving mental health in the Scottish population will require a holistic approach: improving mental wellbeing as well as preventing and treating mental health conditions.



The children and young people mental health profile has 11 indicators in the mental health outcomes domain, 7 of which currently have data. These include life satisfaction, positive mental wellbeing, hyperactivity, and conduct problems.

The adult mental health profile has 10 indicators in this domain, 9 of which have data. The indicators include life satisfaction, mental wellbeing, depression, anxiety, mental and behavioural disorders due to alcohol use, self-harm, and suicide.



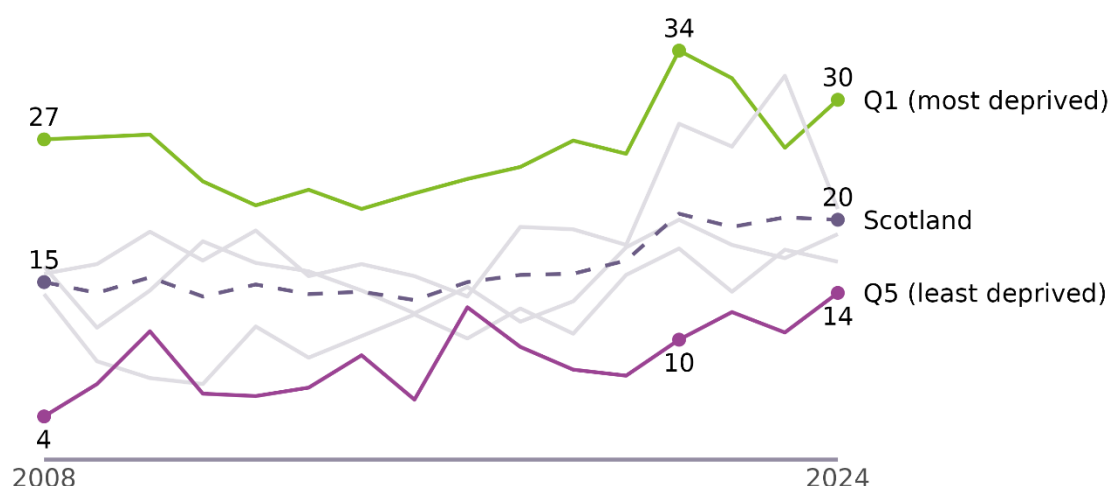
Children with behavioural and emotional difficulties

Children's behavioural and emotional difficulties are important because they can have lifelong consequences, with impacts on their future mental and physical health, educational achievement, and relationships.⁴ This indicator, from the widely used Strengths and Difficulties Questionnaire, includes emotional symptoms, hyperactivity, peer problems, and conduct problems.

- In Scotland, the percentage of children with behavioural and emotional difficulties has increased from 15% in 2008 to 20% in 2024.
- The latest estimate (2024) is that almost 1 in 3 children (30%) in the most deprived areas have behavioural and emotional difficulties: double the percentage for the least deprived areas (14%, or 1 in 7).
- There has been no clear trend in the gap between rates in the most and least deprived areas, and the gap has remained wide.

Figure 3: Children with behavioural and emotional difficulties

Percentage with an elevated 'total difficulties' score.



Source: Scottish Health Survey. [Link to the data.](#)

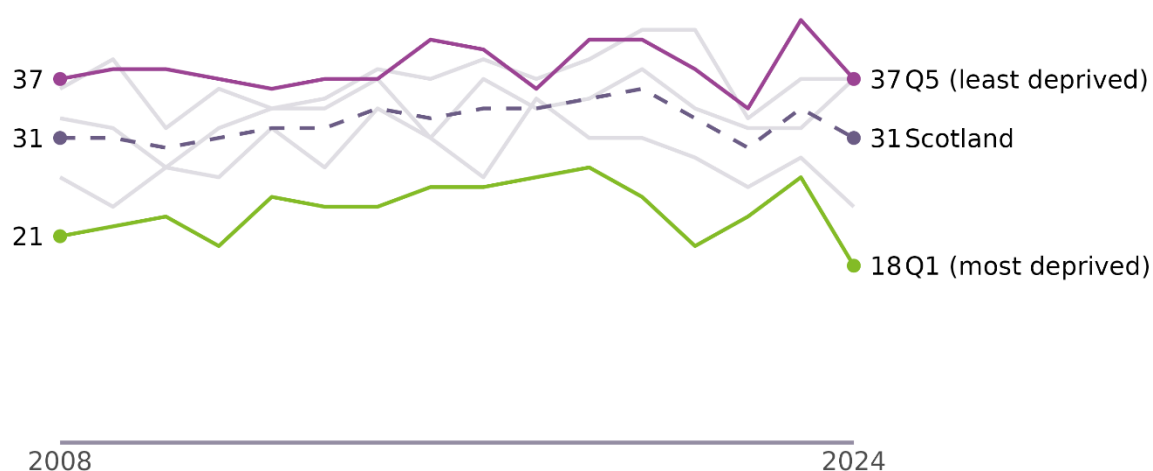
Adults with high life satisfaction

Adults' life satisfaction is an individual's evaluation of their life and is a good measure of mental wellbeing. It is important because high life satisfaction has been associated with better health outcomes and reduced mortality, and positive change in life satisfaction has been linked with improved mental health (e.g., reduced incidence of depression).⁵

- The data suggest the proportion of Scots with a high level of life satisfaction was increasing steadily but then decreased in recent years, averaging 31% in 2024 as well as at the start of the series (2008).
- The latest estimate (2024) shows adults in the least deprived areas are twice as likely to report a high level of life satisfaction than those in the most deprived areas.
- The gap has increased in recent years, as life satisfaction in the most deprived areas has fallen while it has remained fairly constant in the least deprived areas.

Figure 4: Adults with high life satisfaction

Percentage responding 9 or 10 out of 10, where 10 is extremely satisfied.



Source: Scottish Health Survey. [Link to the data.](#)

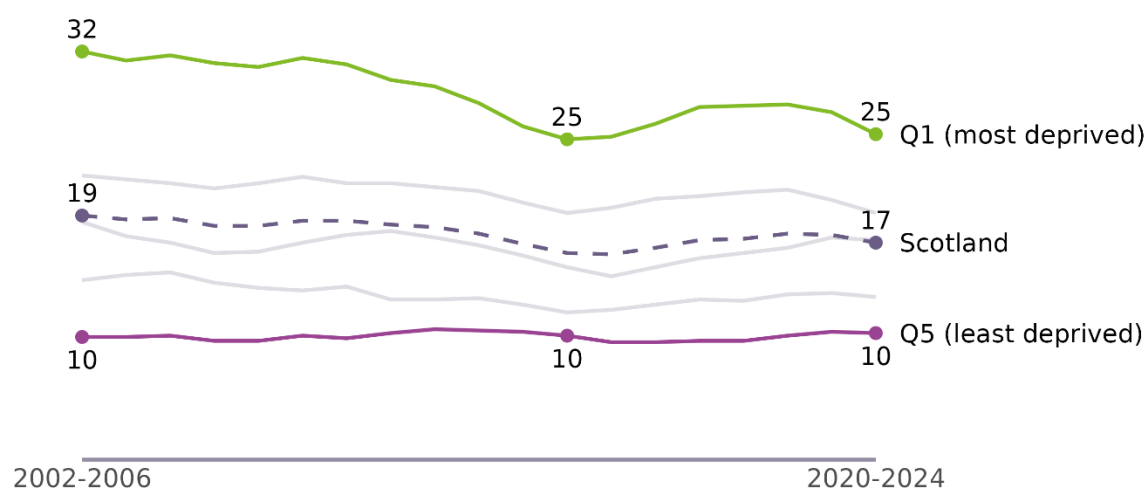
Adult suicide rates

Suicide rates (death by intentional self-harm and by undetermined intent) are a key indicator of mental distress in a population. The link between suicide and mental health conditions is well established.⁶ Stigma around mental health conditions can prevent those thinking about suicide from seeking help.

- Adult suicide rates have fallen slightly over time in Scotland in the last two decades: from 19 per 100,000 adults per year in 2002-2006 to 17 in 2020-2024.
- The latest available rates (2020-2024) were 2.5 times higher in the most deprived areas than in the least deprived areas (15 more deaths by suicide per 100,000 adults per year in absolute terms).
- The gap has narrowed from 3.2 times higher in 2002-2006 (22 more deaths by suicide per 100,000 adults per year in the most deprived areas), due to a 22% reduction in rates in the most deprived areas. However, the improvement had been roughly linear until 2013-2017, after which rates in the most deprived areas worsened before improving again to their 2013-2017 levels.

Figure 5. Adult suicide rates

European age-standardised rate per 100,000 adults per year.



Source: National Records of Scotland. Five-year rolling average. [Link to the data.](#)

Contextual factors

The mental health profiles identify important contextual factors for a range of domains: individual, community, and structural. The contextual factors can be a determinant (i.e., a risk or protective factor) of mental health, or a consequence of an individual's mental health status. Some factors can also be both, as causes and effects are often difficult to untangle. For example, increased levels of physical activity can decrease symptoms of anxiety or depression, but low mood can lead to reduced motivation to be physically active.

The individual level domain



The children and young people mental health profile has 12 indicators in the individual level domain, 7 of which currently have data. These include general health, health behaviours, social media usage, and the perinatal environment.

The adult mental health profile has 9 indicators in this domain, 4 of which have data. The indicators include measures of general health, long-term illness, and healthy living.



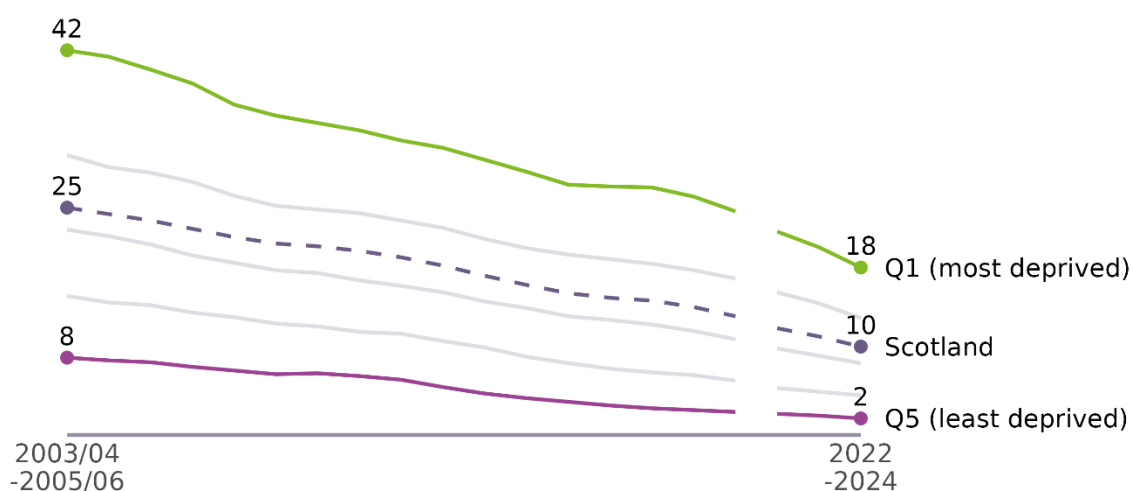
Women smoking during pregnancy

Women smoking during pregnancy is included in the children and young people mental health profile as it can have long-term detrimental impacts on offspring, such as reduced academic achievement and cognitive abilities.^{7,8}

- In Scotland, the percentage of women smoking during pregnancy has decreased steadily over the last 20 years, to a low of 10% in 2022-2024.
- The latest estimate (2022-2024) shows that almost 1 in 5 women (18%) in the most deprived areas smoked during pregnancy, compared with 1 in 50 (2%) in the least deprived areas.
- In the past 20 years, the absolute gap between percentages in the most and least deprived areas halved (from 34 to 16 percentage points). However, the relative gap almost doubled (from 5 to 9 times higher) because, although the rates halved in the most deprived areas, the rates also fell by almost 80% in the least deprived areas.

Figure 6: Women smoking during pregnancy

Percentage smoking as of first antenatal booking appointment.



Source: Public Health Scotland. Data from 2003/04-2005/06 to 2019/20-2021/22 are 3-financial-year rolling averages, from the SMR02 dataset (bookings resulting in an SMR02 delivery). Data from 2020-2022 to 2022-2024 are 3-calendar-year rolling averages, from the PHS Antenatal Booking Collection (all antenatal bookings). [Link to the data.](#)

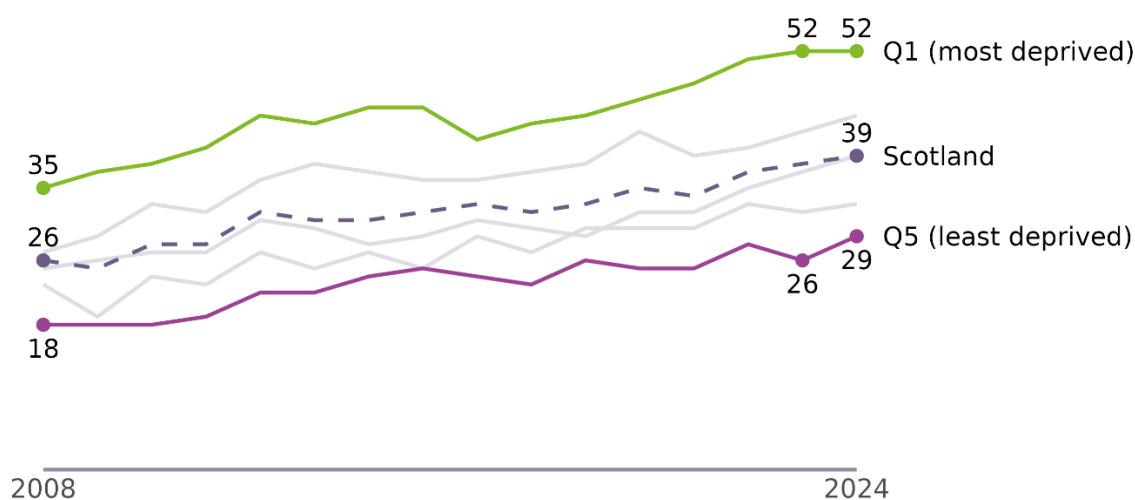
Adults with a limiting long-term illness

A limiting long-term illness is a physical or mental health condition lasting, or expected to last, at least 12 months, and which limits daily activities. Physical and mental health conditions can occur together, and can affect each other.⁹ Long-term conditions that limit daily activities can place a particular burden on those experiencing them and can precipitate feelings of being 'different', impair psychological functioning and limit life chances.¹⁰ N.B. Some with a limiting long-term illness may identify as disabled, while others may not.

- In Scotland, the percentage of adults with a limiting long-term illness has been increasing over time, reaching 39% in 2024.
- The latest estimate shows that over half of adults (52%) in the most deprived areas report having a limiting long-term illness, compared with 1 in 3 (29%) in the least deprived areas.
- Since 2008 the absolute gap has widened: from a 17 to a 23 percentage point difference between the most and least deprived areas, while the relative gap has remained at around two-fold.

Figure 7: Adults with a limiting long-term illness

Percentage.



Source: Scottish Health Survey. [Link to the data.](#)

The family and friends domain



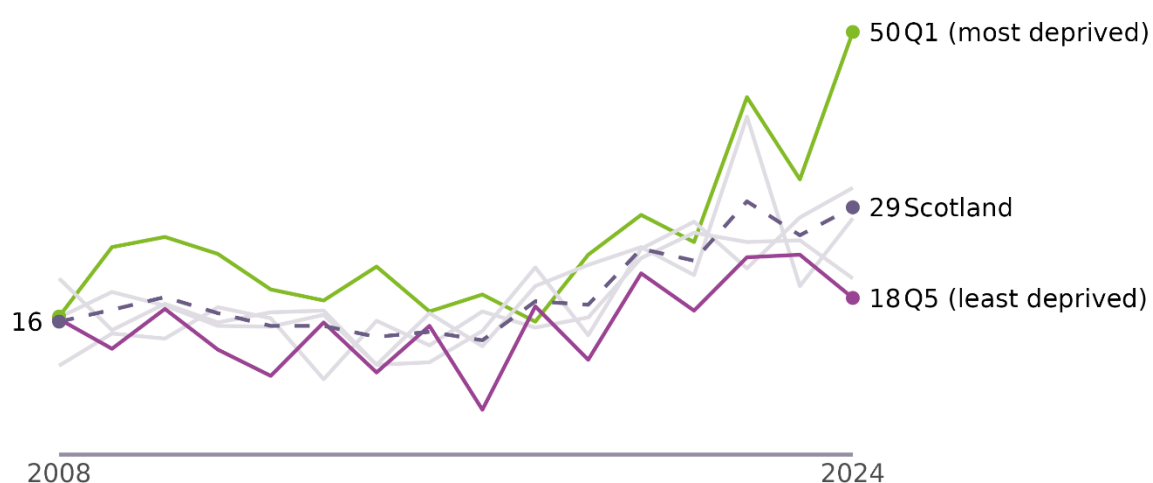
This domain in the children and young people profile includes parental health and relationships with family and friends (17 indicators, of which 11 currently have data).

Children with a parent with a common mental health condition

The mental health of parents can have a significant influence on young people's mental health outcomes.¹¹

- In Scotland, the percentage of children with a parent with a common mental health condition was decreasing until around 2016, since when it has increased to a high of 29% in 2024, the latest estimate.
- The estimates fluctuate widely from year to year due to small sample sizes. Figures in the most deprived areas generally exceed those for the least deprived.
- Although the gap was highest in 2024, volatility in the estimates makes it difficult to reliably assess change in inequalities over time.

Figure 8: Children with a parent with a common mental health condition
Percentage.



Source: Scottish Health Survey. [Link to the data.](#)

The learning environment domain



The children and young people's learning environment domain includes the educational environment, pressures and expectations, and engagement with learning (7 indicators, of which 4 currently have data).

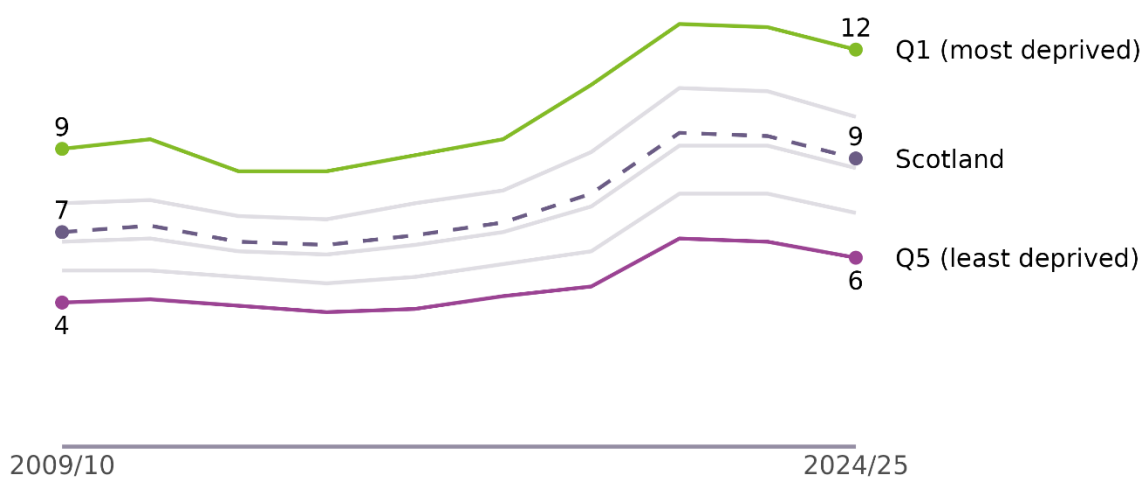
School absence

Absence from school can be reflective of a pupil's mental health status or home environment, but can also impact their mental health because of the wider supports available in school.^{12,13} Absence figures (here derived as 100 minus attendance figures) include authorised and unauthorised absence, and temporary exclusions.

- In Scotland, school absence has increased from 7% of the half days that schools were open in 2009/10 to 9% in 2024/25.
- The latest available data show that school absences were twice as high in the most deprived areas (12%) compared with the least deprived (6%).
- Inequalities in school absences have increased in absolute terms from five percentage points in 2009/10 to 6 in 2024/25. The relative gap has remained at a two-fold difference.

Figure 9: School absence

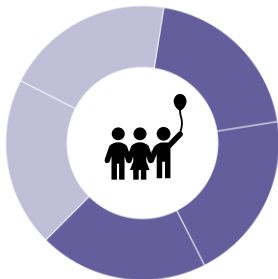
Percentage.



Source: Scottish Government school education stats, school years. [Link to the data.](#)

The community level domain

Community-level factors of importance for mental health include safety, social support and participation.



The children and young people mental health profile has 5 indicators in this domain, 3 of which have data.



The adult profile has 11 indicators for this domain, 10 of which currently have data.

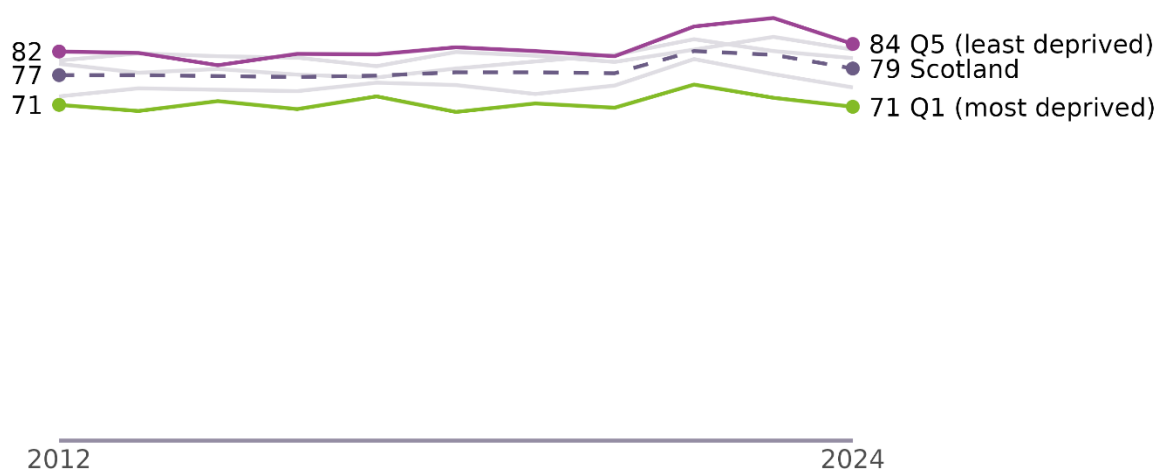
Adult sense of belonging to local neighbourhood

A sense of belonging is important as social support correlates strongly with mental health outcomes. A sense of belonging to one's neighbourhood indicates acceptance and support from a group: this is linked to improved mental health.¹⁴

- In Scotland, the average level of neighbourhood belonging has increased marginally over time, from 77% in 2012 to 79% in 2024.
- In 2024, 71% of adults in the most deprived areas felt they belonged to their local neighbourhood, compared with 84% for the least deprived areas.
- The gap has increased recently, due to an increase in belonging in the least deprived areas and a decrease in the most deprived areas: the gap is now 13 percentage points, or 18% in relative terms.

Figure 10: Adults feeling they belong to their local neighbourhood

Percentage who feel they belong 'fairly strongly' or 'very strongly'.



Source: Scottish Household Survey. [Link to the data.](#)

The structural level domain



The children and young people mental health profile has 18 indicators in the structural level domain, 14 of which currently have data. These include physical environment, poverty, social inclusion, exposure to harm, and discrimination.

The adult profile has 25 indicators for this domain, 22 of which currently have data.



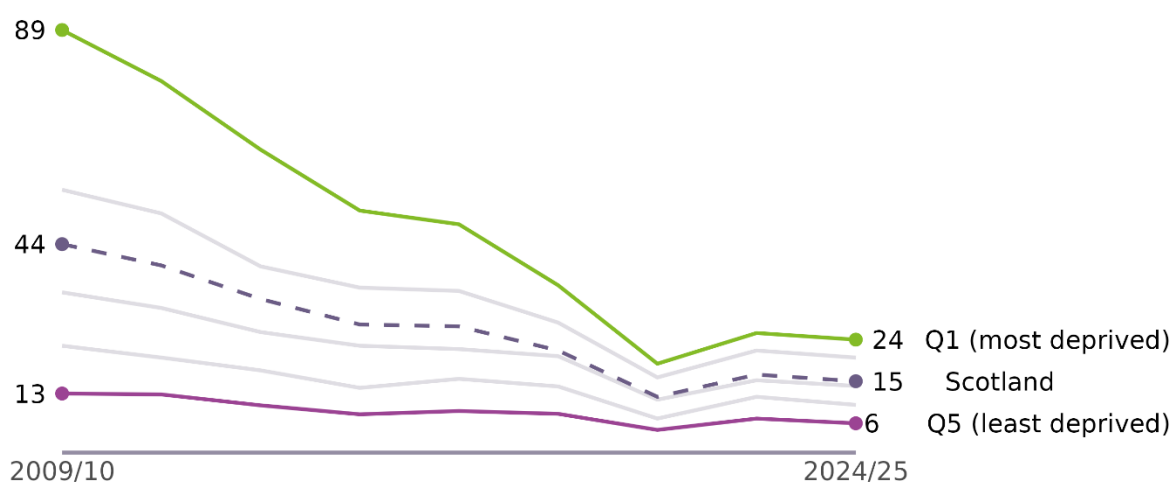
School exclusion

School exclusion represents a child's exclusion from the normal activities of their peers. This will be impacted by, as well as have an impact on, their mental health.¹⁵

- In Scotland, the school exclusion rate has decreased from a high of 45 per 1000 pupils in 2009/10 to 15 per 1000 pupils in 2024/25.
- In 2024/25 the exclusion rate was 24 per 1000 children from the most deprived areas, compared with 6 per 1000 children from the least deprived areas.
- The gap has narrowed markedly over time: from 76 per 1000 pupils in 2009/10 (a 7-fold difference) to 18 per 1000 pupils in 2024/25 (a 4-fold difference).

Figure 11: School exclusion

Crude rate per 1000 pupils.



Source: Scottish Government school education stats, school years. [Link to the data.](#)

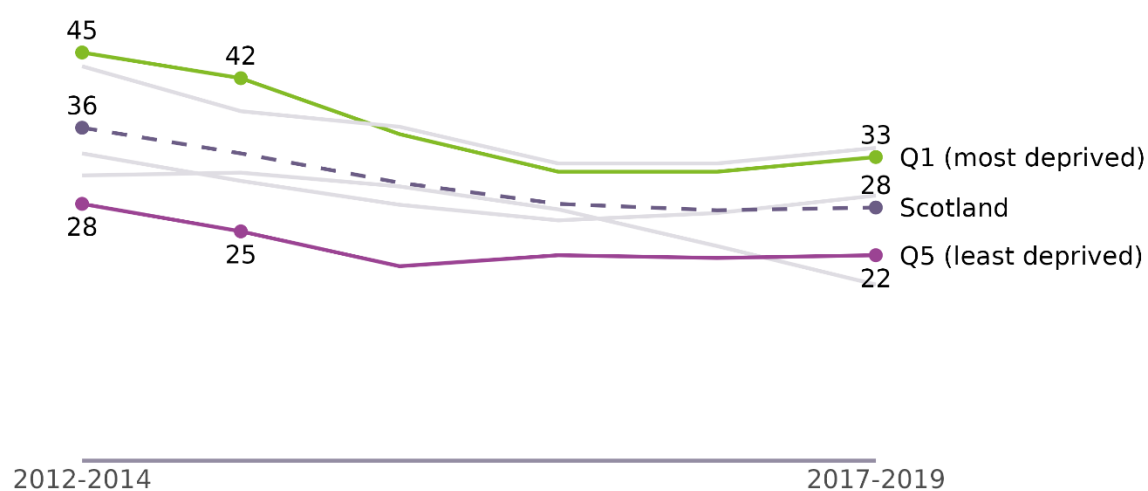
Children in dwellings with extensive and/or urgent disrepair to critical elements

Children living in dwellings with extensive and/or urgent disrepair to critical elements is important because growing up in poor quality housing can have a profound and long-term effect on children's life chances.¹⁶

- Disruption to the Scottish House Condition Survey during the COVID-19 pandemic means that the time series currently stops in 2019.
- In Scotland, the percentage of children living in dwellings with disrepair decreased from 36% in 2012-2014 to 28% in 2017-2019.
- The latest data show that 33% of children from the most deprived areas lived in dwellings with disrepair, compared with 22% from the least deprived areas.
- The gap was narrowing but began to widen slightly towards the end of the available time series. The most recent gap was 11 percentage points, or 50% higher in relative terms.

Figure 12: Children in dwellings with extensive and/or urgent disrepair to critical elements

Percentage.



Source: Scottish House Condition Survey. 3-year rolling average. [Link to the data.](#)

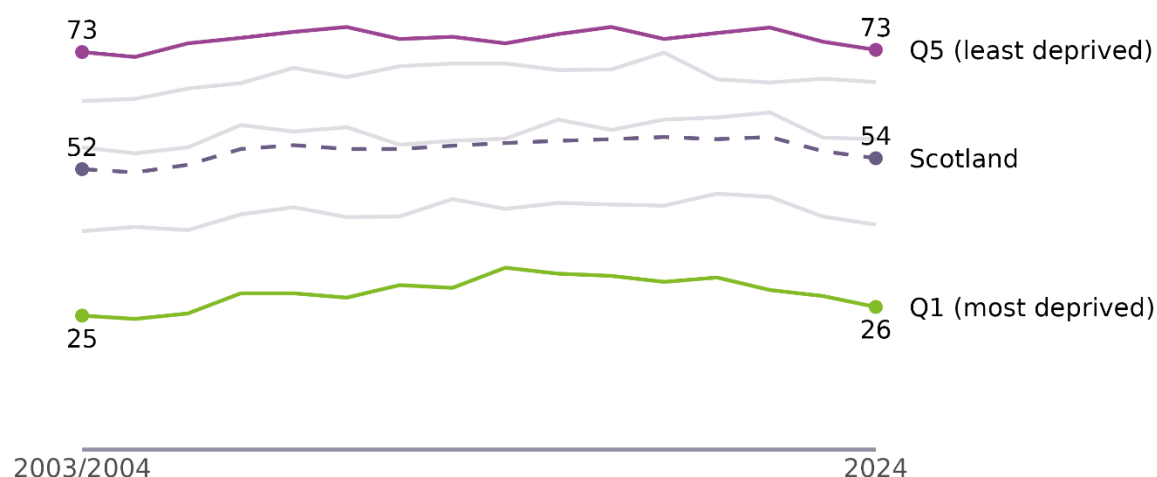
Adults rating neighbourhood as a very good place to live

The physical environment is important for mental health. How people perceive the quality of their local environment is associated with their mental health.^{14 14}

- In Scotland, the percentage of adults rating their neighbourhood as a very good place to live has remained fairly constant: 52% in 2003/04 to 54% in 2024.
- The latest data show that 26% of adults from the most deprived areas rated their neighbourhood as a very good place to live, compared with 73% from the least deprived areas.
- The gap has remained relatively constant over time: in 2024 the gap was 47 percentage points, or an almost three-fold difference in relative terms.

Figure 13: Adults rating neighbourhood as a very good place to live

Percentage.



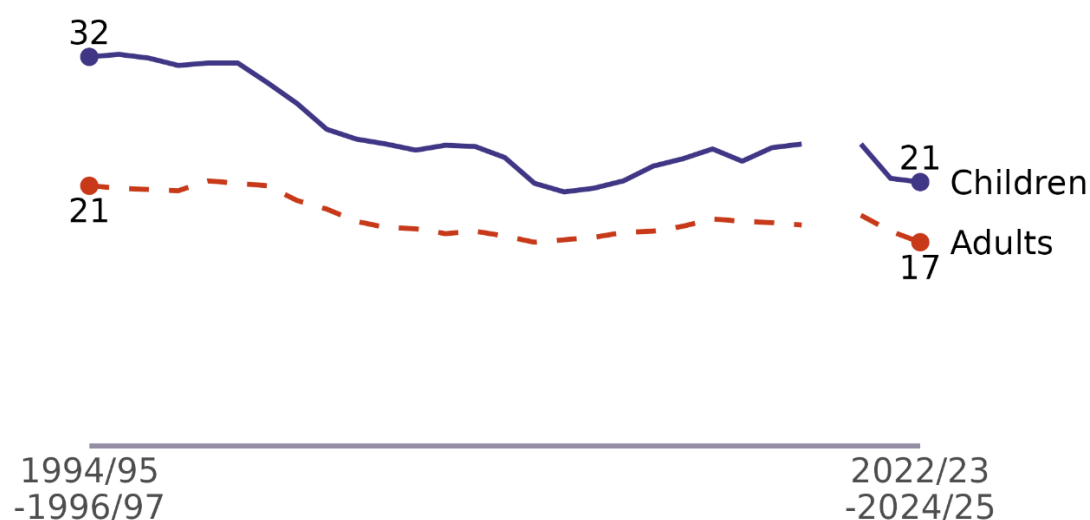
Source: Scottish Household Survey. [Link to the data.](#)

Relative poverty

Poverty is included in the mental health profiles as it is recognised to be both a cause and a result of mental ill-health. The stress and stigma associated with living in poverty or accessing social security may contribute to inequalities in mental health conditions and wellbeing, while mental ill-health can make it difficult to gain and sustain employment, pushing people into poverty.^{17,18} Relative poverty provides a measure of the extent to which the lowest income households are keeping pace with incomes in the population over time: higher values show higher levels of income inequality in the population.

- Children are more likely to live in relative poverty than adults. Around 1 in 5 children (210,000) lived in households in relative poverty in 2022/23-2024/25, compared with around 1 in 6 adults (760,000).
- Relative poverty rates increased over the 2010s. There is evidence that rates are falling now, but more data points using the new methodology are required to confirm.

Figure 14: People in households in relative poverty, after housing costs
Percentage.



Source: Family Resources Survey. 3-year rolling average. Linkage of survey and administrative data has been used since 2021/22, causing a break in the data. Care should be taken making direct comparisons before and after the break. Links to [child poverty](#) and [adult poverty](#) data.

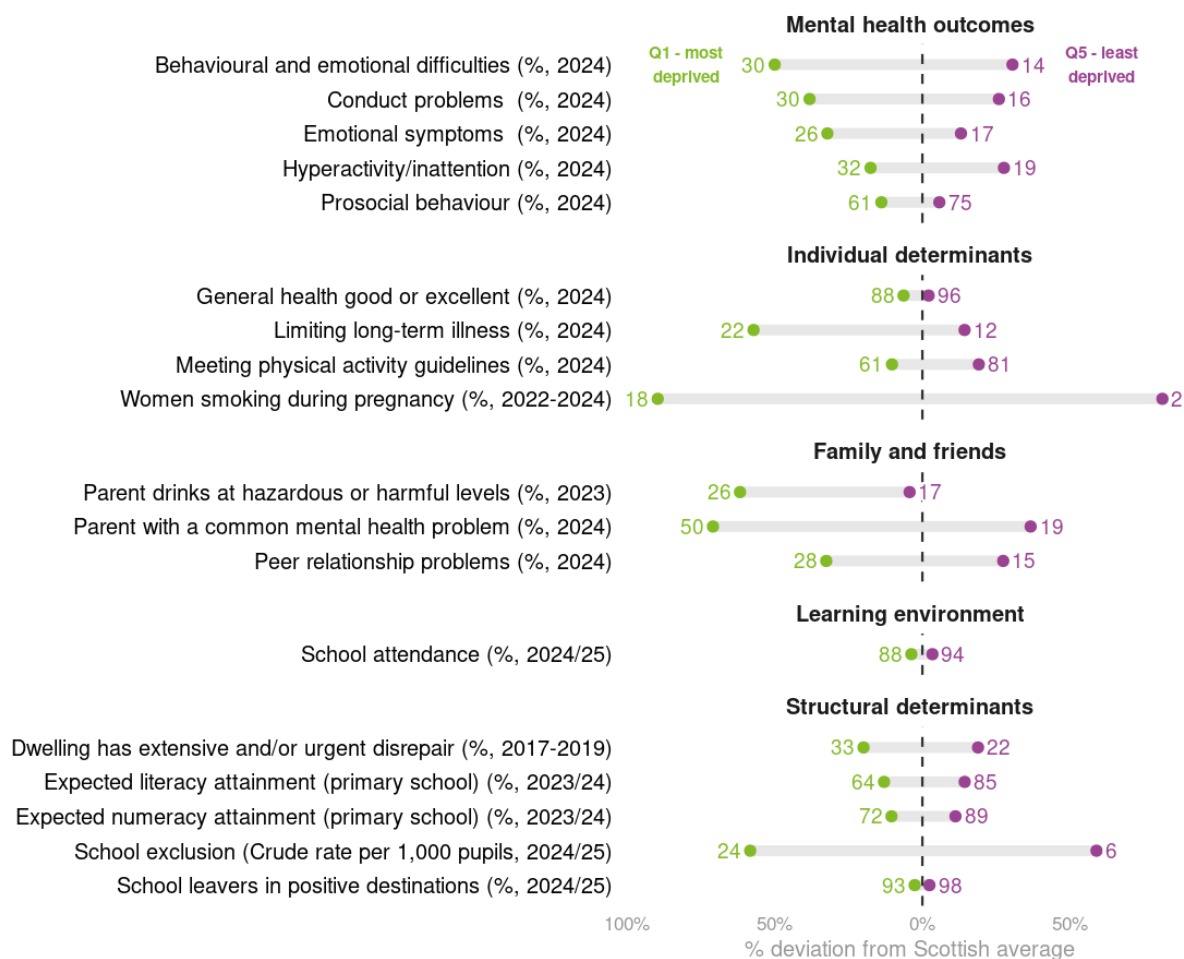
Profile inequalities summaries

We have presented time trends for selected indicators. These should be considered with the full range of indicators. Inequalities across the two profiles are summarised in Figure 15 for children and young people, and Figure 16 for adults. The latest available values for the most deprived and least deprived areas of Scotland are shown, and the grey bars show their percentage difference from the Scottish average (the central dotted line). A wide bar shows a large relative gap. For each indicator we have plotted the 'worse' value (in terms of their health implications) on the left side of the figures. For example, higher rates of problems or lower rates of meeting health guidelines would be plotted on the left.

For the **children and young people mental health profile**, data by deprivation were available for 18 indicators (Figure 15). None were available for the community level domain. For each indicator, the most deprived areas have 'worse' values than seen for Scotland and the least deprived areas had 'better' values than the Scottish average, in all but one case.

Figure 15: Mental health inequalities for children and young people

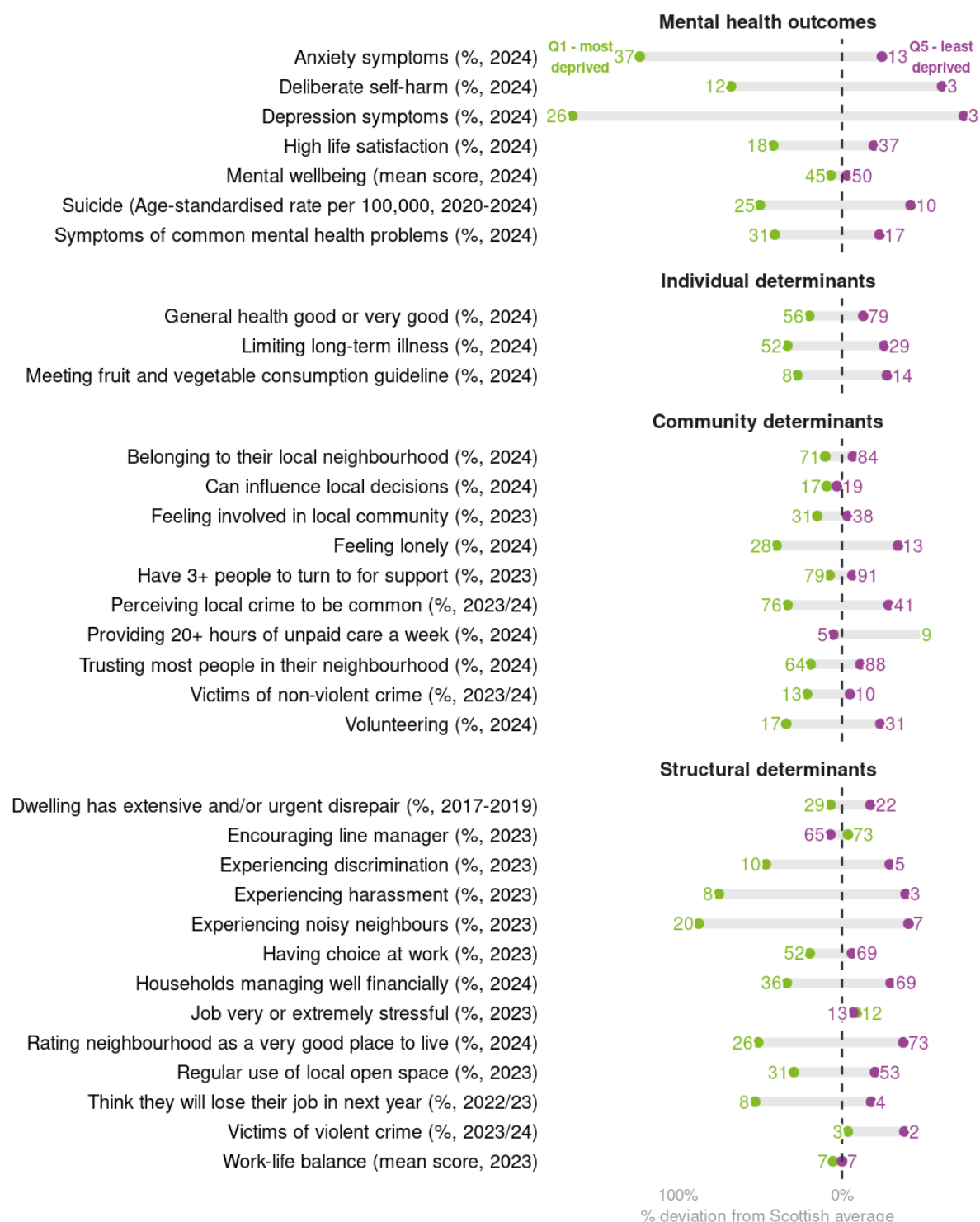
Latest data, Scotland, by domain. 'Worse' values in terms of health are shown on left. Grey bars show percentage difference from the Scottish average.



Data by deprivation were available for 33 indicators from the [adult mental health profile](#) (Figure 16). For most indicators the most deprived areas have ‘worse’ values than seen for Scotland and the least deprived areas. Exceptions were seen for two workplace indicators: job stress was lower and encouragement from line managers was higher for those from the most deprived areas.

Figure 16: Mental health inequalities for adults

Latest data, Scotland, by domain. ‘Worse’ values in terms of health are shown on left. Grey bars show percentage difference from the Scottish average.



Conclusion

Despite the population-wide improvements over time seen for some of the selected mental health indicators, progress has not been evenly distributed, and we see stark inequalities remaining between the most and the least deprived areas.

For example, compared with the least deprived areas, we find that children in the most deprived areas have:

- rates of exclusion from school that are four times higher,
- rates of mothers smoking in pregnancy that are nine times higher,
- and rates of behavioural and emotional difficulties that are two times higher.

And for adults, compared with those the least deprived areas we find that those in the most deprived areas have:

- rates of suicide that are 2.5 times higher,
- rates of limiting long-term illnesses that are almost two times higher,
- and rates of rating one's neighbourhood as a very good place to live that are one-third as high.

Thus, while national trends are informative, it is crucial to also look at data for population subgroups as we have demonstrated.

We have highlighted a small number of the available indicators and have focussed on Scotland as a whole. The full mental health profiles on the [ScotPHO dashboard](#) can be used to track population trends and inequalities across a wider range of indicators. Where possible, the data are provided for areas such as health boards, council areas, and other geographies.

Tackling the wider factors affecting mental health – e.g., by considering mental health implications in policy making around social security, education, employment, and planning, as well as in health policies – can help prevent conditions developing, and can be more efficient than treating conditions once they arise. This is a primary prevention approach, and is key to improving mental health in Scotland and reducing inequalities in mental health.

Appendix

Definitions and data sources for the selected indicators

Indicator	Definition	Source	Age group
Children with emotional and behavioural difficulties	Percentage of children who have an "abnormal" or "borderline" total difficulties score on the Strengths and Difficulties Questionnaire (SDQ). A score from 0 to 13 out of 40 is defined as "normal".	Scottish Health Survey	4-12 years
Adult life satisfaction	Percentage of adults responding 9 or 10 out of 10, where 10 is extremely satisfied, when asked how satisfied the respondent is with their life in general.	Scottish Health Survey	16+ years
Adult deaths from suicide	European Age-Standardised Rate of death by intentional self-harm and by undetermined intent ('probable suicides'), per 100,000 adults.	National Records of Scotland	16+ years
Women smoking during pregnancy	Percentage of women with known smoking status at first antenatal booking appointment who are recorded as a 'current smoker'. Does not include e-cigarettes/vaping.	SMR02 and Antenatal Booking Collection	All
Children with a parent with a common mental health condition	Percentage of children who have a parent/carer with symptoms of a possible mental health condition (a General Health Questionnaire (GHQ) score of four or more).	Scottish Health Survey	0-15 years
Adults with a limiting long-term illness	Percentage of adults who have a limiting long-term illness: a physical or mental health condition or illness lasting, or expected to last, 12 months or more, that limits their activities.	Scottish Health Survey	16+ years

Indicator	Definition	Source	Age group
School attendance	Percentage state school attendance by primary and secondary pupils in the past year, for the period(s) in which schools were open.	Scottish Government school attendance statistics	School-aged children
Adults feeling they belong to their local neighbourhood	Percentage of adults who feel that they belong very or fairly strongly to their immediate neighbourhood.	Scottish Household Survey	16+ years
School exclusion rate	Crude rate of cases of exclusion (both temporary and permanent) from primary and secondary state schools per 1,000 pupils.	Scottish Government school exclusion statistics	School-aged children
Children in dwellings with extensive and/or urgent disrepair to critical elements	Percentage of households with children aged under 16 years old with any extensive or considered urgent disrepair to the critical elements of their dwelling.	Scottish House Condition Survey	0-15 years
Adults rating neighbourhood as a very good place to live	Percentage of adults who rate their neighbourhood as a very good place to live.	Scottish Household Survey	16+ years
Children and adults in households in relative poverty	Percentage living in private households with an equivalised income of less than 60% of the UK median income in the same year, after housing costs.	Family Resources Survey	Children 0-15 years (and 16-19 year olds if still dependent); Adults 16+ years.

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