The Scottish Health Survey 2019



SCSN Briefing Paper November 2020

Publication: https://www.gov.scot/publications/scottish-health-survey-2019-volume-1-main-report/

Data Explorer: https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/

Commissioned by the Scottish Government, the Scottish Health Survey (SHeS) has run continuously since 1995. Since 2008 SHeS consists of a two-stage process - a personal interview for the full sample, followed by a nurse visit to one sixth of the sample, whereas it was previously offered to the whole sample. The aim of the SHeS is to gain knowledge about the health of the population of Scotland. It is worth noting that there is an accident module that available online as part of the SHeS which is available here - https://www.gov.scot/publications/scottish-health-survey-2019-supplementary-tables/ Chapter 17 is 'Accidents' and an excel spreadsheet can be downloaded which provides findings relating to accidents in the home and at work. If required, the Scottish Government can provide further analysis.

SheS summary report is

here: https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2020/09/scottish-health-survey-2019-summary-report/documents/scottish-health-survey-summary-key-findings-2019-edition/scottish-health-survey-summary-key-findings-2019-edition/govscot%3Adocument/scottish-health-survey-summary-key-findings-2019-edition.pdf

The SHeS has some things of relevance to community safety including alcohol consumption, ACEs, mental health and wellbeing and loneliness. The chapters summarised in this briefing are:

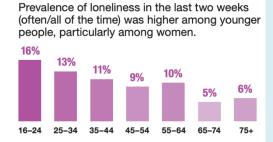
- Chapter 2: Mental Wellbeing
- Chapter 4: Alcohol
- Chapter 8: Adverse Childhood Experiences
- Table 17: Accidents Module

The tables below help summarize the finding in the SHeS in the left column, while in the right column provides potential implications for the field of community safety.

Chapter 2: Mental Wellbeing

SHeS Finding

In the past ten years there has been an overall increase in levels of depression, anxiety self-harm and attempted suicide in Scotland.



Among women, 12% reported feeling lonely 'often' or 'all of the time' in the previous two weeks in 2019, a significantly higher proportion than men (9%). Young adults were more likely than older adults to have felt lonely 'often' or 'all of the time' in the previous two weeks with around one in six (16%) adults aged 16-24 reporting this compared with around one in twenty (5 - 6%) aged 65 and over. women aged 16-24 were significantly more likely than men of the same age to report feeling lonely 'often' or 'all of the time' (21% and 12% respectively). Those living in the most deprived areas were more likely than those in the least deprived areas to experience loneliness (17% of those living in the most deprived quintile reported having felt lonely 'often/all of the time' compared with 6% of those living in the least deprived quintile).

Those living in the most deprived areas were more likely to have reported feeling lonely 'often/all of the time' in the last 2 weeks than those living in the least deprived areas.

5th—least deprived

4th

7%

3rd

11%

2nd

11%

1st—most deprived

17%

Implications for community safety

Rising mental III health could have major implications for community safety issues. The short term and long-term effects of the Covid-19 pandemic could tip the scale much further increasing likelihood of accidents in the home, loneliness and social isolation.

People experiencing loneliness are often more likely to experience other health conditions and social exclusion than other groups. With respect for community safety, those living in more deprived areas are more likely to experience unintentional harm and injury. With loneliness increasing in deprived areas and much higher than less deprived areas, community safety efforts should link in with public health initiatives to reduce loneliness to have an impact on community safety outcomes for this community.

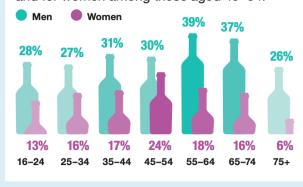
Chapter 4: Alcohol

SHeS Finding

The highest prevalence of hazardous or harmful drinking for men was among those aged 55–64 and for women among those aged 45–54.

In 2019, the highest proportion of adult non-drinkers was in the most deprived areas and the lowest was in the least deprived areas.

The highest prevalence of hazardous or harmful drinking for men was among those aged 55–64 and for women among those aged 45–54.



Implications for community safety

Home safety efforts should recognise the dangers posed by this age group as falls, unintentional fires and other accidents are more likely after drinking.

Alcohol consumption in affluent areas poses a greater risk for unintentional harm and injury in the home.

In 2019, prevalence of hazardous, harmful or possibly dependent drinking behaviour (AUDIT scores of 8 or more) was higher for men than for women.





Chapter 8: Adverse Childhood Experiences

SHeS Finding

Those in the most deprived areas were almost twice as likely than those in the least deprived areas to experience four or more ACEs.

Those who reported four or more ACEs were significantly more likely to be/have/suffer from... Obesity, Any cardiovascular disease, Current smokers, A limiting

Implications for community safety

Risk of unintentional harm and injury disproportionately affect people living in more deprived areas. What joint working could be done between those working in Health and Social Care and third sectors in collaboration with Community Safety services and networks? There may be plenty of opportunities for collaboration.

People with these health conditions are arguably more likely to be at home more, especially during the Covid-19 pandemic when many essential services are closed. This puts this group at greater risk of accidents in the home as well as loneliness

long-term condition, Lower mental wellbeing scores, Not met physical activity guidelines and exacerbating mental and physical health conditions.

In 2019, just over one in seven adults reported four or more ACEs.



The proportion of adults reporting four or more ACEs in 2019 was higher among those whose parents were in routine and manual occupations***.

parents were in managerial and professional occupations

12%

parents were in intermediate and small employers or own account holders

14%

parents were in routine and manual occupations

21%

SHeS Finding

Falls, slips or trips are the cause of the majority of accidents at 42% of all causes.

People aged 75 and over experience the highest number of accidents. Those aged 35 to 44 are the age group that experiences 2nd highest number of accidents.

The majority of accidents still happen in the home or garden, across all age groups in particular 65 – 74 and 75+

Implications for community safety

With more people staying at home due to Covid-19, the likelihood of falls / slips in the home is higher. In addition, lack of face to face delivery and community interventions could compound risk of falls for older adults. The National Falls Prevention Strategy is currently on hold and so it is important that the Scottish Government understand the importance of recommencing this piece of work. Although it is too early to understand the impact of Covid-19 on falls in the home, insight from frontline practitioners has indicated a rise in falls in the home.

The SHeS was conducted prior to the pandemic. Due to lockdown and the increase of home working it can be anticipated that there will be an increase in accidents (personal and work) in the home. Employer policies, reasonable adjustments at work, correct equipment is vital to minimising the chances of accidents happening in the home due to work. For people aged 65 and older, a focus on preventative work could help minimise chances of falls (i.e. movement, gentle exercise, nutrition etc). Although digital exclusion could be a barrier to engage with services remotely at the moment.

Summary

To summarise, the Scottish Health Survey 2019 covers many different issues, from Smoking to Mental Health and the environment. Community Safety is an area that crosses policy boundaries and it is important to recognise the impact of other policy decisions on the safety of individuals and communities. Although Community Safety is sometimes criticised for straddling multiple, and sometime contrasting policy areas, this could also be its strength, an opportunity for new networks, partnerships and collaboration.