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Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2015: Mental Wellbeing Report

An Official Statistics publication for Scotland

HEALTH AND SOCIAL CARE

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Executive Summary

Introduction

This report presents the mental wellbeing findings from the 2015 wave of the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS). The research was commissioned by the Scottish Government and carried out by Ipsos MORI Scotland.

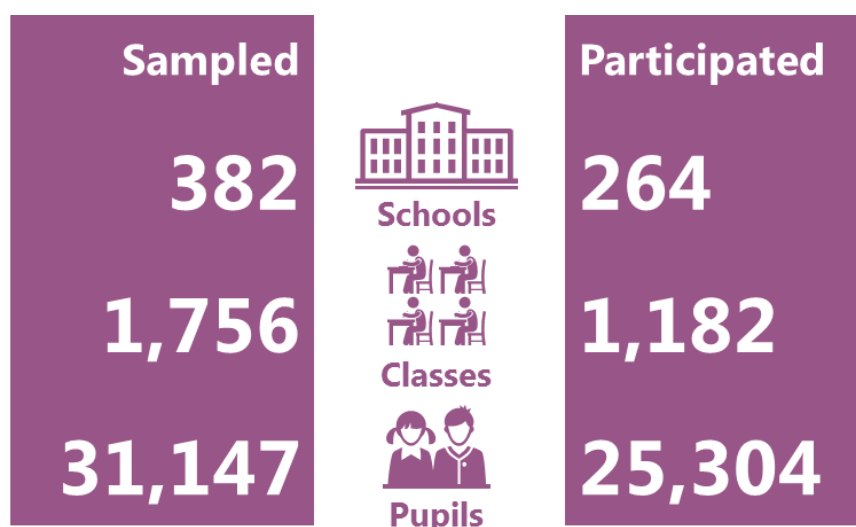
Survey background and purpose

SALSUS is a continuation of a long established series of national surveys on smoking, drinking and drug use. These were carried out jointly in Scotland and England between 1982 and 2000, to provide a national picture of young peoples' smoking (from 1982), drinking (from 1990), and drug use (from 1998) behaviours within the context of other lifestyle, health and social factors. Since 2002, Scotland has developed its own, more tailored survey, known as SALSUS.

About the survey

SALSUS is a self-completion survey administered by teachers in a mixed ability class, under exam conditions. In the past the survey has been completed on paper, but in 2015 half of the sample completed the survey online. Fieldwork was undertaken between September 2015 and January 2016.

Figure 1 Numbers sampled and participated



The overall response rate was **53%** based on class and pupil response rate¹.

For full details of the methodology please see the accompanying SALSUS 2015 Technical Report.

¹ The overall response rate excludes schools who took part in the Realigning Children's Services Survey. For more details, please see the SALSUS 2015 Technical Report

Key findings

This report explores emotional and behavioural problems and mental wellbeing variables from SALSUS 2015. It covers trends in emotional and behavioural problems and mental wellbeing and looks at the relationship between these findings and other survey variables.

Emotional and behavioural problems

- Emotional and behavioural problems were measured in the survey using the Goodman Strengths and Difficulties questionnaire². The questionnaire comprises 25 items that are grouped into 5 scales, with each scale including 5 questions. The scales are: emotional symptoms; conduct problems; hyperactivity/inattention; peer relationship problems; and pro-social behaviour. A total difficulties score was calculated as an overall measure of emotional and behavioural problems by summing the scores, excluding pro-social behaviour.
- Overall, the trends in emotional and behavioural problems over time have been mixed, depending both on the type of problem encountered and on the age and gender of pupils.
- There has been a slight decrease in the percentage of pupils with a normal total difficulties SDQ score between 2010 and 2015 and a slight increase in the percentage of pupils with an abnormal score.
- The proportion of pupils with a borderline or abnormal score on the conduct scale decreased between 2006 and 2015. In contrast, the proportion of pupils with a borderline or abnormal score on the emotional problems scale, and to a lesser extent the peer problems scale, increased between 2006 and 2015.
- 15 year old girls were considerably more likely than any other sub-group to have a borderline or abnormal emotional problems score.
- Across all groups, with the exception of 15 year old girls, the proportion who had a borderline or abnormal scores increased between 2013 and 2015.
- The percentage of pupils with a normal pro-social score has slowly increased since 2006. In 2006, 68% of pupils had a normal score, compared with 75% in 2013. Since 2013 there has been no further change.

² Goodman R, Meltzer H, Bailey V (1998) The Strengths and Difficulties Questionnaire: A pilot study on the validity of the self-report version. *European Child and Adolescent Psychiatry*, 7, 125-130.

Mental wellbeing

- Mental wellbeing was measured using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)³. Developed as a tool for measuring mental wellbeing at a population level, the scale comprises 14 positively worded statements that relate to an individual's state of mental wellbeing (thoughts and feelings). Pupils were asked to indicate how often they have had such thoughts and feelings over the last two weeks. Each statement has a five item scale ranging from '1 - None of the time' to '5 - All of the time'.
- Overall, mental wellbeing scores have remained relatively stable over time with little change in average WEMWBS scores.
- The average⁴ WEMWBS score for all pupils decreased slightly between 2010 and 2013 from 50.0 to 48.7. Between 2013 and 2015, there has been only a very minor decrease in the score to 48.4 which suggests that there have been no major shifts in mental wellbeing among 13 and 15 year olds.
- For 13 and 15 year old boys, there has been little change in the average WEMWBS scores between 2013 and 2015. There has been a greater change in scores for 13 year old girls and 15 year old girls.

Emotional and behavioural problems, mental wellbeing and SIMD

- There was a clear link between SIMD and emotional and behavioural problems and mental wellbeing. Pupils who lived in the least deprived SIMD were less likely than those in the most deprived areas to have a borderline or abnormal total difficulties score and to have a higher mean WEMWBS score.

Emotional and behavioural problems, mental wellbeing and family circumstances

- A pupil's family structure was associated with emotional and behavioural problems and mental wellbeing. Pupils who live with both parents were less likely than those in other family situations to have a borderline or abnormal total difficulties score and had higher mean WEMWBS scores.
- Around 10% of pupils had caring responsibilities at home. Pupils who did were considerably more likely to have a borderline or abnormal total difficulties score as well as having lower mean WEMWBS scores.
- Pupils who were unlikely to talk to their parents about something that was worrying them were more likely than those who were to have a borderline or abnormal total difficulties score and to have lower WEMWBS scores.

³ Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., & Stewart-Brown, S. (2007a). The Warwick-Edinburgh mental well-being scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5(1), 63.

⁴ Mean score (as opposed to the median score).

- There was a correlation between perceived parental knowledge of activities and a pupil's emotional and behavioural problems. Pupils who thought their parents knew more about their activities are more likely to have normal total difficulties scores and to have higher WEMWBS scores.

Acknowledgements

First and foremost, we would like to thank all of the pupils who participated in the 2015 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS).

We would also like to thank the schools that participated and, in particular, the teachers who organised and administered the survey. In addition, we would like to thank individuals from Alcohol and Drug Partnerships (ADPs) and Education departments within local authorities who encouraged schools to take part.

We are grateful to the SALSUS steering group for their help and guidance over the life of the project, and in particular to Isla Wallace, Justine Geyer, Emma McCallum, and Julie Guy for their support throughout.

Finally, we would like to acknowledge the contributions of many Ipsos MORI colleagues, in particular: Chris Martin, Steven Hope, Yinka Oluwi and Anna Sperati.

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1 Introduction and background

This report presents the mental wellbeing findings from the 2015 wave of the Scottish Schools Adolescent Lifestyle and Substance Use Survey. The research was commissioned by the Scottish Government and carried out by Ipsos MORI Scotland.

Survey background

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) is a continuation of a long established series of national surveys on smoking, drinking and drug use. These were carried out jointly in Scotland and England between 1982 and 2000, to provide a national picture of young peoples' smoking (from 1982), drinking (from 1990), and drug use (from 1998) within the context of other lifestyle, health and social factors. Since 2002, Scotland has developed its own, more tailored survey known as SALSUS.

SALSUS is foremost a survey about substance use in adolescence and the outputs are therefore focused on prevalence of smoking, drinking and drug use. However, the survey contains a wealth of information on the behaviour of young people in Scotland over the last 30 years.

This report explores one of the other topics included in SALSUS – emotional and behavioural problems and mental wellbeing. It covers trends in emotional and behavioural problems and mental wellbeing and looks at the relationship between these findings and other survey variables, specifically, the Scottish Index of Multiple Deprivation and variables relating to family life.

Survey purpose

SALSUS measures progress towards Scottish Government targets for smoking and drug use, and is used to inform the Scottish Government priority of addressing harmful drinking among young people.

The survey series also provides local prevalence rates for smoking, drinking and drug use across Alcohol and Drug Partnerships (ADPs), local authorities and NHS Boards. SALSUS data are used in a number of the ADP national core indicators, which allows the ADPs to monitor their progress against a common set of outcomes. ADPs and their community planning partners make extensive use of SALSUS data in local needs assessments and in developing their strategic priorities.

Methods

SALSUS is a self-completion survey administered by teachers in a mixed ability class, under exam conditions. In the past the survey has been completed on paper, but for the first time, in the 2015 wave, half of the sample completed the survey online⁵.

A random, nationally representative sample of S2 and S4 pupils in Scottish schools was drawn with classes as the primary sampling unit. All local authority and independent schools in Scotland were eligible for inclusion in the sample, with the exception of special schools.

Fieldwork was completed between September 2015 and January 2016. A total of 13,607 S2 and 11,697 S4 pupils responded.

Throughout the report pupils in S2 are referred to as '13 year olds' and S4 pupils are referred to as '15 year olds' for ease. It should be borne in mind that some pupils within these categories may be slightly older or younger.

Some pupils did not answer each question. Where answers are missing, these have been excluded from the analysis and so charts and tables that describe the same population may have varying bases. When differences between estimates are specifically commented on in the report, these differences are statistically significant to the level of 0.05⁶.

Percentages may not add up to 100% due to rounding.

For full details of the methodology, please see the SALSUS 2015 Technical Report⁷. Also see Appendix A for the full 2015 questionnaire.

Finally, it is important to note, that while there are associations between many of the indicators explored in this report, conclusions about causality cannot be drawn.

The relationship between emotional and behavioural problems, mental wellbeing and substance use was covered in the individual substance topic reports⁸ and will not be repeated in this report.

Emotional and behavioural problems and mental wellbeing indicators

Emotional and behavioural problems – Strengths and Difficulties Questionnaire

The 'Strengths and Difficulties Questionnaire' (SDQ) was designed by Robert Goodman (1997)⁹ and is widely used by researchers, clinicians and education professionals. This

⁵ Please see the SALSUS 2015 Mode Effect report available at:
<http://www.gov.scot/Publications/2016/10/3040>

⁶ This means that we are at least 95% sure that a difference is real and not due to chance.

⁷ The SALSUS 2015 Technical Report can be found at:
<http://www.gov.scot/Publications/2016/10/9287>

⁸ The individual substance topics reports can be found at:
<http://www.gov.scot/Topics/Research/by-topic/health-community-care/social-research/SALSUS>

measure has been included in SALSUS since 2006. The questionnaire comprises 25 items that are grouped into 5 scales, with each scale including 5 questions. The scales are:

- emotional symptoms (5 items)
- conduct problems (5 items)
- hyperactivity/inattention (5 items)
- peer relationship problems (5 items)
- pro-social behaviour (5 items).

Information on how to score the self-completed SDQ was obtained from the website <http://www.sdqinfo.com>, a site referenced by Goodman et al. For each item in each of the five scales, the value of the responses 'Not true,' 'Somewhat true,' and 'Certainly true' was assigned a value from 0 to 2.

Overall scores were calculated for each of the five scales by summing the scores for all items within each scale. Total difficulties scores were also calculated as an overall measure of emotional and behavioural problems by summing the scores for emotional problems, conduct problems, hyperactivity and peer problems, but excluding scores for pro-social behaviour.

The terminology used to describe SDQ scores is borrowed from the original questionnaire designed by Goodman. The terms 'normal', 'borderline' and 'abnormal' are used to describe scores for each scale. These terms have been used throughout this report to indicate bands of scores for each scale. While the terms may seem out-dated in the context of the language used to describe mental wellbeing in today's language, they have been retained in this report to draw comparisons to previous years.

Mental Wellbeing – Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by researchers at the Universities of Warwick and Edinburgh, with funding provided by NHS Health Scotland, to enable the measurement of mental wellbeing of adults in the UK¹⁰.

Since 2010, SALSUS has included WEMWBS. Developed as a tool for measuring mental wellbeing at a population level, the scale comprises 14 positively worded statements that relate to an individual's state of mental wellbeing (thoughts and feelings). Pupils were asked to indicate how often they have had such thoughts and feelings over the last two weeks. Each statement has a five item scale ranging from '1 - None of the time' to '5 - All of the time'. The lowest possible score is therefore 14 and the highest is 70.

⁹ Goodman R, Meltzer H, Bailey V (1998) The Strengths and Difficulties Questionnaire: A pilot study on the validity of the self-report version. *European Child and Adolescent Psychiatry*, 7, 125-130.

¹⁰ Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., & Stewart-Brown, S. (2007a). The Warwick-Edinburgh mental well-being scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5(1), 63.

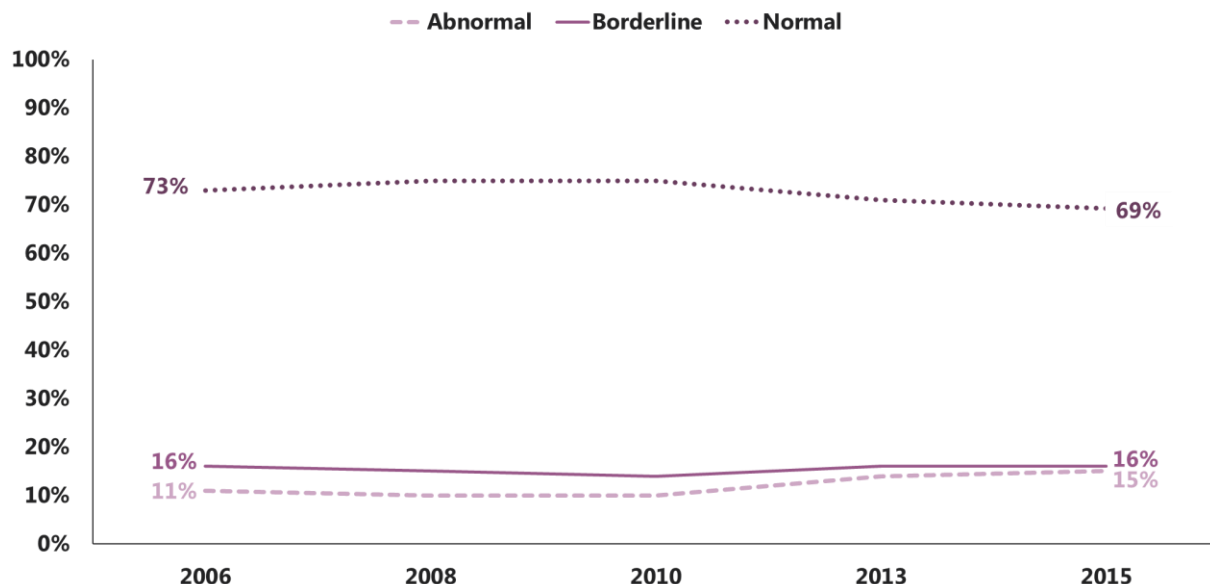
2 Emotional and behavioural problems and mental wellbeing indicators

Strengths and Difficulties Questionnaire (SDQ) Score

Just over two thirds (69%) of all pupils had a normal total difficulties score, while 16% had a borderline score and a further 15% had an abnormal score.

There has not been a great deal of change in total difficulties score between 2006 and 2010. However, there has been a slight decrease in the percentage of pupils with a normal score between 2010 and 2015 (from 75% in 2010 to 69% in 2015) and a slight increase in the percentage of pupils with an abnormal score (from 11% in 2010 to 15% in 2015) (Figure 2.1).

Figure 2.1 Total difficulties score (2006-2015)

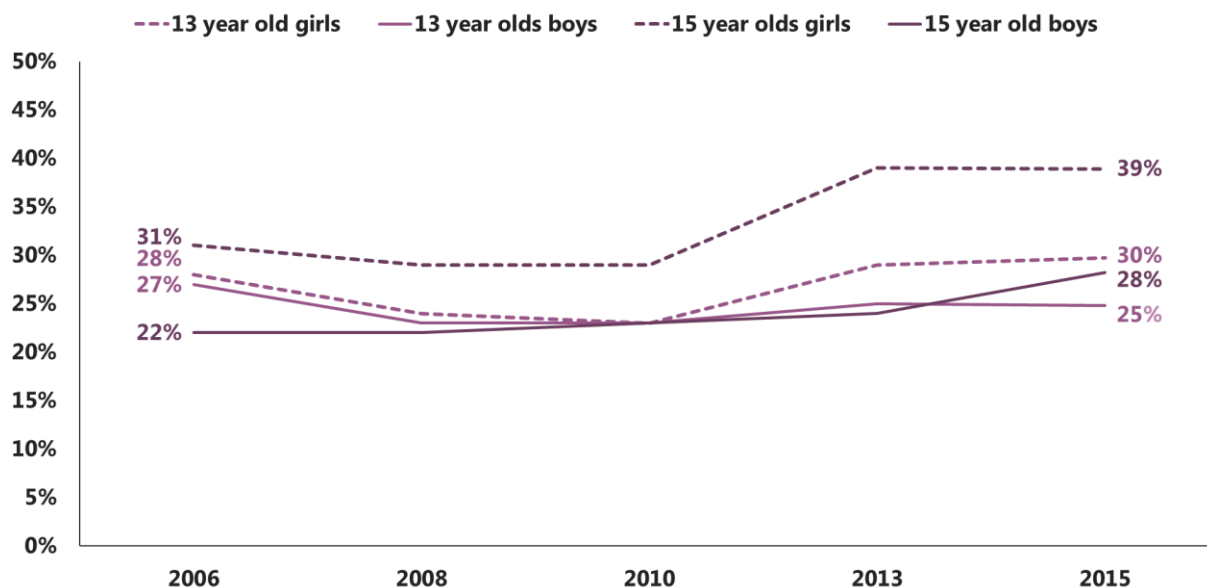


Base: See Appendix A

At first glance, this would suggest that the proportion of pupils with emotional and behavioural problems has changed little over the past ten years. However, this overall picture hides a more complicated pattern that emerged when the data was broken down by age and gender.

As can be seen in Figure 2.2, there is a considerable gap between 15 year old girls and all other demographic groups. This gap increased between 2010 and 2013 but there was no further increase between 2013 and 2015. The only change between 2013 and 2015 was a slight increase in the proportion of 15 year old boys with a borderline or abnormal score (Figure 2.2).

Figure 2.2 Trends in total difficulties scores by gender and age (% borderline or abnormal score) (2006-2015)



Base: See Appendix A

Individual SDQ Scales

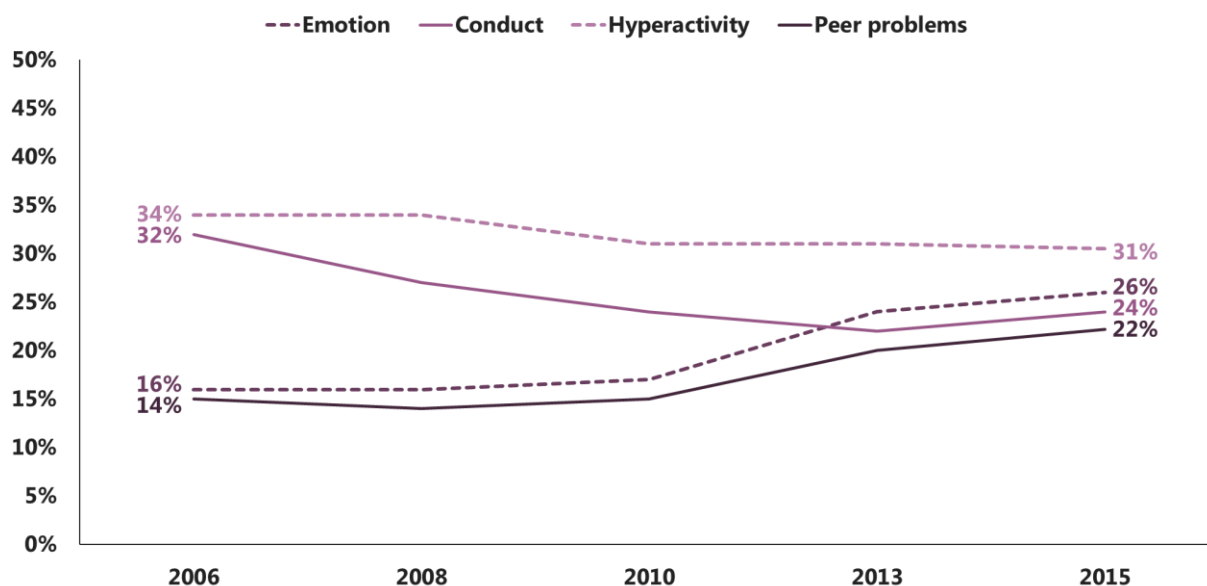
The total difficulties score gives us an overview of how emotional and behavioural problems among young people in Scotland have changed over the past nine years. However, it covers four very different issues: hyperactivity, emotional problems, conduct problems and peer problems. These four scales did not show a consistent pattern of change. Not included in the total difficulties score is the pro-social scale. This scale is a measure of positive behaviour in young people and, as such, is measured in terms of the proportion of pupils with a normal score, rather than the proportion with a borderline or abnormal score. Therefore, it is not included in Figure 2.3 below.

In 2015, pupils were most likely to have a borderline or abnormal score on the hyperactivity scale (31%). This was followed by the emotion scale (26%), conduct scale (24%), and peer problems scale (22%) (Figure 2.3).

Hyperactivity was the most common self-reported emotional and behavioural problem and this has remained the case over time, although there has been a slight decrease in the proportion with a borderline or abnormal score between 2006 and 2015.

There was a greater amount of change among the other three scales. The proportion of pupils with a borderline or abnormal score on the conduct scale decreased between 2006 and 2015 (from 32% in 2006 to 22% in 2015). In contrast, the proportion of pupils with a borderline or abnormal score on the emotional problems scale (from 16% in 2006 to 26% in 2015), and to a lesser extent the peer problems scale (from 14% in 2006 to 22% in 2015), increased between 2006 and 2015 (Figure 2.3).

Figure 2.3 Individual SDQ scales between 2006 and 2015 (% borderline or abnormal score)



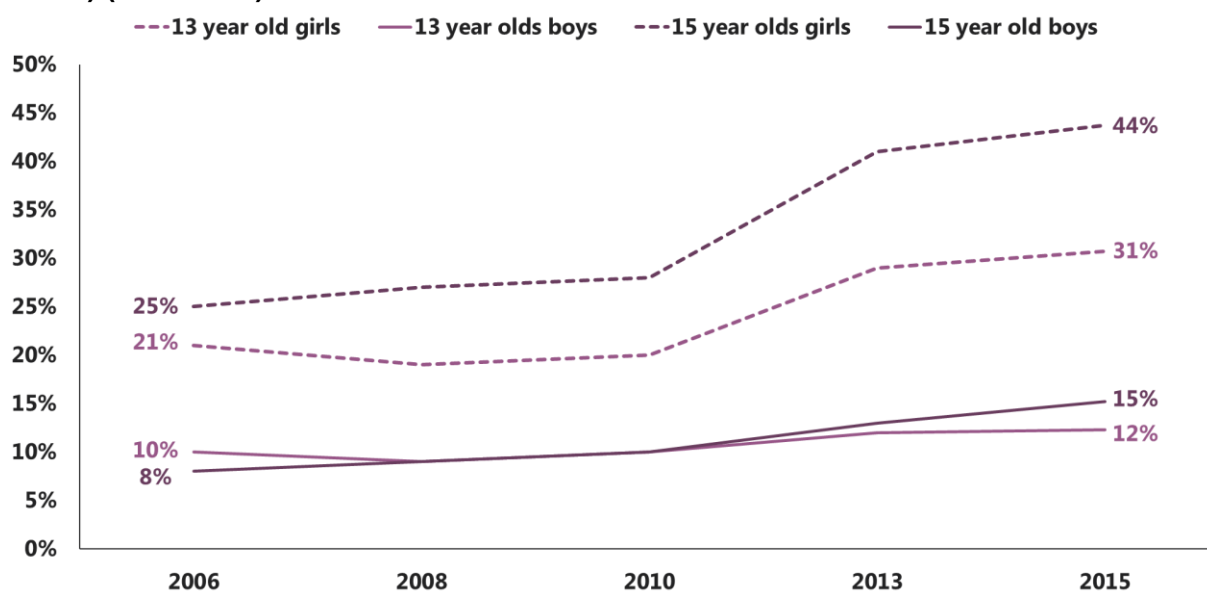
Base: See Appendix A

Emotional Problems

Overall in 2015, 74% of pupils had a normal emotional problems score. 18% had an abnormal score while 8% had a borderline score.

Girls were considerably more likely than boys to have a borderline or abnormal emotional problems score, showing the same pattern as the total difficulties scores but to a much greater extent. Furthermore, 15 year old girls were much more likely than 13 year old girls to have a borderline or abnormal score. While the greatest change among 15 year old girls was between 2010 and 2013 there was a further increase in the proportion with a borderline or abnormal score from 41% to 44% between 2013 and 2015. There was no change between 2013 and 2015 among 13 or 15 year old boys.

Figure 2.4 – Trends in emotions SDQ scores by gender and age (% borderline or abnormal score) (2006-2015)



Base: See Appendix A

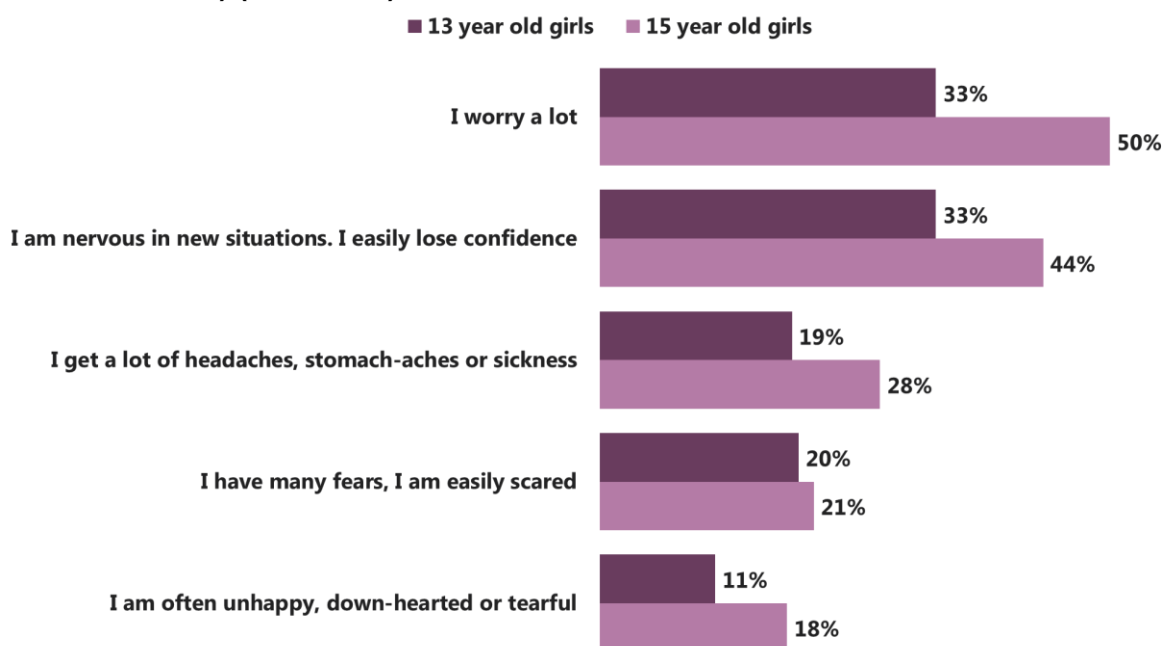
Individual items on the emotional problems scale

Given the marked increase in the proportion of 15 year old girls, and to a lesser extent 13 year old girls, with a borderline or abnormal emotional problems score, further analysis was conducted to explore which of the individual items contributed the most to the change. The individual statements included in the emotional problems scale were:

- I worry a lot
- I am nervous in new situations. I easily lose confidence
- I get a lot of headaches, stomach-aches or sickness
- I have many fears, I am easily scared
- I am often unhappy, down-hearted or tearful.

Girls were most likely to agree that it was certainly true that they 'worry a lot' or that they 'easily lose confidence'. 15 year old girls were more likely than 13 year old girls to say that each of the statements were certainly true with the exception of 'I have many fears; I am easily scared' (Figure 2.5).

Figure 2.5 – Individual emotional problems items among girls, by age (% borderline or abnormal score) (2006-2015)

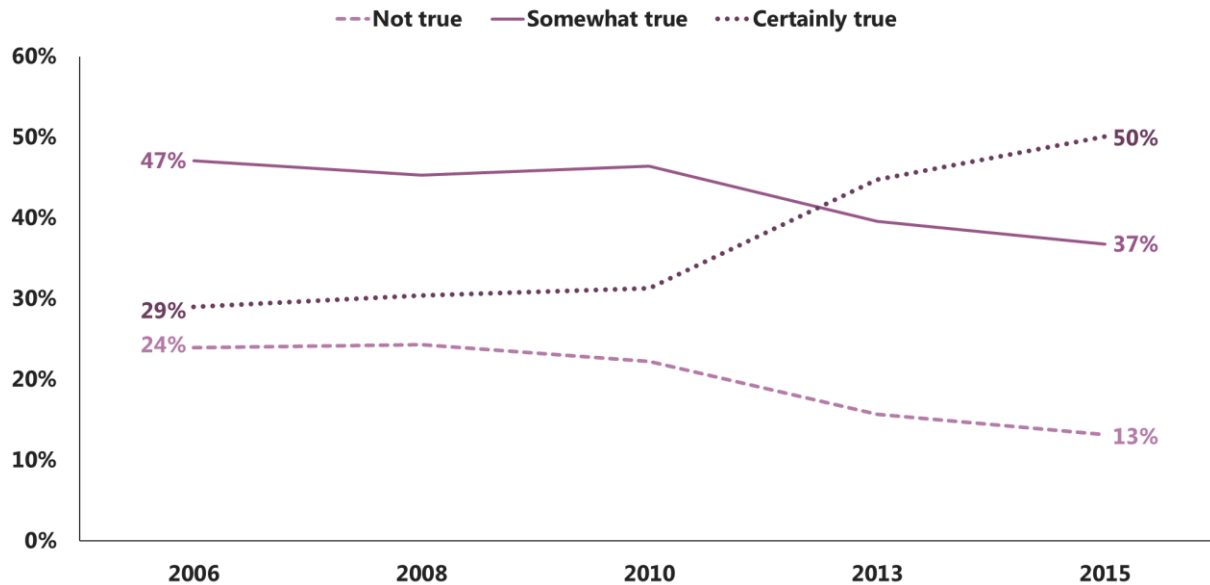


Base (2015): 13 year old girls (6,014) 15 year old girls (5,207)

'I worry a lot' and 'I am nervous in new situations. I easily lose confidence' were also the statements that showed the greatest change over time. As Figure 2.6 shows, the proportion of 15 year old girls saying it was certainly true that they worry a lot increased considerably between 2010 and 2013 (from 31% in 2010 to 50% in 2015).

A similar trend emerged among 13 year old girls: 19% said it was certainly true they worried a lot in 2010, compared with 33% in 2015.

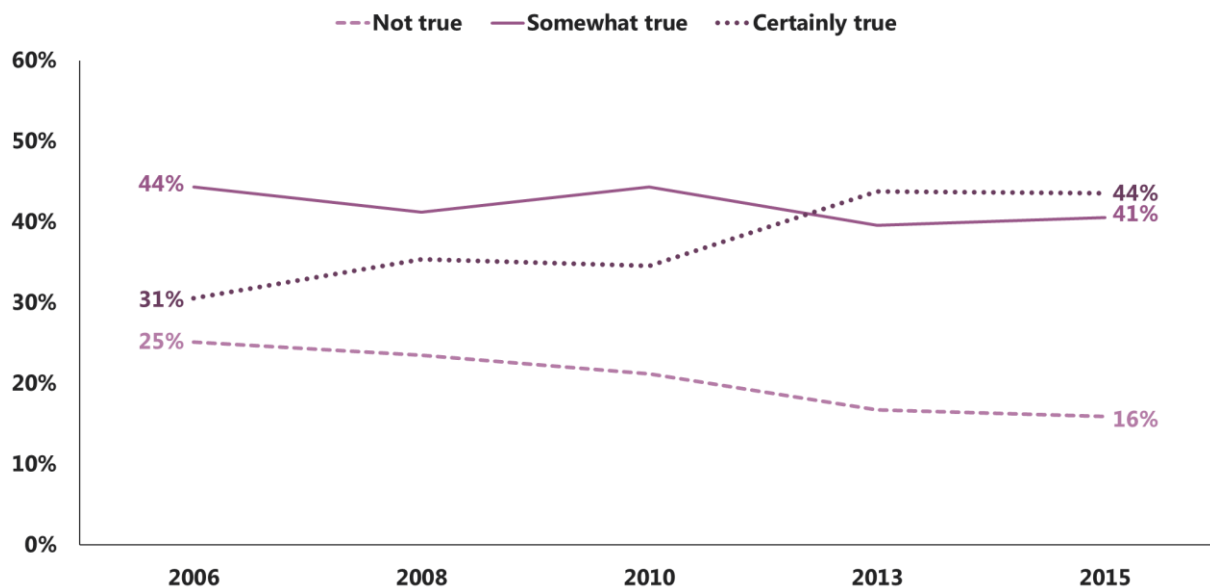
Figure 2.6 Trends in emotional SDQ questions for 15 year old girls (2006-2015) – ‘I worry a lot’



Base: See Appendix A

The same trend appeared for ‘I am nervous in new situations. I easily lose confidence’. Among 15 year old girls, the proportion who said that this statement was certainly true had increased from 31% in 2006 to 44% in 2015.

Figure 2.7 Trends in emotional SDQ questions for 15 year old girls (2006-2015) – ‘I am nervous in new situations. I easily lose confidence’



Base: See Appendix A

Conduct Problems

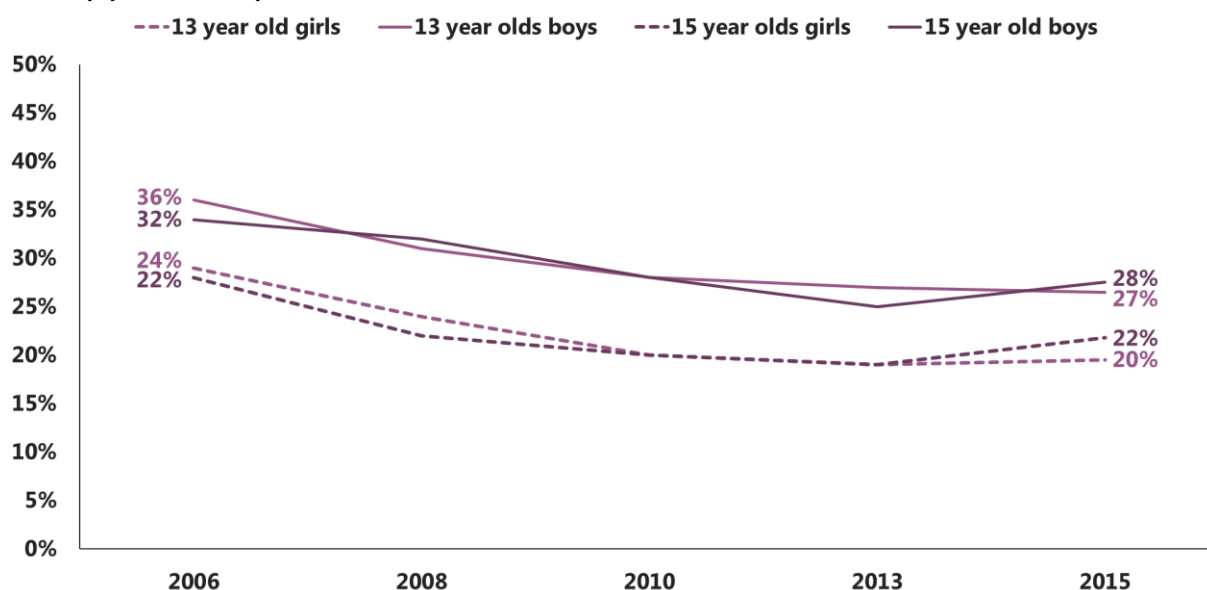
Three quarters (76%) of all pupils had a normal score on the conduct problems scale. 15% of pupils had an abnormal score, while 9% had a borderline score.

Boys were more likely than girls to have a borderline or abnormal score on the conduct problems scale: 28% of 15 year old boys and 27% of 13 year old boys had borderline or

abnormal conduct score, compared with 22% of 15 year old girls and 20% of 13 year old girls (Figure 2.8).

Among all pupils, the proportion who had a borderline or abnormal score on the conduct scale decreased between 2006 and 2013. However, between 2013 and 2015 there was an increase in the proportion of 15 year old boys and 13 year old girls who had a borderline or abnormal conduct score (Figure 2.8).

Figure 2.8 – Trends in conduct SDQ scores by gender and age (% borderline or abnormal score) (2006-2015)



Base: See Appendix A

Individual items on the conduct problems scale

After decreasing steadily for a number of years, the proportion of 15 year old boys scoring borderline or abnormal scores on the conduct SDQ questions increased (from 25% to 28%). For this reason, further analysis was conducted to explore which of the individual items contributed the most to the change. The individual statements included in the conduct problems scale were:

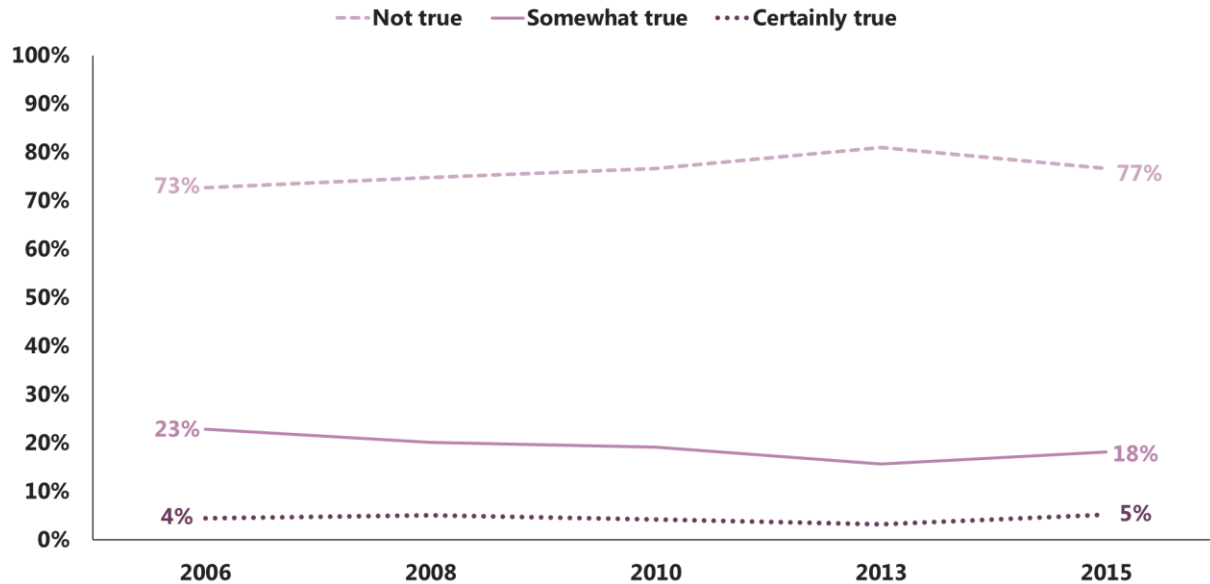
- I usually do as I am told
- I get very angry and often lose my temper
- I am often accused of lying or cheating
- I take things that are not mine from home, school or elsewhere
- I fight a lot. I can make other people do what I want

The greatest change in the individual items that make up the conduct problems scale was an increase in the proportion of 15 year old boys who said that they fought¹¹ a lot. Between 2013 and 2015, the proportion of 15 year old boys saying that it was not true that

¹¹ Fighting is not defined in the questionnaire as physical fighting so it should be borne in mind that some pupils may misinterpret 'fighting' as 'arguing'

they fought a lot decreased from 81% to 77%, while those saying that it was somewhat true increased from 16% to 18%, and those saying it was certainly true increased from 3% to 5% (Figure 2.9).

Figure 2.9 Trends in conduct problems SDQ questions for 15 year old boys (2006-2015) – ‘I fight a lot. I can make other people do what I want’



Base: See Appendix A

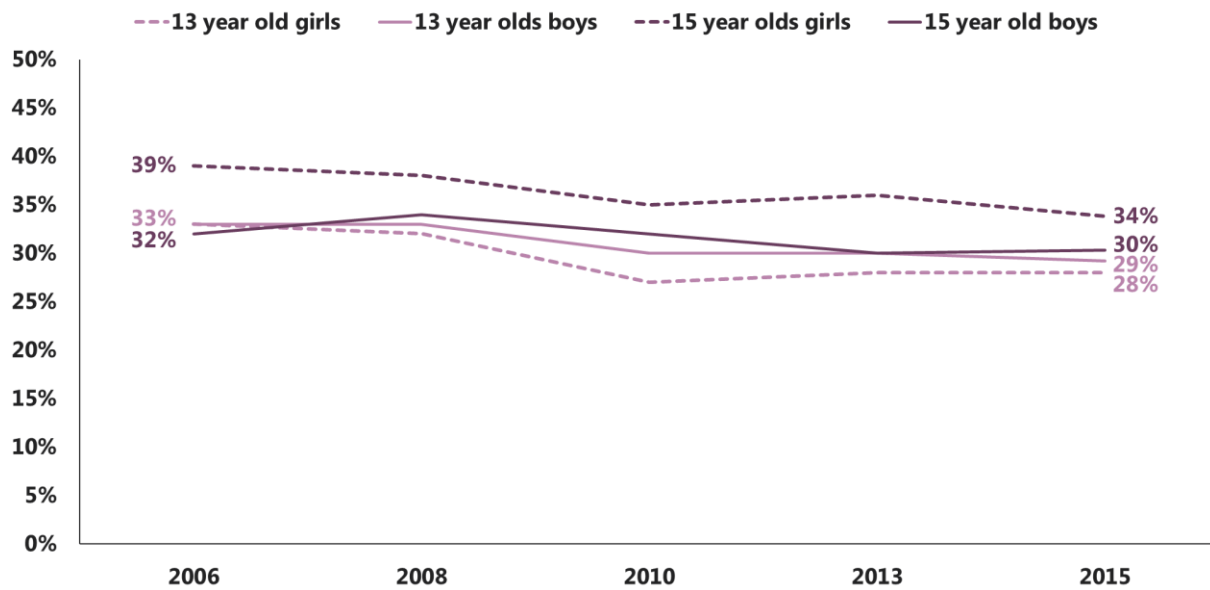
Hyperactivity

Seven in ten pupils (70%) had a normal score on the hyperactivity scale. 19% of pupils had an abnormal score, while 12% had a borderline score.

Since 2013, the proportion of 15 year old girls scoring borderline or abnormal scores has decreased slightly (from 36% to 34%) continuing a declining trend from 39% in 2006. Perhaps surprisingly, 15 year old girls were more likely than 15 year old boys to have a borderline or abnormal hyperactivity score (Figure 2.10).

A greater proportion of 15 year old girls had a borderline or abnormal scores than 13 year old girls (34%, compared with 28%). However, there was no difference between 13 and 15 year old boys, with 30% of 15 year old boys, and 29% of 13 year old boys scoring a borderline or abnormal score (Figure 2.10).

Figure 2.10 Trends in hyperactivity SDQ scores by gender and age (% borderline or abnormal score) (2006-2015)



Base: See Appendix A

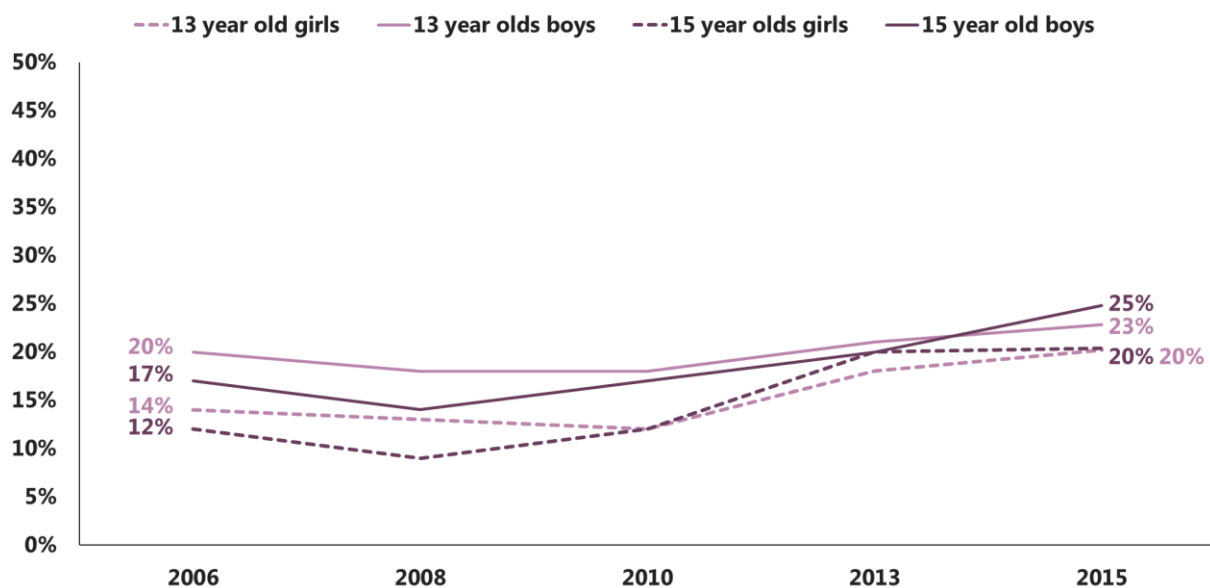
Peer Problems

Overall, 78% of pupils had a normal SDQ peer problems score, suggesting it was the emotional and behavioural problem pupils were least likely to have trouble with. 16% of pupils had an abnormal score, while 6% had a borderline score.

Boys were more likely than girls to have a borderline or abnormal score on the peer problems scale; this was true for both age groups.

Across all groups, with the exception of 15 year old girls, the proportion who had a borderline or abnormal scores increased between 2013 and 2015 (Figure 2.11).

Figure 2.11 Trends in peer problems SDQ scores by gender and age (% borderline or abnormal score) (2006-2015)



Base: See Appendix A

Individual items on the peer problems scale

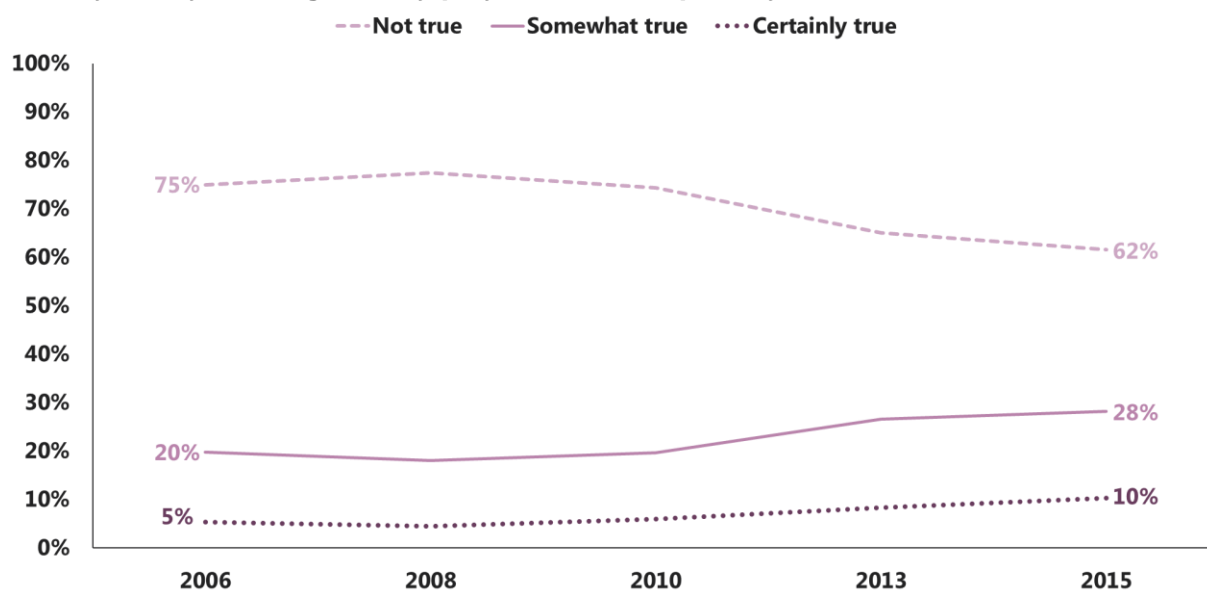
Between 2013 and 2015, 15 year old boys experiencing peer problems – those scoring borderline or abnormal scores on the peer problems questions – increased from 20% to 25%. Therefore, further analysis was conducted to explore which of the individual items contributed the most to the change. The individual statements included in the peer problems scale were:

- I have one good friend or more
- Other people my age generally like me
- I get on better with adults than with people my own age
- I am usually on my own. I generally play alone or keep to myself
- Other children or young people pick on me or bully me

The largest change for 15 year old boys among the individual items on the peer problems scale was in relation to 'I am usually on my own. I generally play alone or keep to myself'.

The proportion of 15 year old boys saying that it was untrue that they were usually on their own, decreased from 65% to 62% between 2013 and 2015, while those saying it was certainly true increased from 6% to 10% (Figure 2.12).

Figure 2.12 Trends in peer problems SDQ questions for 15 year old boys (2006-2015) – 'I am usually on my own. I generally play alone or keep to myself'



Base: See Appendix A

Pro-social score

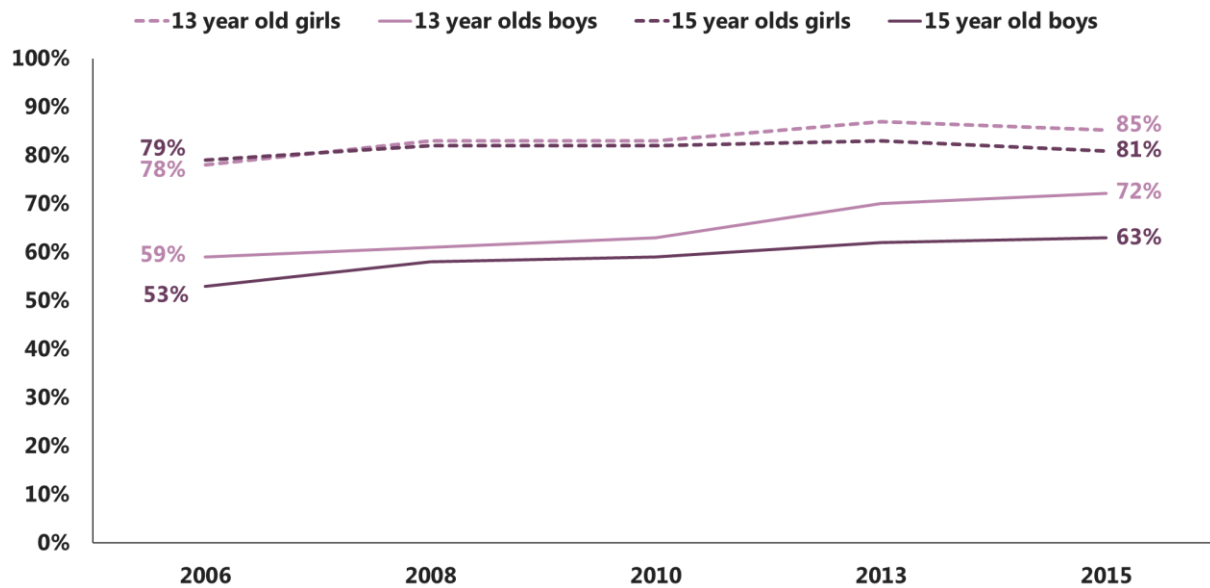
The pro-social score on the SDQ is a measure of positive behaviour among young people, usually in terms of their behaviour towards others. Instead of looking at the proportion of pupils with a borderline or abnormal behaviour, it is usual to look at the proportion of pupils with a normal score on this scale.

Three quarters of all pupils (75%) had a normal score on the pro-social scale in 2015, while 12% had a borderline score and 13% had an abnormal score.

The percentage of pupils with a normal score has slowly increased since 2006. In 2006, 68% of pupils had a normal score, compared with 75% in 2013. Since 2013 there has been no further change (Figure 2.13).

Girls were more likely than boys to have a normal score on the pro-social scale. Since 2013, the proportion of girls with a normal score has decreased slightly. The percentage of boys with normal scores has increased from 2006. In particular, 13 year old boys scores have increased considerably since 2006 from 59% in 2006 to 72% in 2015 (Figure 2.13).

Figure 2.13 Trends in pro-social SDQ scores by gender and age (% normal score) (2006-2015)



Base: See Appendix A

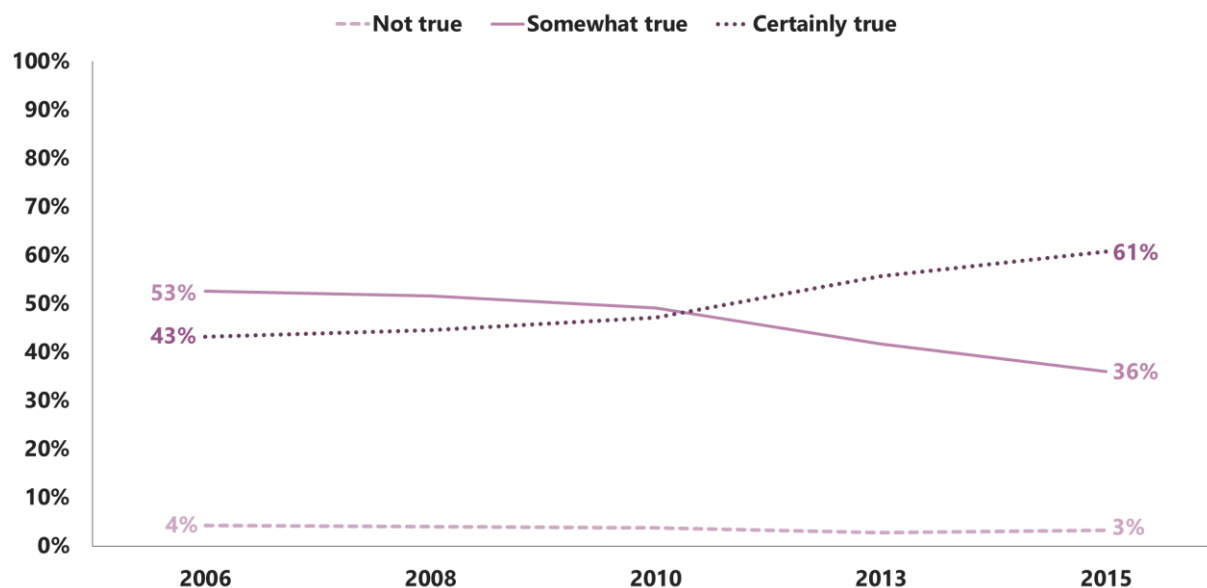
Individual items on the pro-social scale

Between 2010 and 2015, 13 year old boys exhibiting pro-social behaviour – those scoring normal scores on the pro-social questions – increased from 63% to 72%. Therefore, further analysis was conducted to explore which of the individual items contributed the most to the change. The individual statements included in the pro-social scale were:

- I try to be nice to other people
- I usually share with others
- I am helpful if someone is hurt, upset or feeling ill
- I am kind to younger children
- I often volunteer to help others

The largest change in the individual items that make up the pro-social scale was to 'I try to be nice to other people'. The proportion of 13 year old boys who said that this was 'certainly true' increased markedly between 2010 and 2015 (from 47% in 2010 to 61% in 2015) (Figure 2.14).

Figure 2.14 Trends in pro-social SDQ questions for 13 year old boys (2006-2015) – ‘I try to be nice to other people’



Base: See Appendix A

WEMWBS

While the SDQ measures emotional and behaviour problems, WEMWBS measures mental wellbeing – for example how good a pupil is feeling or how well they think they are coping in their life. In the WEMWBS scale, the lowest score possible (indicating poor mental wellbeing) is 14 and the highest is 70 (indicating good mental wellbeing), so a higher average score for any particular group indicates higher mental wellbeing.

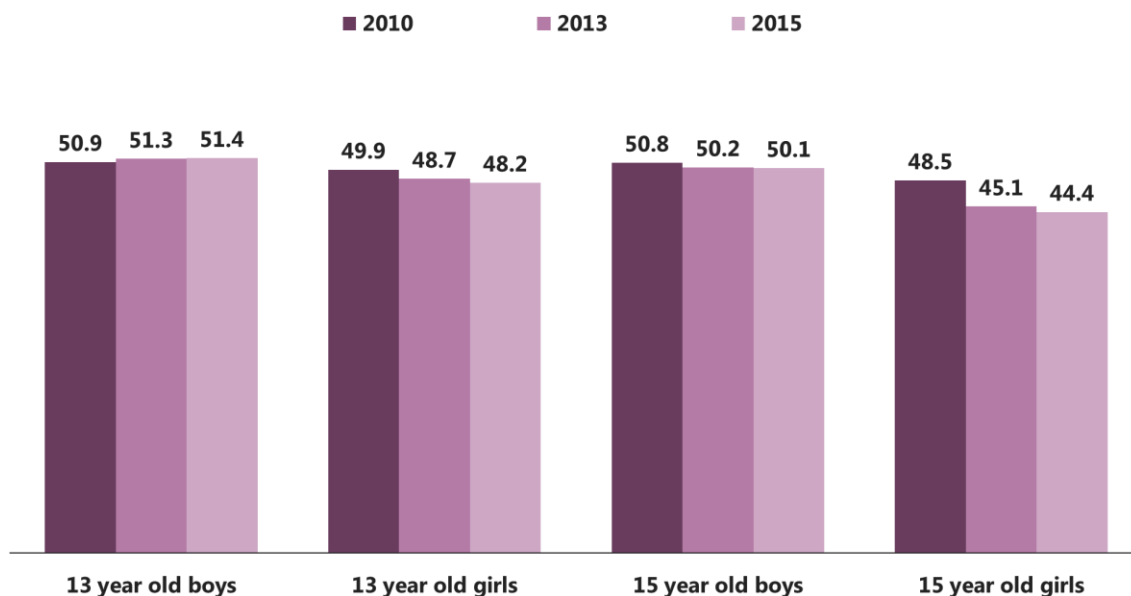
The WEMWBS scale was only added to SALSUS in 2010, so there is not yet long-term trend data. Here we examine change between 2010 and 2015, although there has been little change in the WEMWBS scores in this time period.

The average¹² WEMWBS score for all pupils decreased slightly between 2010 and 2013 from 50.0 to 48.7. Between 2013 and 2015, there has been only a very minor decrease in the score to 48.4 which suggests that there have been no major shifts in mental wellbeing among 13 and 15 year olds.

For 13 and 15 year old boys, there has been little change in the average WEMWBS scores between 2013 and 2015 (from 51.3 in 2013 to 51.4 among 13 year old boys and from 50.2 to 50.1 among 15 year old boys). There has been a greater change in scores for 13 year old girls and 15 year old girls. 13 year old girl's mental wellbeing decreased from an average score of 48.7 to 48.2 and 15 year old girl's average WEMWBS score decreased from 45.1 to 44.4 (Figure 2.15).

¹² Mean score (as opposed to the median score).

Figure 2.15 WEMWBS average score, by age and gender (2010-2015)



Base: See Appendix A

As there has been an overall reduction in mean score between 2010 and 2015 for 13 and 15 year old girls, the individual WEMWBS items were analysed in more detail to find out which had shown the greatest change during this time period.

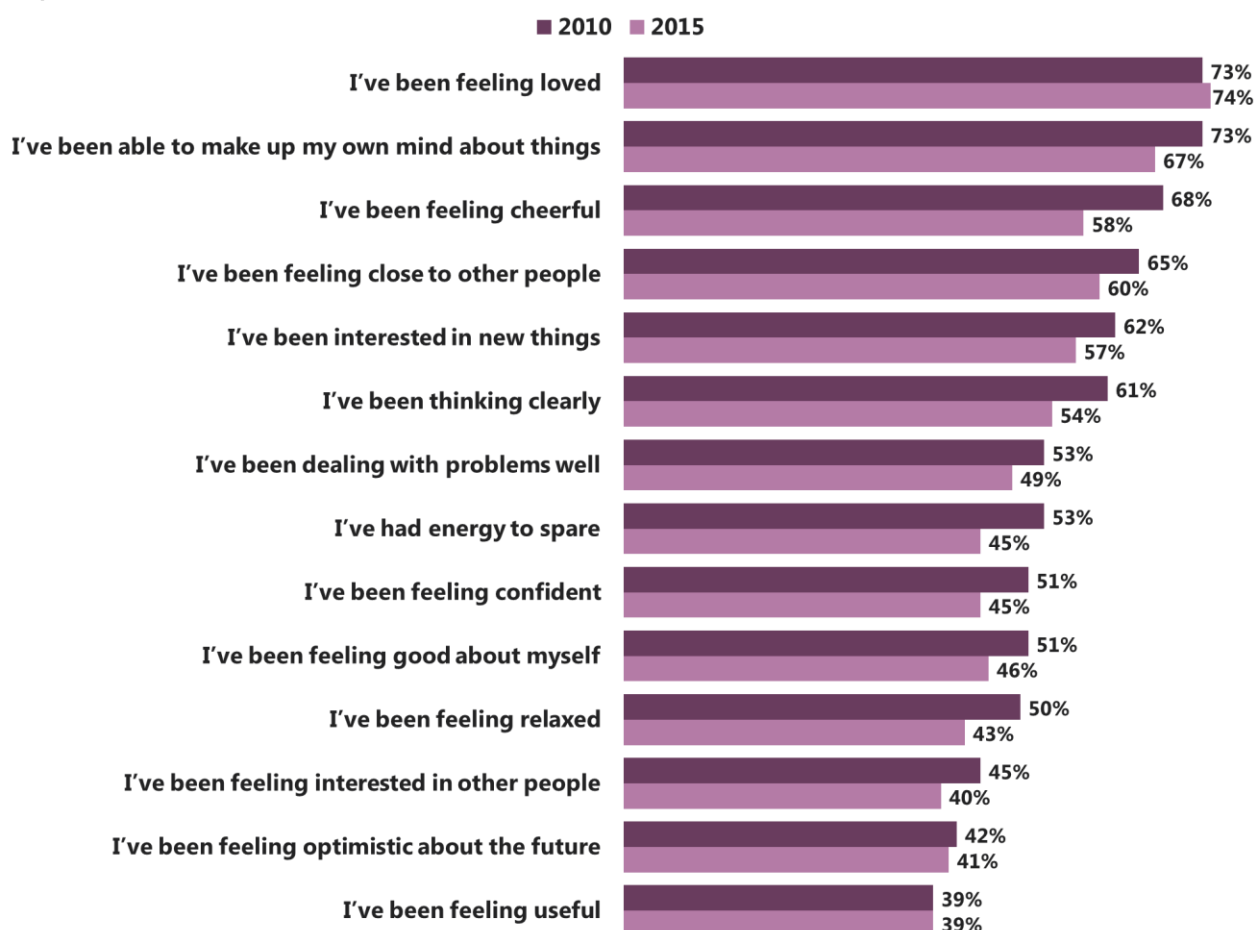
The WEMWBS scale includes the following statements:

- I've been feeling optimistic about the future
- I've been feeling useful
- I've been feeling relaxed
- I've been feeling interested in other people
- I've had energy to spare
- I've been dealing with problems well
- I've been thinking clearly
- I've been feeling good about myself
- I've been feeling close to other people
- I've been feeling confident
- I've been able to make up my own mind about things
- I've been feeling loved
- I've been interested in new things
- I've been feeling cheerful

As expected given the difference in mean WEMWBS scores (Figure 2.15), 13 year old girls were more positive on each of the WEMWBS statements than 15 year old girls with the exception of 'I've been feeling interested in other people'.

Girls were most likely to say that they had been feeling loved (74% of 13 year olds and 63% of 15 year olds) and that they had been able to make up their mind about things (67% and 59%, respectively) (Figure 2.16 and 2.17).

Figure 2.16 Proportion of 13 year old girls who ‘often’ or ‘all of the time’ feel like... (2010-2015)

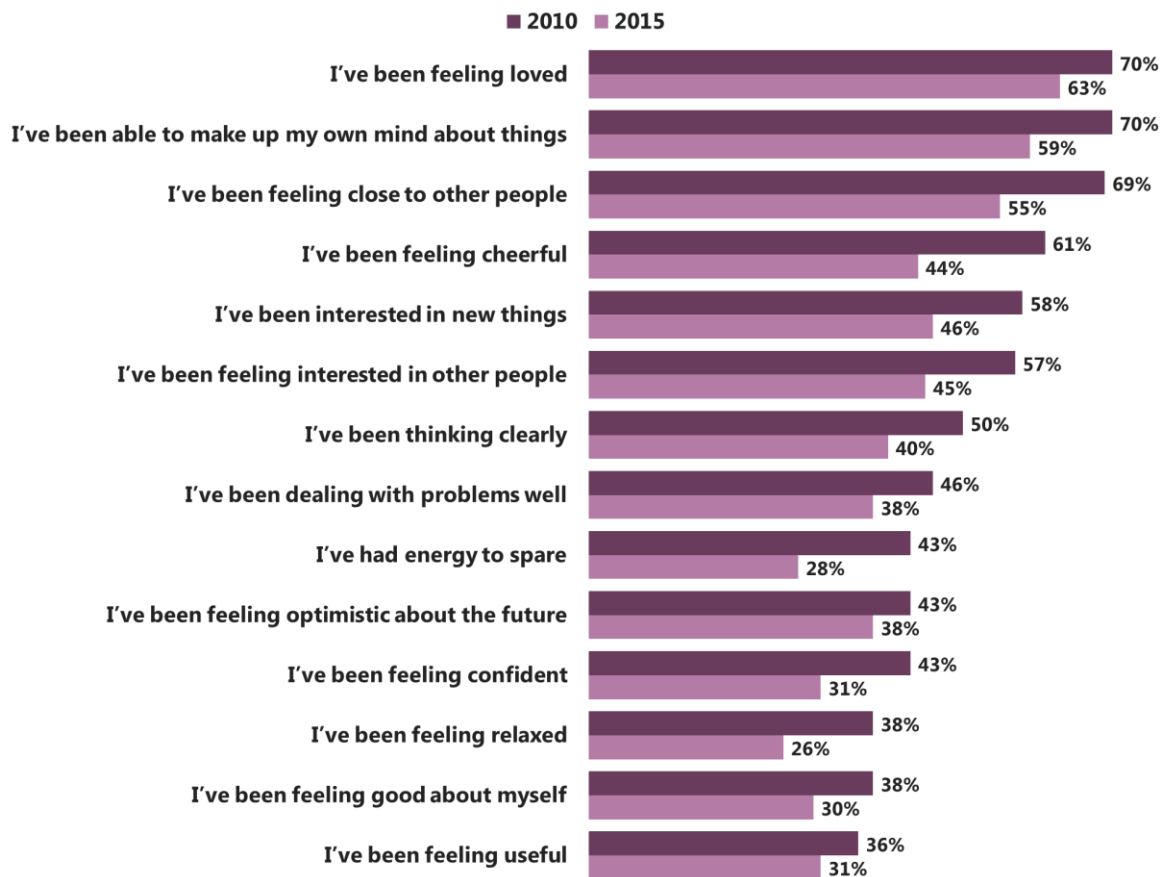


Base: See Appendix A

Between 2010 and 2015, the individual WEMWBS items that saw the greatest change among 13 year old girls were ‘I’ve been feeling cheerful’ (from 68% who said this was the case ‘all of the time’ or ‘often’ in 2010 to 58% in 2015), ‘I’ve had energy to spare’ (from 53% in 2010 to 48% in 2015) and ‘I’ve been feeling relaxed’ (from 50% in 2010 to 43% in 2013) (Figure 2.16).

Among 15 year old girls, a similar pattern emerged although to a greater degree. The greatest change was for ‘I’ve been feeling cheerful’ (from 61% who said this was the case ‘all of the time’ or ‘often’ in 2010 to 44% in 2015), ‘I’ve had energy to spare’ (from 43% in 2010 to 28% in 2015) and ‘I’ve been feeling close to other people’ (from 69% in 2010 to 55% in 2015) (Figure 2.17)

Figure 2.17 Proportion of 15 year old girls who ‘often’ or ‘all of the time’ feel that... (2010-2015)



Base: See Appendix A

3 Emotional and behavioural problem, mental wellbeing and deprivation

This section details factors that are linked to differences in emotional and behavioural problems and mental wellbeing for adolescents. Here, we focus our analysis on the relationship between area based deprivation (using the Scottish Index of Multiple Deprivation (SIMD)), and emotional and behavioural problems (using the Strengths and Difficulties total difficulties score) and mental wellbeing (using WEMWBS mean scores). When analysing deprivation, it should be kept in mind that using SIMD means that we are looking at an area based measure to identify deprivation in individuals. Many people who are materially disadvantaged as individuals live in areas that are not particularly deprived in terms of SIMD; equally, many people living in deprived areas (as identified by SIMD) may not be particularly disadvantaged.

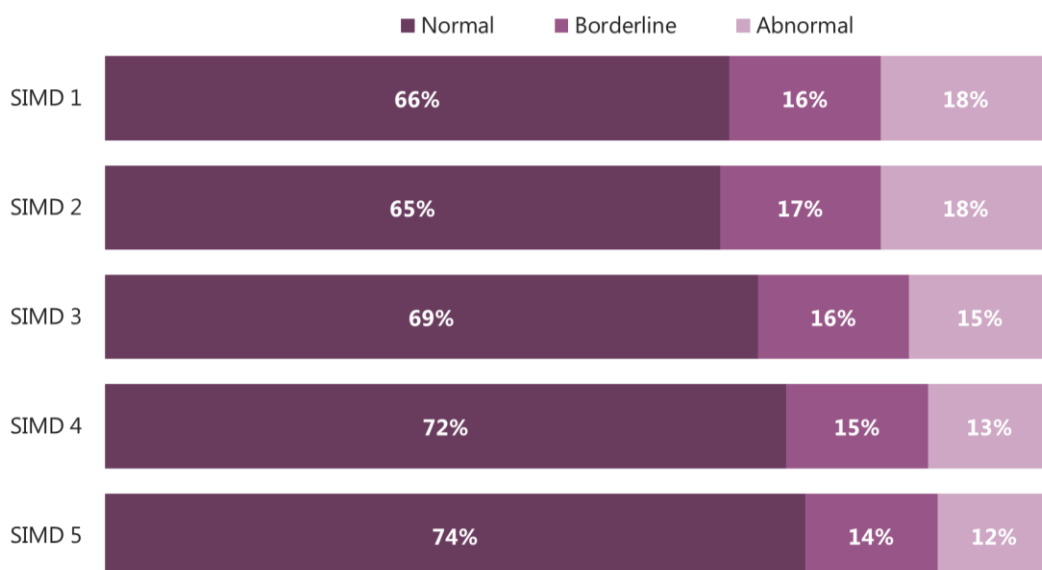
SIMD and total difficulties score

There was a clear link between SIMD and emotional and behavioural problems. Pupils who lived in the least deprived SIMD were less likely than those in the most deprived areas to have a borderline or abnormal total difficulties score.

As Figure 3.1 shows, in 2015 pupils who lived in SIMD 5 (the least deprived zone) were less likely to have a borderline or abnormal total difficulties score (at 26%) than those in SIMD 1 (the most deprived zone) (at 34%).

The proportion of all pupils with a borderline or abnormal difficulties score has increased slightly between 2006 and 2015 (from 27% in 2006 to 31% in 2015). However, the increase was slightly greater among those in SIMD 5 (from 20% in 2006 to 26% in 2015) than those in SIMD 1 (from 30% in 2006 to 34% in 2015). This suggests that the gap between pupils living in the most and least deprived areas has closed over time.

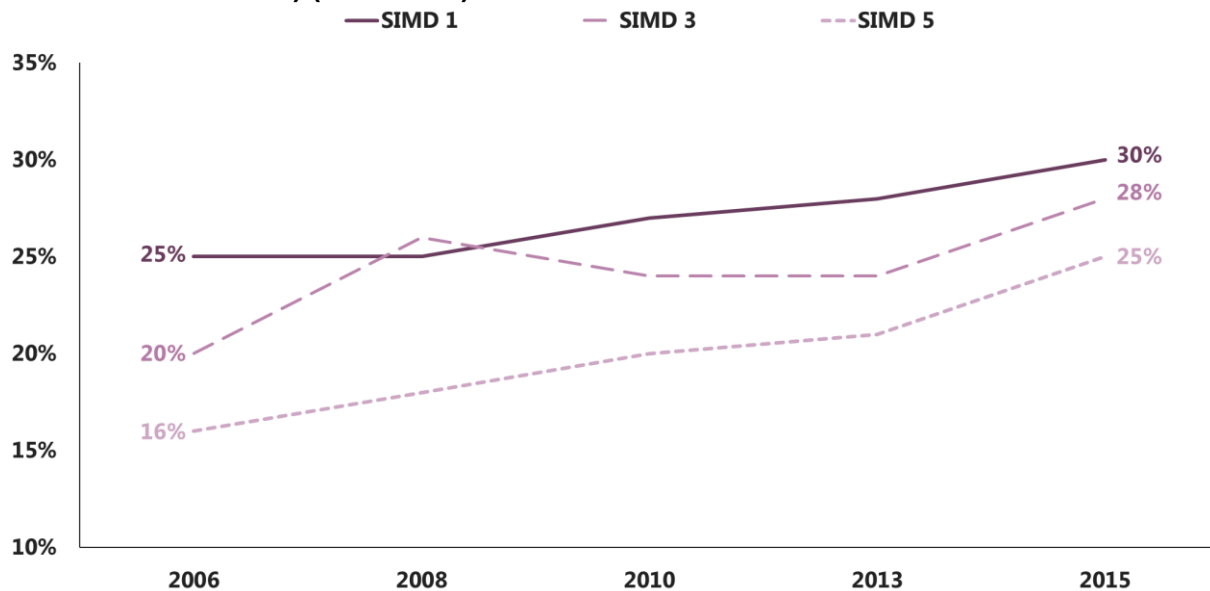
Figure 3.1 Total difficulties score, by SIMD (2015)



Base: SIMD 1 (3,663), SIMD 2 (4,588), SIMD 3 (3,610), SIMD 4 (5,298), SIMD 5 (4,470)

Among 15 year old boys, the gap between the proportion of those in SIMD 1 and SIMD 5 with a borderline or abnormal total difficulties score has also closed over time. In 2006, 25% of 15 year old boys in SIMD 1 had a borderline or abnormal total difficulties score, compared with 16% of those in SIMD 5, whereas in 2015, 30% of 15 year old boys in SIMD 1 had a borderline or abnormal total difficulties score, compared with 25% of those in SIMD 5 (Figure 3.2).

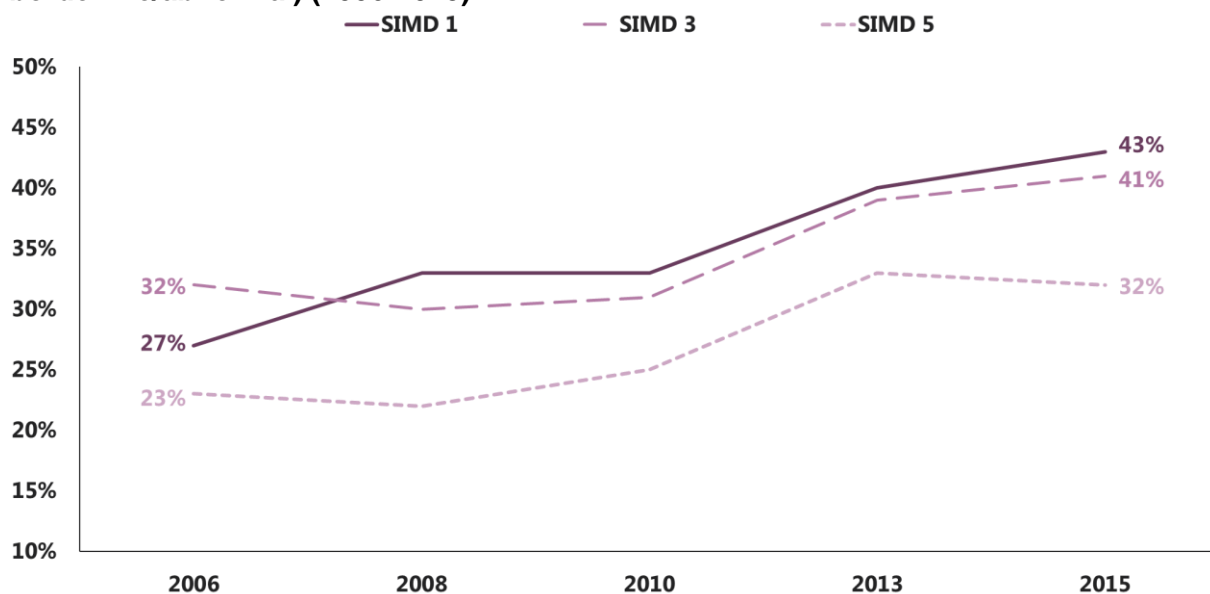
Figure 3.2 Total difficulties score within each SIMD for 15 year old boys (% borderline/abnormal) (2006-2015)



Base: See Appendix A

Among 15 year old girls, the difference in the proportion of those in SIMD 1 and SIMD 5 with a borderline or abnormal total difficulties score also increased between 2006 and 2015. The proportion of 15 year old girls in SIMD 1 with a borderline or abnormal total difficulties score increased from 27% to 43%. However, the proportion those in SIMD 5 increased to a lesser extent from 23% to 32% (Figure 3.3).

Figure 3.3 Total difficulties score within each SIMD for 15 year old girls (% borderline/abnormal) (2006-2015)

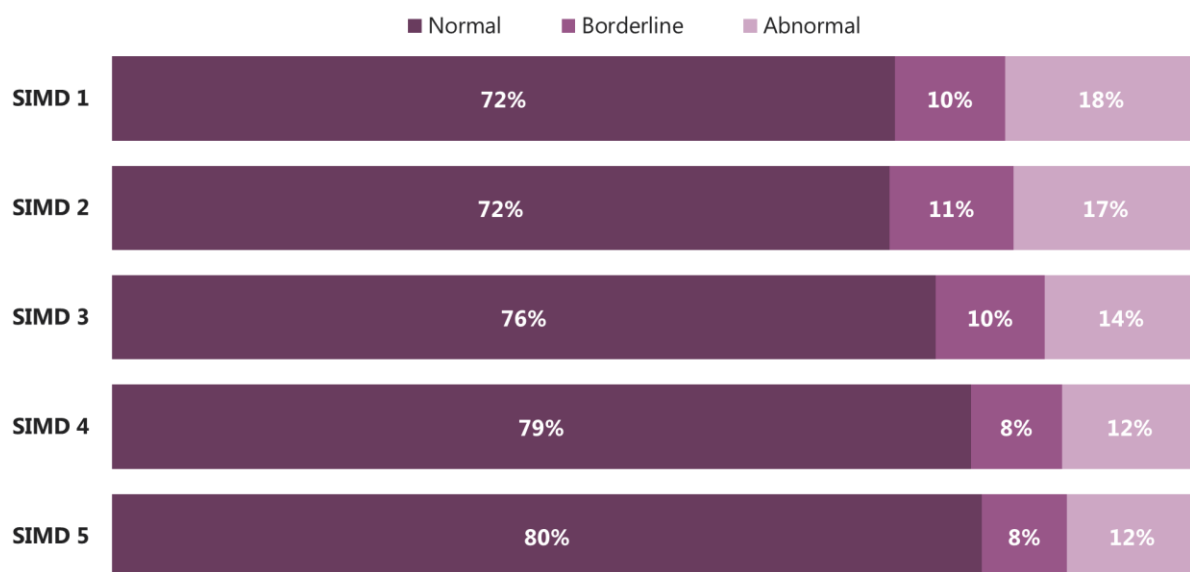


Base: See Appendix A

Across the five SDQ scales, the relationship with deprivation varied. For example, there was no correlation between hyperactivity among 15 year old boys and SIMD. Of particular interest is that there was no correlation between emotional problems among 15 year old girls and SIMD. This means that emotional problems are affecting 15 year old girls regardless of SIMD ranking.

The conduct problems scale showed the most consistent relationship with SIMD. As figure 3.4 shows, 15 year olds living in the most deprived areas were considerably more likely to have a borderline or abnormal score on the conduct problems scale: 28% of 15 year olds living in SIMD 1 had a borderline or abnormal conduct problems score, compared with 20% of 15 year olds living in SIMD 5 (Figure 3.4).

Figure 3.4 – Conduct problems SDQ scores within each SIMD for 15 year olds, 2015 (% borderline/abnormal)



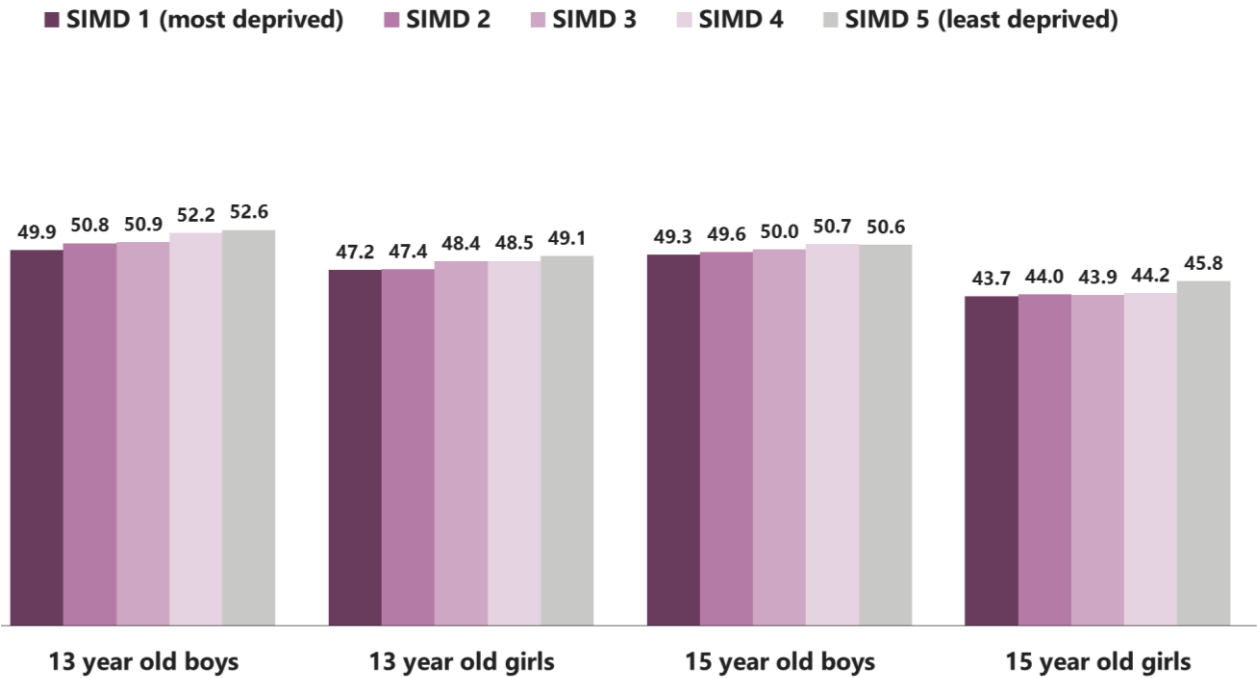
Base: SIMD 1 (3,663), SIMD 2 (4,588), SIMD 3 (3,610), SIMD 4 (5,298), SIMD 5 (4,470)

WEMWBS and SIMD

While there is less scope to investigate the relationship between WEMWBS and SIMD given the lack of trend data and single scale, it is still important to explore.

SIMD showed a correlation with mental wellbeing. Among all subgroups, pupils in the least deprived areas had a higher WEMWBS mean score indicating better mental wellbeing than those in the most deprived areas. For example, among 13 year old boys, those living in SIMD 1 (the most deprived areas) had an average WEMWBS score of 49.9, compared with an average score of 52.6 among those living in SIMD 5 (the least deprived areas) (Figure 3.5).

Figure 3.5 Mean WEMWBS score by SIMD, by age and gender (2015)



Base: See Appendix A

4 Emotional and behavioural problems and mental wellbeing and family

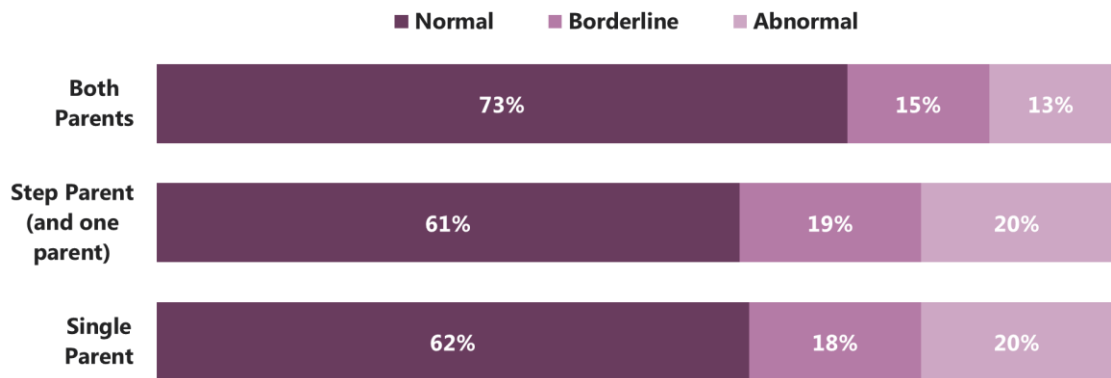
The family circumstances analysed in this chapter are pupil’s family structure, parental knowledge of activities, whether they are likely to talk to their parents about something worrying them, and whether or not they have any caring responsibilities at home. These variables are analysed using the (SDQ) total difficulties score and the mean WEMWBS score to determine whether each family variable was correlated with emotional and behavioural problems and mental wellbeing, respectively.

Family structure

Emotional and behavioural problems

A pupil’s family structure was associated with emotional and behavioural problems. Pupils who live with both parents were less likely than those in other family situations to have a borderline or abnormal total difficulties score. Similar proportions of pupils who lived with a single parent, and those who had a step parent living with them at home had a borderline or abnormal total difficulties score (Figure 4.1).

Figure 4.1 Total difficulties score by family status (2015)



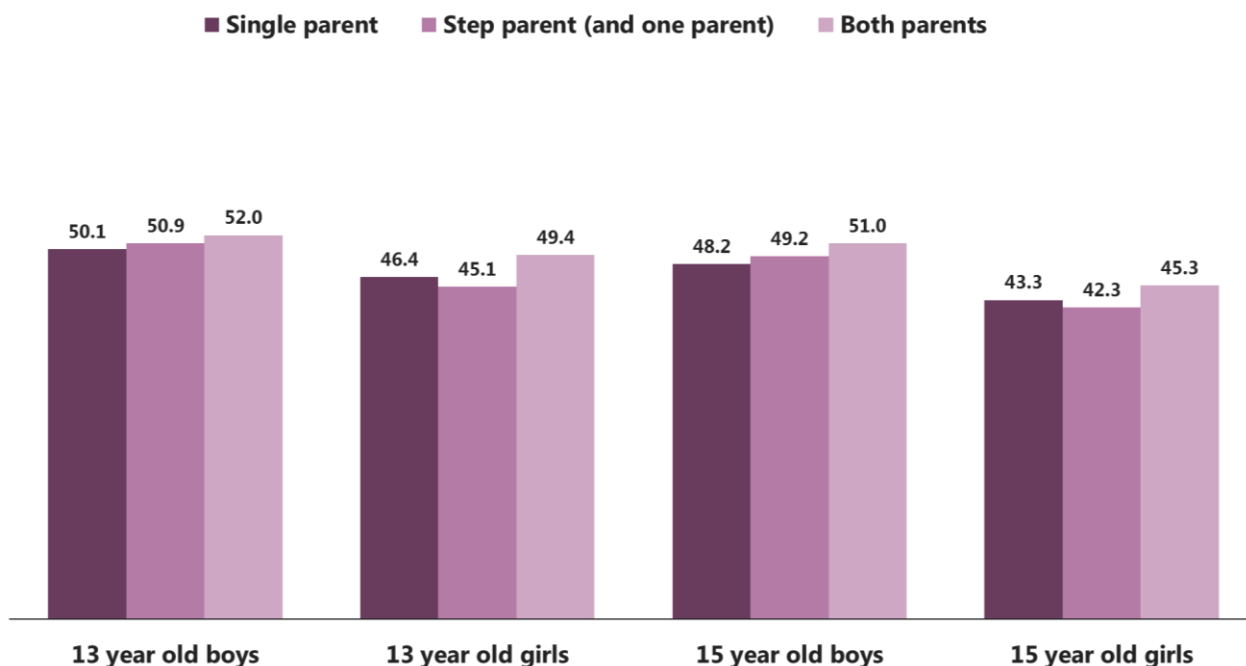
Base: all pupils (21,410)

Mental wellbeing

Mental wellbeing also showed a relationship with family structure. Among all subgroups, those who lived with both parents had better mental wellbeing (a higher mean WEMWBS score) than those who lived with a single or step parent.

Although the differences are small, and should be interpreted with caution, the analysis showed that girls living in a single parent family had better mental wellbeing, compared with those living in a family with a step parent, whereas the reverse was true for boys (Figure 4.2).

Figure 4.2 Mean WEMWBS score by family status (2015)



Base: See Appendix A

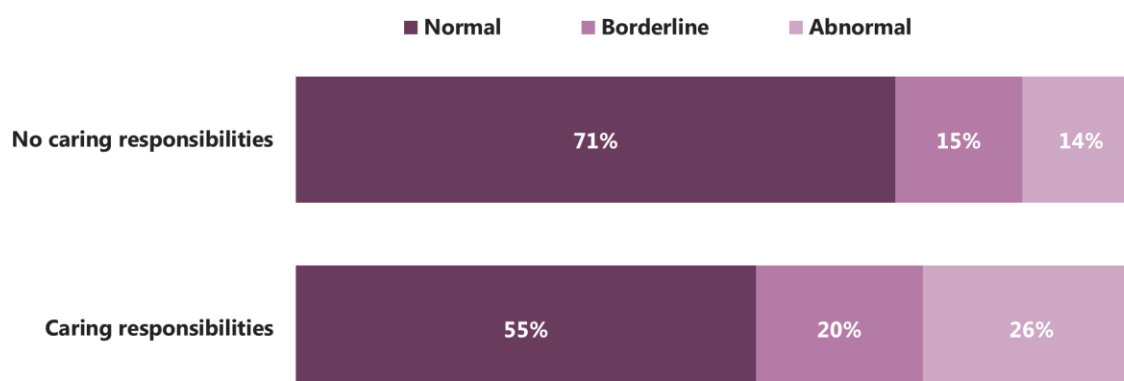
Caring responsibilities

Emotional and behavioural problems

A question on whether pupils had any caring responsibilities at home was added to SALSUS in 2015. Pupils were asked: 'Do you care for or look after someone in your home because, for example, they have long-term physical/mental ill health/disability? In other words, are you a young carer?'

Around 10% of pupils had caring responsibilities at home. Pupils who did were considerably more likely to have a borderline or abnormal total difficulties score: 46% of pupils with caring responsibilities had a borderline or abnormal total difficulties score, compared with 29% of who did not have caring responsibilities (Figure 4.3a).

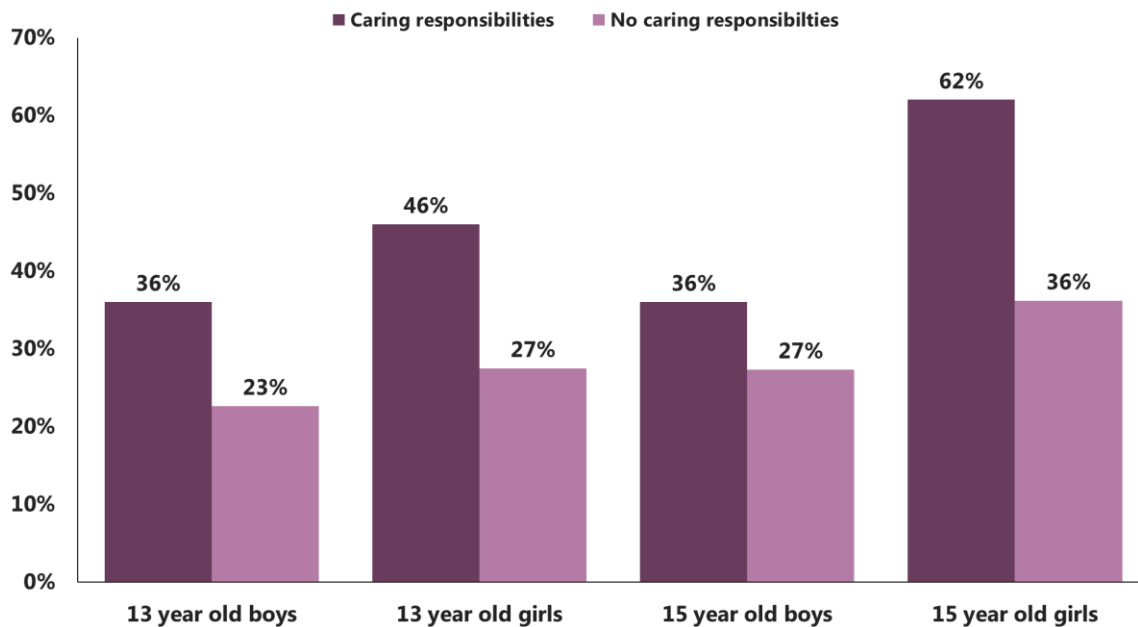
Figure 4.3a Total difficulties score by whether a pupil is a young carer (2015)



Base: all pupils (21,092)

When broken down by age and gender, it appeared that the relationship between caring responsibilities and emotional and behavioural problems was strongest among 15 year old girls (62% of 15 year old girls with caring responsibilities had a borderline or abnormal total difficulties score, compared with 36% who did not (Figure 4.3b).

Figure 4.3b Total difficulties score by caring responsibilities by gender by age (% borderline/abnormal) (2015)



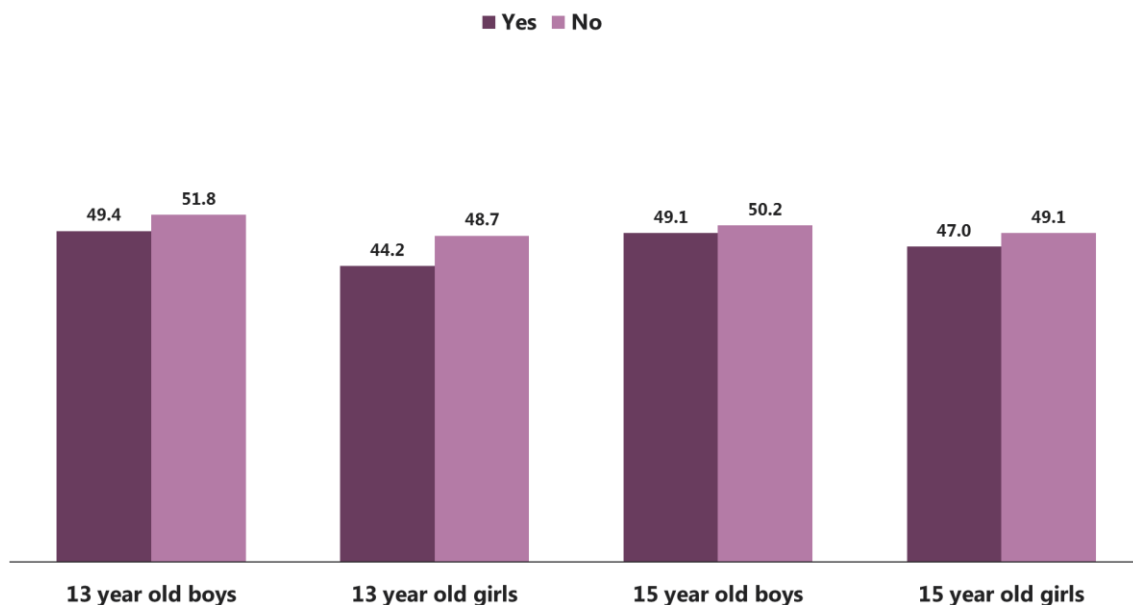
Base: those with caring responsibilities 13 year old girls (587); 13 year old boys (636); 15 year old girls (418); 15 year old boys (384)

Mental wellbeing

Pupils who had some form of caring responsibility at home were more likely to have lower mental wellbeing than those who did not: those with caring responsibilities had a mean WEMWBS score of 46.2, while those who did not had a mean WEMWBS score of 48.7.

13 year old girls showed the greatest difference in mean WEMWBS score between those with caring responsibilities and those who did not (a mean score of 44.2, compared with 48.7) indicating that the relationship between mental wellbeing and caring responsibilities is strongest for this subgroup (Figure 4.4).

Figure 4.4 Mean WEMWBS score by caring responsibilities, by gender and age (2015)



Base: See Appendix A

Talking to parents

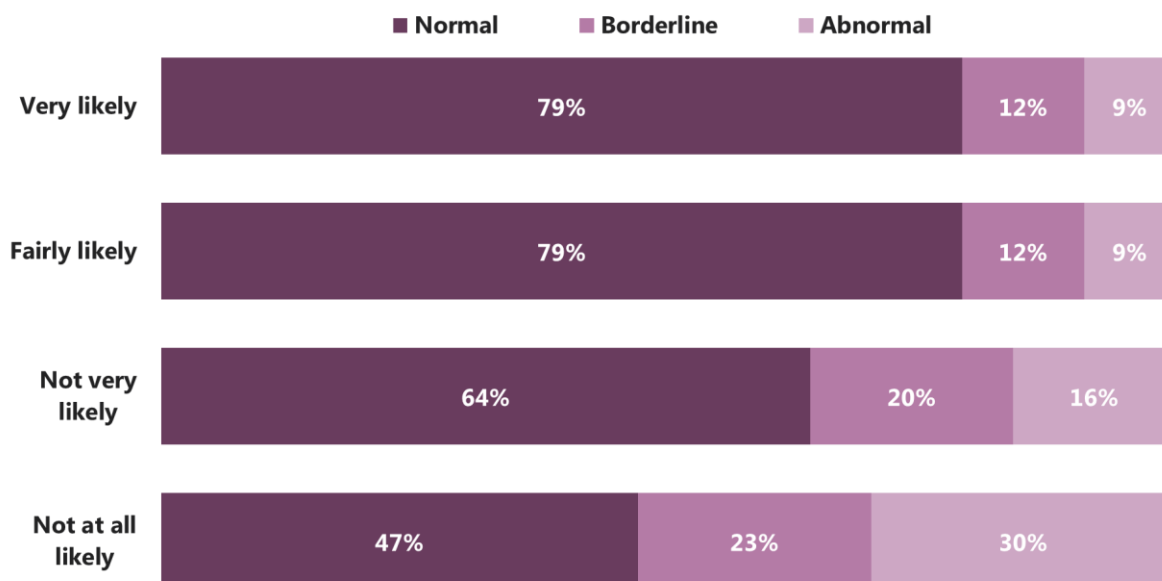
Emotional and behavioural problems

New questions were added to the 2015 SALSUS survey on the likelihood of a pupil talking to their father, mother or another person within their family about something that was worrying them in order to provide an insight into their relationship with their parents and other adults.

Pupils who were unlikely to talk to their parents about something that was worrying them were more likely than those who were to have a borderline or abnormal total difficulties score. Pupils who were unlikely to talk to their mother were slightly more likely than those who were unlikely to talk to their father to score borderline/abnormal scores.

As Figure 4.5 shows, over half (53%) of pupils who were not at all likely to talk to their father had a borderline or abnormal total difficulties score, compared with 21% of those who were very or fairly likely to talk to their father.

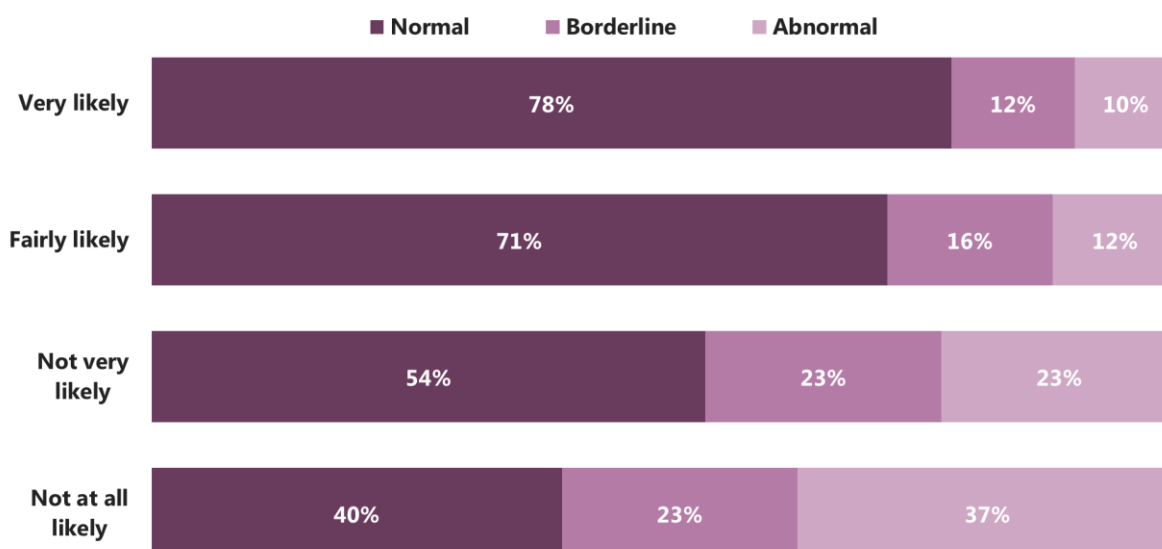
Figure 4.5 Total difficulties score by likelihood of pupil talking to father (2015)¹³



Base: all pupils (21,215)

The same pattern emerged in terms of a pupil's likelihood to talk to their mother, although to a greater extent. 60% of pupils who said they are not at all likely to talk with their mother had a borderline or abnormal total difficulties score, compared with 22% of those who were very likely to talk to their mother if they were worried about something (Figure 4.6).

Figure 4.6 Total difficulties score by likelihood of pupil talking to mother (2015)¹⁴



Base: all pupils (21,376)

¹³ Pupils who responded don't know or who do not have or see their father have not been shown here.

¹⁴ Pupils who responded don't know or who do not have or see their mother have not been shown here.

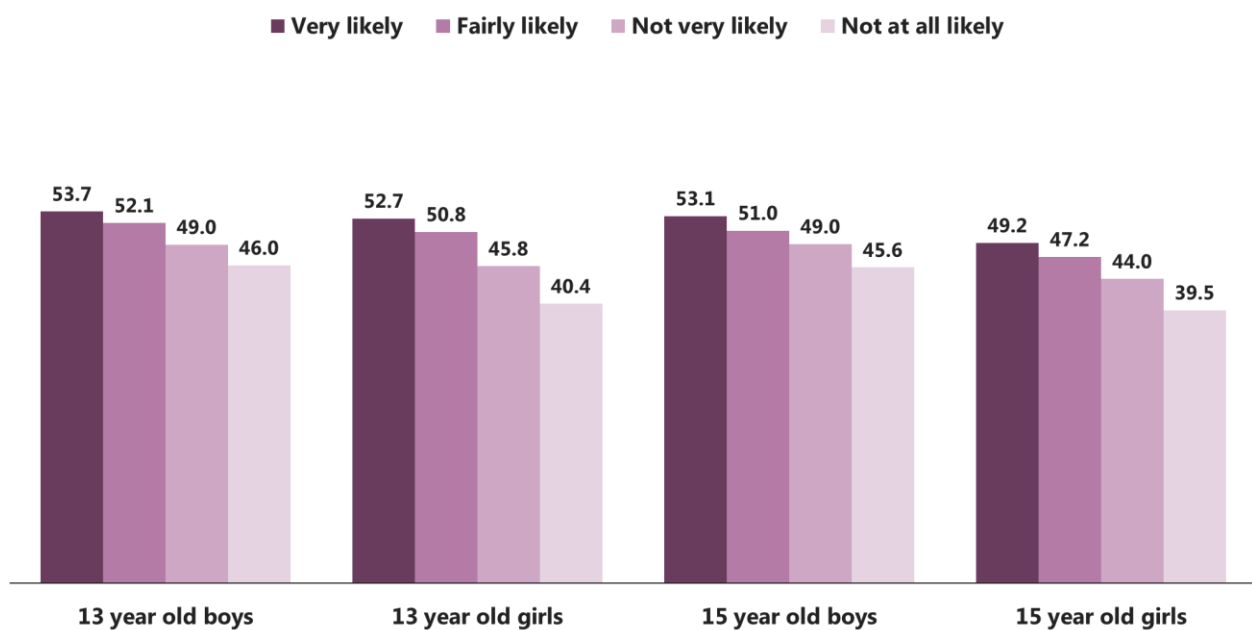
Mental wellbeing

Mental wellbeing was notably higher among those who were 'very' or 'fairly' likely to talk to their parents than those who were 'not very' or 'not at all' likely to talk to their parents.

The association between willingness to talk to a parent and mental wellbeing was stronger among girls than boys. Among girls, it was stronger among 13 year olds than 15 year olds (although not among boys) (Figure 4.7 and 4.8).

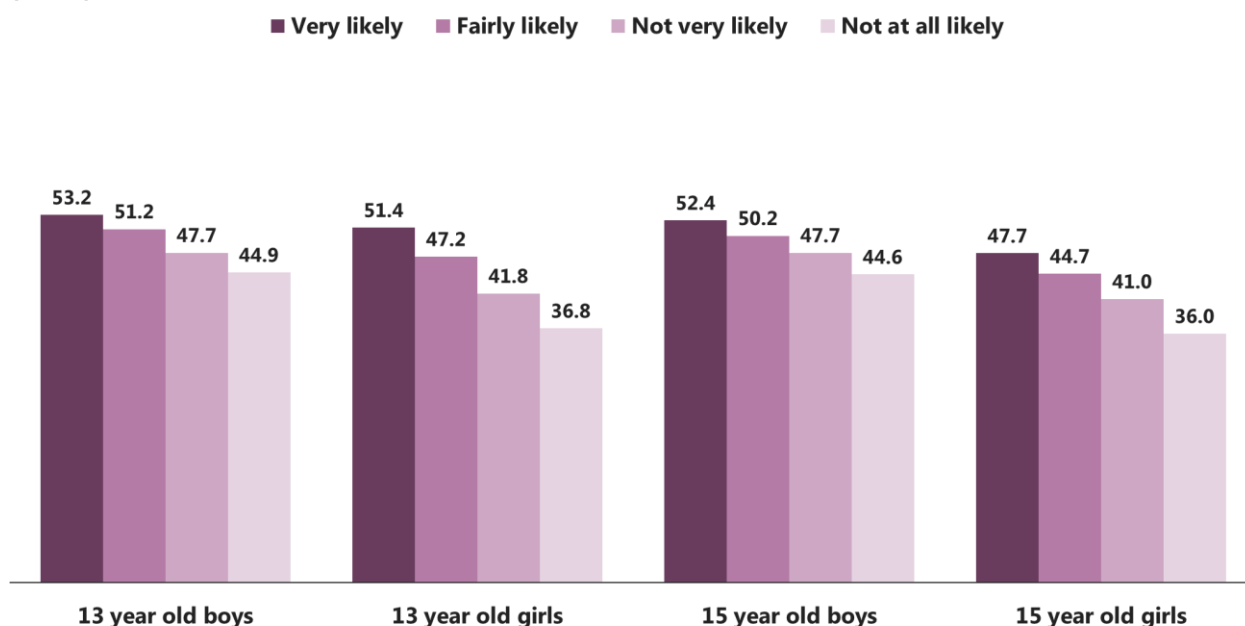
Among girls of both age groups, the relationship between mental wellbeing and talking to their mother was stronger than that with talking to their father. This was not the case for boys (Figure 4.7 and 4.8).

Figure 4.7 Mean WEMWBS score by likelihood of pupil talking to father, by gender and age (2015)



Base: See Appendix A

Figure 4.8 Mean WEMWBS score by likelihood of pupil talking to mother, by gender and age (2015)



Base: See Appendix A

Parental knowledge

Emotional and behavioural problems

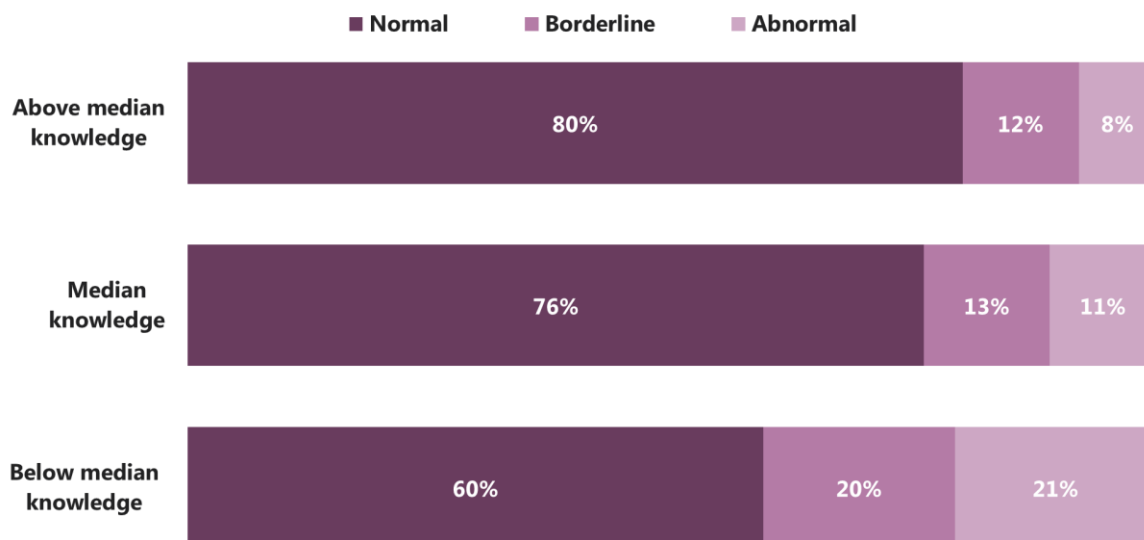
Pupils are asked how much knowledge ('a lot', 'a little' or 'nothing') their mother and father had about who their friends are, how they spend their money, where they are after school, where they go at night and what they do with their free time. The answers pupils gave to these questions were used to create a composite knowledge score which was then banded into three answer categories: pupils who think their parents who know a lot (an above median¹⁵ composite score) about them, pupils who think their parents know a reasonable amount about them (a median composite score) and those who think they know little about them (a below median composite score).

There was a correlation between perceived parental knowledge of activities and a pupil's emotional and behavioural problems. Pupils who thought their parents knew more about their activities are more likely to have normal total difficulties scores.

Those who thought their father knew little of their activities were twice as likely as those who thought their father knew a lot to have a borderline or abnormal total difficulties score (40% and 20%, respectively) (Figure 4.9).

¹⁵ A median score is an alternative to the mean score when measuring the average score. It means the middle score in a range of answers. In this case the median was calculated separately for 13 and 15 year olds but not for genders.

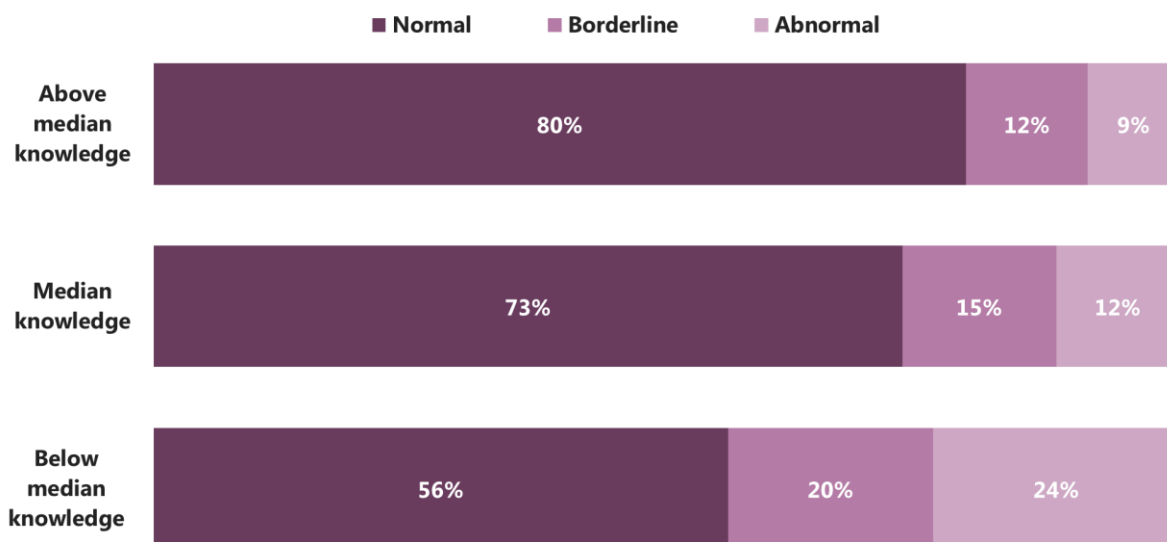
Figure 4.9 Total difficulties score, by paternal knowledge of activities (2015)



Base: all pupils (19,979)

There was also a strong relationship between maternal knowledge and emotional and behavioural problems. Pupils who thought their mother knew a little were more than twice as likely than those that thought their mother knew a lot to have a borderline or abnormal total difficulties score (44%, compared with 21 %) (Figure 4.10).

Figure 4.10 Total difficulties score, by maternal knowledge of activities (2015)



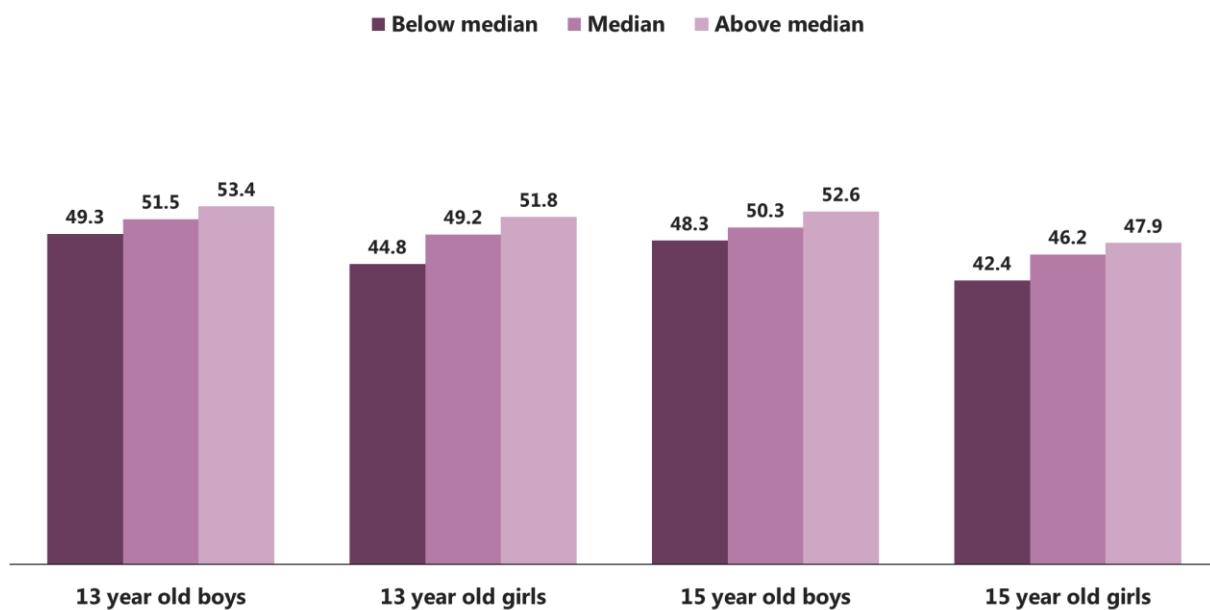
Base: all pupils (21,067)

Mental wellbeing

Mental wellbeing was correlated with perceived parental knowledge of activities. Pupils who think their parents know more about their activities are more likely to have better mental wellbeing (a higher mean WEMWBS score).

The association between mean WEMWBS score and father's knowledge was stronger among girls than among boys. While there was no difference between 13 and 15 year old boys, the correlation between mental wellbeing was stronger among 13 year girls than 15 year old girls (Figure 4.11).

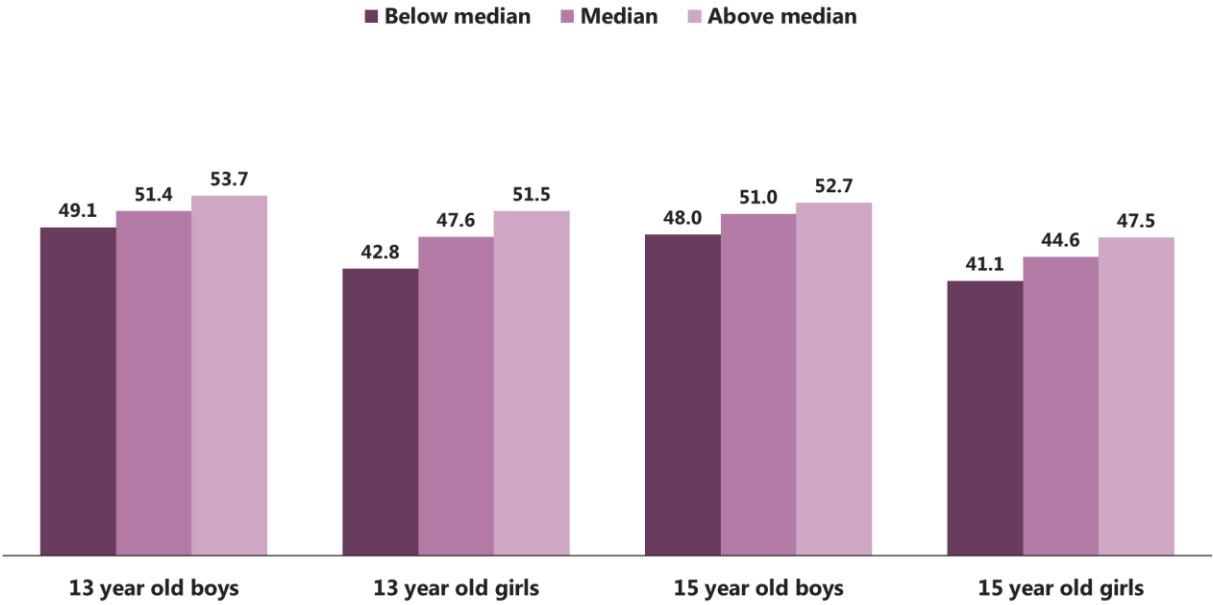
Figure 4.11 Mean WEMWBS score, by paternal knowledge of activities, gender and age (2015)



Base: See Appendix A

The same pattern emerged for mother's knowledge, although to a slightly greater extent. The greatest difference was, again, among 13 year old girls: the mean WEMWBS score rose from 42.8 among those who thought their mother knew little to 51.5 among those who thought their mother knew a lot (Figure 4.12).

Figure 4.12 Mean WEMWBS score, by maternal knowledge of activities, gender and age (2015)



Base: See Appendix A

Appendix A: Base tables

Figure 2.1 Total difficulties scores (2006-2015)

	All pupils
2006	19994
2008	9143
2010	34041
2013	31002
2015	21675

Figure 2.2 Trends in total difficulties scores by gender and age (% borderline or abnormal score) (2006-2015)

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
2006	4801	5079	4949	5039
2008	2266	2447	2145	2260
2010	8485	8741	8320	8390
2013	7720	7977	7569	7680
2015	5438	5961	4861	5176

Figure 2.3 Individual SDQ scales between 2006 and 2015 (% borderline or abnormal score)

	Emotion	Conduct	Hyperactivity	Peer problems
2006	20084	20109	20032	20059
2008	9169	9180	9154	9163
2010	34137	34181	34098	34118
2013	31089	31126	31051	31074
2015	21856	22109	21801	21831

Figure 2.4 Trends in emotions SDQ scores by gender and age (% borderline or abnormal score) (2006-2015)

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
2006	4829	5109	4966	5053
2008	2274	2454	2153	2261
2010	8527	8767	8336	8401
2013	7747	8007	7584	7695
2015	5494	6014	4894	5207

Figure 2.6 Trends in emotions SDQ items among 15 year old girls (2006-2015) – ‘I worry a lot’

	All 15 year old girls
2006	5071
2008	2258
2010	8404
2013	7703
2015	5255

Figure 2.7 Trends in emotions SDQ items among 15 year old girls (2006-2015) – ‘I am nervous in new situations. I easily lose confidence’

	All 15 year old girls
2006	5022
2008	2252
2010	8358
2013	7665
2015	5193

Figure 2.8 Trends in conduct SDQ scores by gender and age (% borderline or abnormal score) (2006-2015)

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
2006	4837	5114	4973	5057
2008	2277	2461	2155	2261
2010	8547	8781	8342	8405
2013	7753	8017	7597	7702
2015	5562	6064	4987	5244

Figure 2.9 Trends in conduct SDQ items among 15 year old boys (2006-2015) – ‘I fight a lot. I can make other people do what I want’

	All 15 year old boys
2006	4945
2008	2141
2010	8291
2013	7562
2015	4974

Figure 2.10 Trends in hyperactivity SDQ scores by gender and age (% borderline or abnormal score) (2006-2015)

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
2006	4815	5087	4959	5044
2008	2269	2451	2147	2260
2010	8507	8758	8333	8395
2013	7733	7996	7580	7686
2015	5482	5997	4881	5197

Figure 2.11 Trends in peer problems SDQ scores by gender and age (% borderline or abnormal score) (2006-2015)

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
2006	4816	5101	4967	5048
2008	2273	2455	2150	2260
2010	8508	8767	8334	8403
2013	7736	7999	7586	7697
2015	5484	6007	4894	5202

Figure 2.12 Trends in peer problems SDQ items among 15 year old boys (2006-2015) – ‘I am usually on my own. I generally play alone or keep to myself’

	All 15 year old boys
2006	4990
2008	2152
2010	8331
2013	7603
2015	4985

Figure 2.13 Trends in pro-social SDQ scores by gender and age (% borderline or abnormal score) (2006-2015)

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
2006	4850	5139	5000	5072
2008	2289	2468	2160	2266
2010	8579	8805	8353	8415
2013	7791	8039	7611	7713
2015	5573	6082	4992	5258

Figure 2.14 Trends in pro-social SDQ items among 13 year old boys (2006-2015) – ‘I try to be nice to other people’

	All 13 year old boys
2006	4963
2008	2323
2010	8693
2013	7895
2015	5616

Figure 2.15 WEMWBS average score 2010-2015 by age and gender

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
2010	8326	8184	8234	7981
2013	7494	7590	7482	7427
2015	5565	5578	5152	5193

Figure 3.2 Total difficulties score within each SIMD for 15 year old boys 2006-2015 (% borderline or abnormal scores)

	SIMD 1	SIMD 3	SIMD 5
2006	419	777	781
2008	367	452	511
2010	1013	1726	1952
2013	1155	1575	1716
2015	850	734	1048

Figure 3.3 Total difficulties score within each SIMD for 15 year old girls 2006-2015 (% borderline or abnormal scores)

	SIMD 1	SIMD 3	SIMD 5
2006	447	814	877
2008	377	475	488
2010	1113	1845	1911
2013	1232	1480	1678
2015	885	822	1085

Figure 3.5 Mean WEMWBS score by SIMD, by age and gender

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
SIMD 1	992	978	902	934
SIMD 2	1132	1283	1128	1117
SIMD 3	955	960	772	802
SIMD 4	1326	1407	1215	1251
SIMD 5	1146	1134	1115	1080

Figure 4.2 Mean WEMWBS score by family status, by age and gender

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
Single parent	1031	1209	1100	1161
Step parent (and one parent)	383	546	386	513
Both parents	3827	3785	3351	3327

Figure 4.4 Mean WEMWBS score by caring responsibilities, by age and gender

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
Caring responsibilities	677	594	426	435
No caring responsibilities	4709	5013	4624	4659

Figure 4.7 Mean WEMWBS score by likelihood of pupil talking to father, by age and gender

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
Very likely	2255	1577	1487	821
Fairly likely	1448	1624	1383	1348
Not very likely	749	1133	919	1303
Not at all likely	433	760	672	1105

Figure 4.8 Mean WEMWBS score by likelihood of pupil talking to mother, by age and gender

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
Very likely	3070	3366	2193	2321
Fairly likely	1295	1309	1421	1387
Not very likely	543	510	680	669
Not at all likely	329	366	475	585

Figure 4.11 Mean WEMWBS score by paternal knowledge of activities, by age and gender

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
Below median knowledge	1802	2242	2202	2670
Median knowledge	759	672	599	551
Above median knowledge	2529	2412	1898	1546

Figure 4.12 Mean WEMWBS score by maternal knowledge of activities, by age and gender

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
Below median knowledge	1888	1590	2320	1953
Median knowledge	1182	1014	1009	902
Above median knowledge	2246	3034	1622	2207

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The data collected for this publication

- ✓ are available in more detail through UK data archive
- ✓ may be made available on request, subject to consideration of legal and ethical factors. Please contact SALSUS@gov.uk for further information.
- ✓ will be available from late June 2017 on www.statistics.gov.scot.

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