



Aberdeen City Health & Social Care Partnership
A caring partnership



North Locality Profile

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Aberdeen City

In many ways, health in Aberdeen City and in the North locality is improving. People are living for longer

As people live longer, it is important that these years are lived well and in good health. It is estimated that men in the City can expect to live 65 years of their lives in good health and about 12 years with poorer health; for women the period of their lives spent with poorer health is estimated to be around 14 yearsⁱ. For most people, the time of poorer health tends to be towards the end of their lives.

Health is not just the presence or absence of disease. A positive aspect of health includes our social and personal resources *as well as* our physical capacities as 'a resource for everyday life, not the objective of living'. A sense of physical, mental and emotional wellbeing is a key attribute that reflects this positive aspect of health.ⁱⁱ Having control of our life and circumstances is central to this meaning of health. An asset, or strength based approach to promoting health and wellbeing focuses on the positive capacity of individuals and communities rather than solely on their needs, deficits and problems.

Our genes, behaviour, or our access to healthcare account for less than half of our potential for health. The conditions in which people are born into, play in, grow up in, live, work and grow old in are important in developing and maintaining good health and wellbeing.

Health and wellbeing can be compromised if there is a lack of adequate social, economic and environmental conditions. There are small areas in Aberdeen City called data zones where a high proportion of people experience a lack of essential conditions for health and wellbeing. Based on the overall index of deprivation, 53 out of 283 data zones in Aberdeen City are ranked as among the 30% most deprived data zones of Scotland.ⁱⁱⁱ The effect this inequality has on peoples' health is a 6 year gap in life expectancy for men and a 4 year gap in life expectancy for women when comparing the most and least deprived areas in Aberdeen City.ⁱ Inequality and socioeconomic deprivation create similar variations in the amount of time people can expect to live in good health.

Mental wellbeing is important. Poor mental wellbeing is linked to a number of physical diseases, unhealthy lifestyle choices and social inequalities in health.

Aberdeen City's population is projected to rise 17% to almost 268,000 between 2014 and 2039. It is expected there will be a greater increase in males than females. There is a projected rise of 19% in the 0-15 year age group. The working age population is projected to increase by 11% and the pensionable age population by 20% over the same period.^{iv} It is difficult to predict our future locality populations as different localities have different factors affecting population growth, such as birth rates and the number of people moving into and out of the locality.

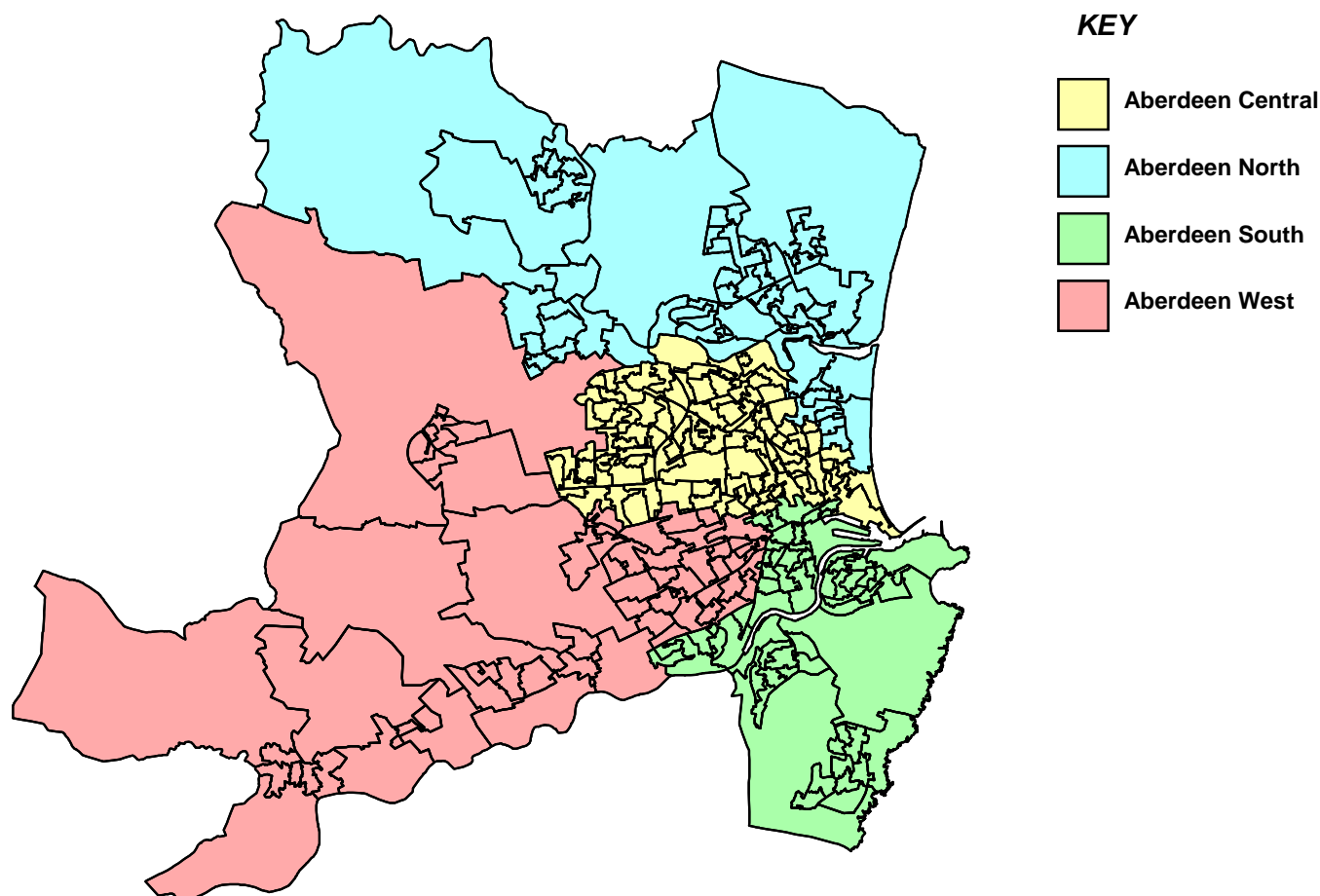
The recent economic climate, ushering in welfare reform and increasing public sector austerity, as well as the down turn in the oil and gas sector, has been challenging for individuals, public services, the third sector and a whole host of businesses across the North East and is likely to exert an effect on residents' health and wellbeing.

Our localities

A locality is described as a small area within the borders of the Integration Joint Board. Our four localities are organised so that health and social care teams and the people in the area they serve can have a clear influence on the resources that are available and the development of new resources and support. Localities are defined by geography, the people that live, work, learn and play in the area, the characteristics of the population and, to some extent, by existing resources such as the location of health centres, schools, libraries and green space. We recognise that within our localities there is considerable variation in the make-up of the population.

This profile goes some way to describe the population and area of North locality. It is hoped that it will help inform and form conversations with people living and working in the area to describe the resources and capacities that need to be in the locality plan that have a positive impact on health and wellbeing and the protective factors that help people and communities maintain and enhance their health even when faced with adversity.

Aberdeen Localities by 2011 Datazone (produced 2016)



The information in the profile has been organised under the main headings of:

- **North locality and who lives here**
- **Living conditions that support and contribute to health**

Families and individuals have the resources for wellbeing:

Education, skills and training;
Employment and Income.

Natural and built environment that supports health and wellbeing:

Housing tenure;
Local assets for health and Wellbeing;
Access to local amenities.

- **Resilient people and communities**
- **Ways of living that improve health**
Healthy actions
Actions that improve the health of the next generation
- **How are we? Indicators of health and wellbeing throughout the life course**
- Actions that improve the health of the next generation
Childhood
Adults
- **References**

North Locality

The North locality is made up of several defined neighbourhood areas including Dyce, Bucksburn, Danestone, Bridge of Don and Seaton. The area has generous access to open spaces including Aberdeen Beach and Seaton Park and shares a large boundary with Aberdeenshire. This results in people regularly travelling between the two boundaries for education, employment and recreation purposes. Aberdeen University sits just within the north boundary and is surrounded by distinctive cobbled streets and historic buildings including Kings College and St. Machar Cathedral. The Cruickshank Botanic Garden is situated in Old Aberdeen on the King's College campus and is a partnership between the University and the Cruickshank Charitable Trust. Aberdeen Sports Village, the premier sports and exercise facility in Scotland, and Aberdeen Football Club's Pittodrie stadium both sit within the locality boundary.

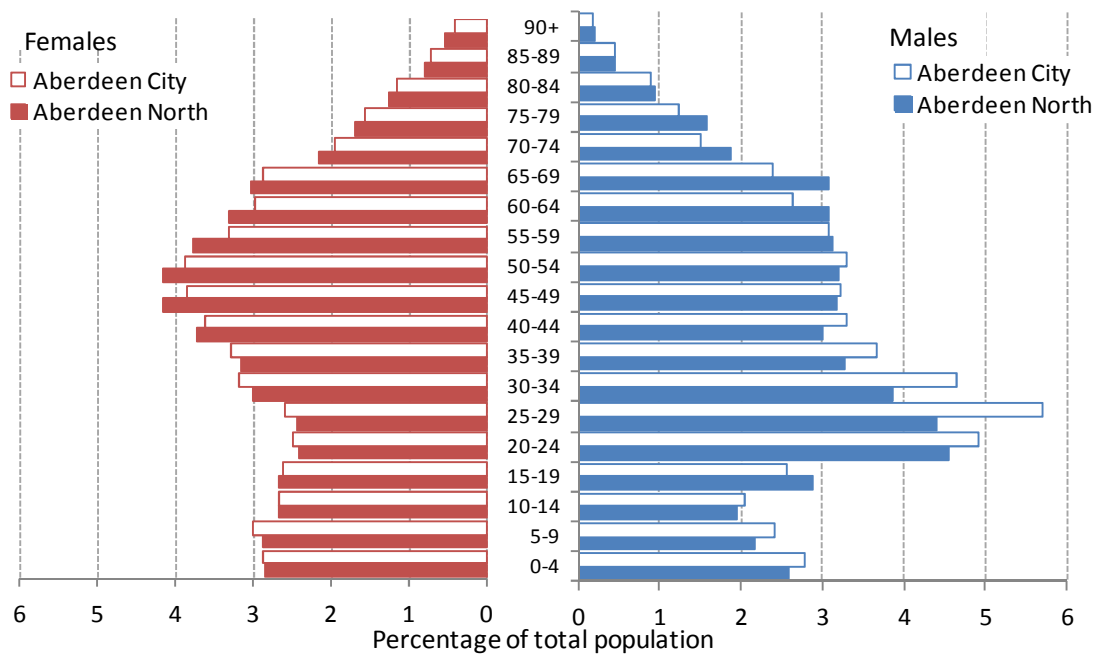
Aberdeen Airport is also within the North locality area along with two large industrial estates in Bridge of Don and Dyce which comprise a large number of oil and gas employers. Seaton, along with Tillydrone and Woodside in the Central locality, is in one of three locality partnerships formed by Community Planning Aberdeen (CPA) in 2016. The eight neighbourhoods that are part of the CPA locality partnerships each have higher concentrations of multiple deprivation according to the Scottish Index of Multiple Deprivation (SIMD).

The North locality is also serviced by a number of amenities including retail outlets, community and sports centres, places of worship and GP practices which are spread throughout the locality.

Who lives here?

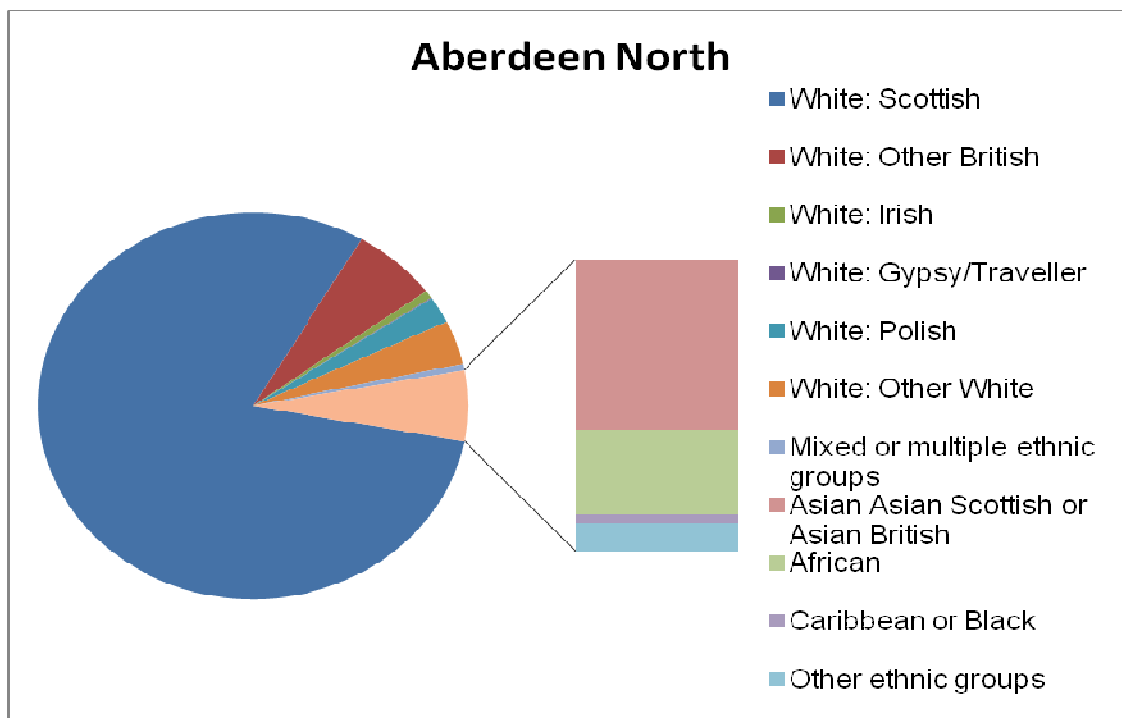
The picture of the population below shows the percentage of persons in 5 year age bands by men and women for the North locality.

- 46,015 people live in the North locality, 21% of the Aberdeen population;
- Overall, there is a fairly equal split of men and women.
- Amongst people aged 16 to 29, there are 1.6 men to every woman.
- People aged between 45 and 59 years make up 22% of the population of the locality. In this age group women slightly outnumber men.
- There are 7 adults of working age (16-64 years) for every person aged 65 and over living in the North locality, compared to a ratio of 5 for Aberdeen City.
- Less than a fifth (16%) of the locality population is aged between 0 to 15 years and three quarters (76%) are under the age of 60 years.
- There are just over 11,000 people aged 60 and over living in North locality, 23% of Aberdeen's population in this age band.



Percentage of people by five year age band and gender for Aberdeen North (National Records for Scotland, 2015)

The majority (87%) of the people living in North locality are of white: Scottish or other British ethnic group but North has a diverse population as shown below.



At the same time 2% of people aged 3 and over did not speak English well/at all and 12% of people spoke a language other than English at home.¹ A very small (0.3%) proportion of the population spoke no English at all, which was the lowest of all four localities.

Households

North locality had 19,434 households at the time of the 2011 Census, which was almost a fifth of all households in Aberdeen (19%). Over half (62%) of households were one family with or without dependent children.² A third of people (6460) lived on their own with 21.5% under the age of 65 years and 11.7% over the age of 65 years, which was similar to the West locality.

¹ Languages include Gaelic, Scots, British Sign Language, Polish and other languages.

² Includes households of one family, all over age 65

Living conditions that support and contribute to health

Families and individuals have the resources for wellbeing

Education, skills and training

To make an assessment of education, skills and training we look at:^v

- pupils with high attendance at school,
- the highest qualification that a pupil leaves school with (attainment),
- the number of working age people with no qualifications,
- the number of 17-21 year olds moving into higher education and,
- the number of people aged 16-19 not in full time education, employment or training.

In 2016, an estimated 52,000 people across Aberdeen city were classified as living in areas of deprivation of education, training, and skills. The areas where people are most deprived are unevenly spread out across the city. Three small areas in North locality are in the 10 - 20% most education deprived areas of Scotland and they are in Old Aberdeen (3) and Seaton (2). Five small areas in the locality are in the 20% second most education deprived areas of Scotland and are in Bucksburn (3), Balgownie and Donmouth West and Dyce. This does not mean everyone living in these areas are education deprived. There are also areas within North locality where educational, skills and training is high.

Employment and Income

Employment and income deprivation is now measured by the percentage of people who receive certain benefits or tax credits. Income deprivation is measured by:^v

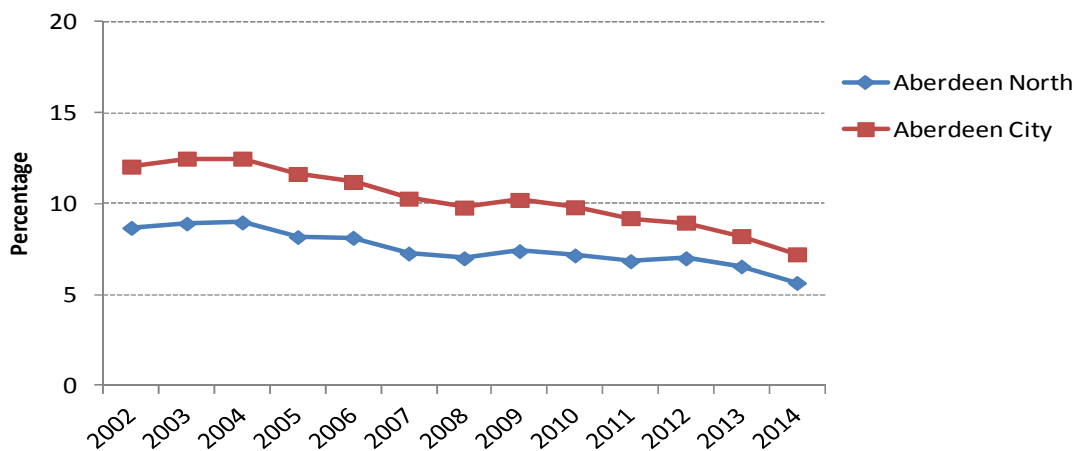
- Income Support (IS) and Income-based Employment Support Allowance (ESA) (16-59)
- Job Seekers Allowance (JSA) and Guaranteed Pension Credit Claimants (All ages)
- Universal Credit
- Number of children in JSA, IS or ESA households
- Number of Adults and children dependent on adults in receipt of tax credits.

Employment is measured by an average 12 month number of unemployed claimants, number of people receiving working age incapacity benefit (IB) or ESA and number of people receiving working age severe disablement allowance. Three small areas in Seaton and Old Aberdeen are in the 20-40% most employment and

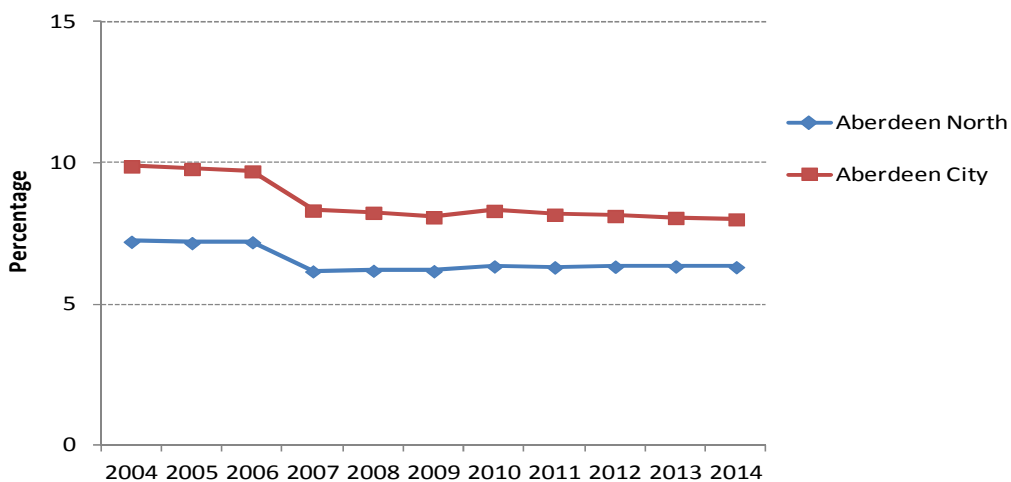
income deprived areas for Scotland. One small area in Seaton is in one of the ten most employment and income deprived areas of Aberdeen.ⁱⁱⁱ This does not mean everyone living in these areas is income or employment deprived.

North locality had the second lowest percentage of adults claiming benefits for employment and incapacity/severe disability in 2014 as well as child poverty in 2012. A reduction in out-of-work payments has been seen in the locality as well as across the city and nationally. It is difficult to determine to what extent this reduction represents improvements in peoples abilities to afford every day goods and services. The reductions could also be accounted for by welfare reform policies restricting eligibility and level of support.

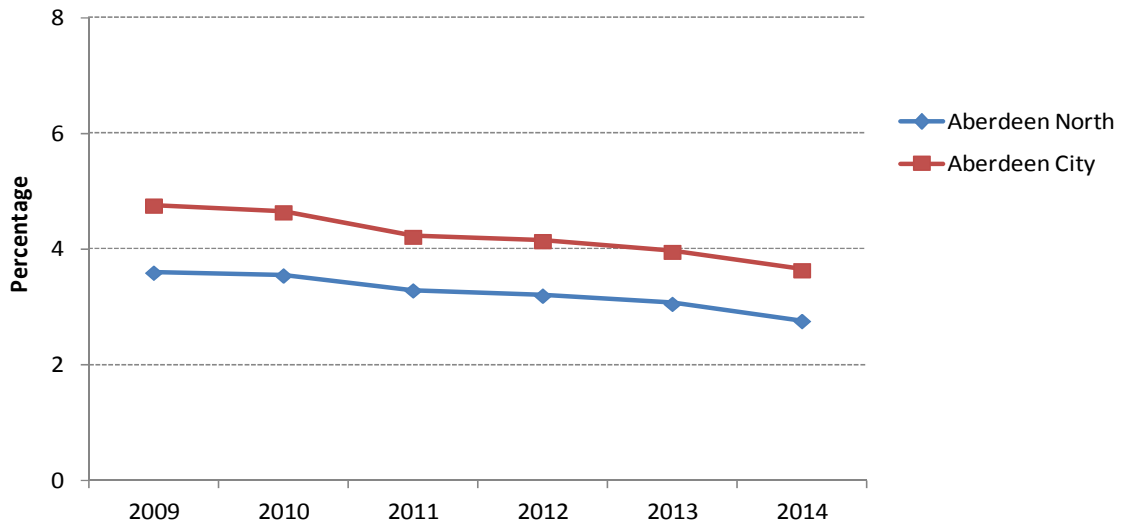
Working age population claiming out-of-work benefits
Percentage



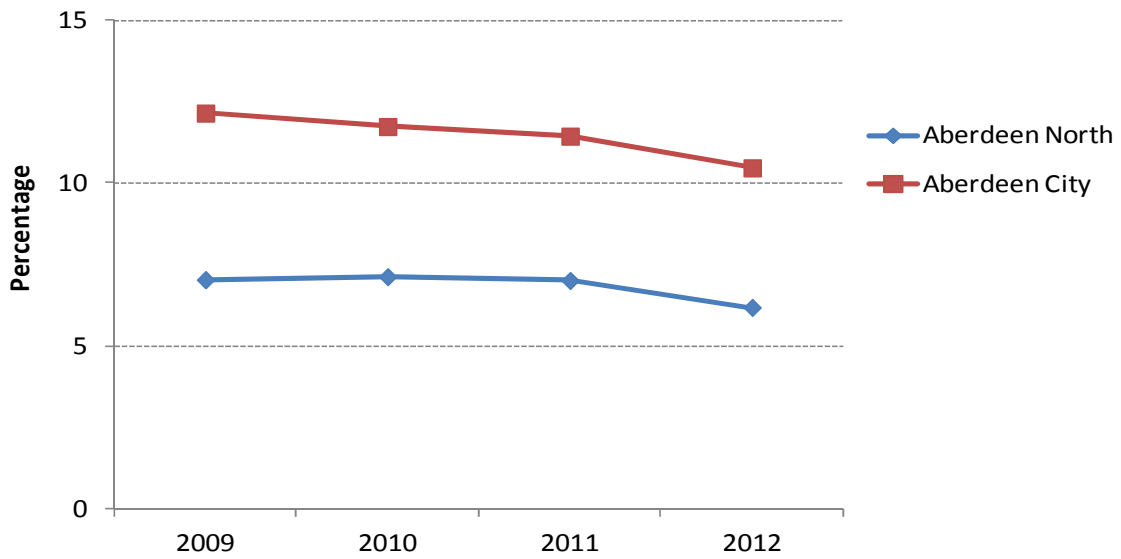
Percentage of Working age population employment deprived



Adults claiming incapacity benefit/severe disability allowance
Percentage



Percentage of children living in poverty



Natural and built environment that supports health and wellbeing

Housing tenure

The 2011 census identified that

- 73% of people in North locality lived in households where the property was owned either outright or in part by a member of the household;
- A fifth of people (20%) lived in households where the property was social rented (local authority, housing association or registered social landlord);
- 9% were living in privately rented accommodation.
- 8% of the 19, 434 households were overcrowded.
- 10% of couples with dependent children and 18 % of lone parents with dependent children lived in overcrowded accommodation.

The housing domain of SIMD^v is a percentage of the total household population from the 2011 Census that is overcrowded or has no central heating. A number of small areas in North locality are within the 5-10% most 'housing' deprived areas of Scotland. These small areas are in Seaton (5) and Old Aberdeen (1). Again, this does not mean that everyone living in these small areas is 'housing' deprived.

Local assets for health and wellbeing

Assets can be described as the collective resources which individuals and communities have at their disposal, which protect against negative health outcomes and promote health. Although health assets are a part of every person, they are not necessarily used purposefully or mindfully. These assets can be social, financial, physical, environmental, or human resources; for example employment, education, and supportive social networks.^{vi}

The table below starts to describe the number of physical resources in the locality. Although these resources are located within the locality boundaries many provide services for people living across Aberdeen. Through a process of mapping, wider assets in local areas for health and wellbeing can be identified. Things to consider when doing this include:

- the practical skills, capacity and knowledge of local residents
- the passions and interests of local people that give the energy to change
- the networks and connections in a community
- the effectiveness of local community and voluntary associations
- the resources of public, private and third sector organisations that are available to support a community
- the physical and economic resources of a place that enhance wellbeing.

Physical Assets in North Locality

| Category | Asset | Total Number |
|-------------------------|---|--------------|
| Health Services | GP Practices | 7 |
| | Community Pharmacies | 7 |
| | Health Centres | 1 |
| | Local authority flat at Seaton. | 1 |
| | Opticians | 3 |
| | Dental Practices: ³ | 7 |
| | Public Dental Service (PDS) or NHSG Specialist; Independent dentist (GDP) providing NHS Care | 2 5 |
| Social Care/ Housing | Care Homes – Older People | 1 |
| | Accommodation – People with Learning Disabilities | 6 |
| | Amenity Housing | 2 |
| | Sheltered Housing | 7 |
| | Very Sheltered Housing | 1 |
| Community | Places of worship | 20 |
| | Community Centres and Village Halls | 5 |
| | Sport and Leisure Facilities | 11 |
| | Libraries | 5 |
| Education | Primary Schools | 12 |
| | Secondary Schools | 4 |
| | Additional Support Needs | 1 |
| | Tertiary | 1 |

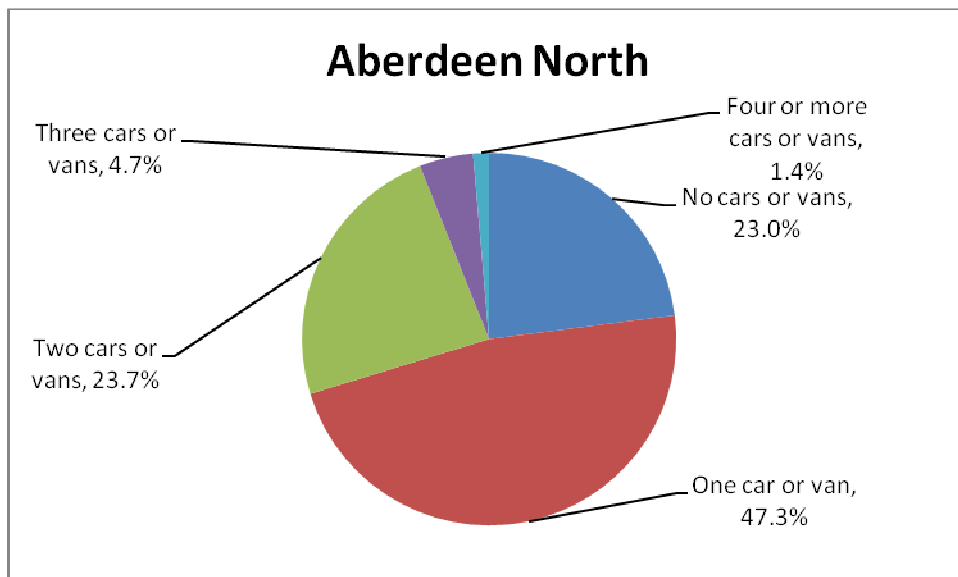
³ The PDS delivers services to identified vulnerable groups and GDP deliver NHS Services to the population as a whole as part of their national service delivery contract.

Access to local amenities

Despite its location close to a large city, there are two small areas in the North Locality that are in the 10-15% most 'access deprived' to essential amenities. 'Access deprived' is described by average drive times to schools, GP practices, petrol stations, and retail opportunities along with public transport time to GP practices, post office and retail centres.^v These small areas form part of Dyce and Danestone. This doesn't mean that everyone living in these areas is 'deprived' of access to essential amenities.

According to the 2011 Census 23% of households in the locality had no access to car/van, which is second lowest of all four localities.

Less half (44%; 1200) of people who have a health condition that limits their daily activities a lot reported not having access to a car compared to 13% (4500) of people who felt that their health did not limit their daily activities.



Number of households by availability of car/van, 2011 Census

Resilient people and communities

Being resilient is our ability to bounce back from setbacks such as ill-health, change or misfortune that are all too often not predicted, and to adapt to new circumstances. It is a process that involves individuals being supported by the resources in their environment to produce positive outcomes in the face of challenge.^{vii}

Just now we have a picture of peoples health and circumstances across the lifespan, as this profile shows, as well as some of the resources and conditions people have to help them grow up well, live well, keep well and age well as independently as possible. For us to flourish in the face of change, support is needed from those around us, in our communities and those who make decisions about our communities. Our individual resilience is underpinned by strong social networks that offer support to us both immediately after challenge and longer term. Moving forward, we will need to develop a better picture of the factors and local resources that support people and communities to be more resilient at a local level.

Crime

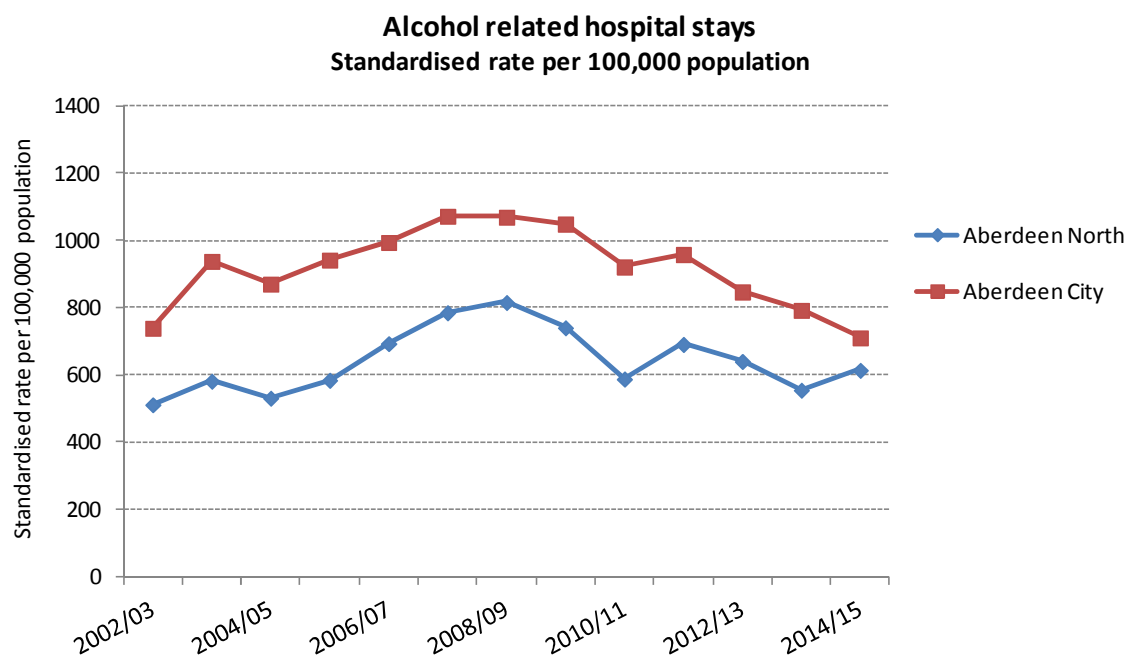
Several factors at a community level help to promote and maintain a person's mental wellbeing^{viii} and include participation, social networks, social support, trust and safety. Both crime rates and fear of crime can impact negatively on a person's physical and mental health, including their sense of physical and emotional vulnerability. The crime domain in SIMD² considers recorded crimes of violence, sexual offences, domestic housebreaking, vandalism, drugs offences, and common assault per 10,000 people. It doesn't consider all offences or patterns of offending. It is important to consider the type of area and resident population when looking at the crime rates. Some areas such as town centres or areas around a football stadium will see large numbers of people in an area at a particular time of day or day of the week or year and a linked increase in crime.^v The rate of crime per 1000 people in North locality is the second lowest for all four localities and shows a slight downward trend over time. Three small areas in Seaton (2) and Old Aberdeen are within the 5-10% most deprived in the crime domain of 2016 SIMD.

Ways of living that improve health

Healthy actions

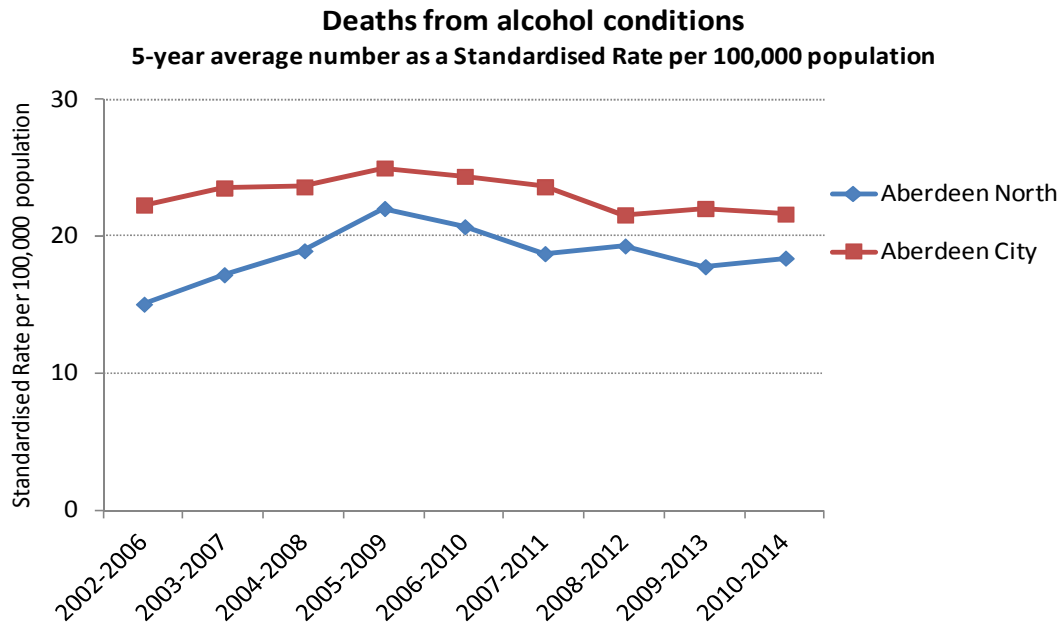
Estimates of physical activity, smoking, alcohol consumption, healthy diets etc are conducted by surveys⁴ for which results are only available at a city wide level. 1 in 3 men and 1 in 5 women in Aberdeen are drinking alcohol in a way that puts their health at risk. The amount people drink increases with their income. Whilst heavy drinking is most commonly associated with students, there is a further peak in alcohol consumption in middle age, particularly in women. Across the city, participation in sport and physical activity are more common in men (50%) than women (40%) but participation declines with age. Once over the age of 35, the majority of men and women do not take part in any form of regular⁵ physical exercise. Around a quarter of people in the City are obese and 60% overweight. 26% of men and 20% of women are current regular smokers.

Although rates of alcohol harms are lower than the City average, an upward trend in the rate of hospital stays and rate of death caused directly by alcohol has been observed for the North locality. This upward trend is in contrast to the slight downward trends observed in Aberdeen City during the same period.



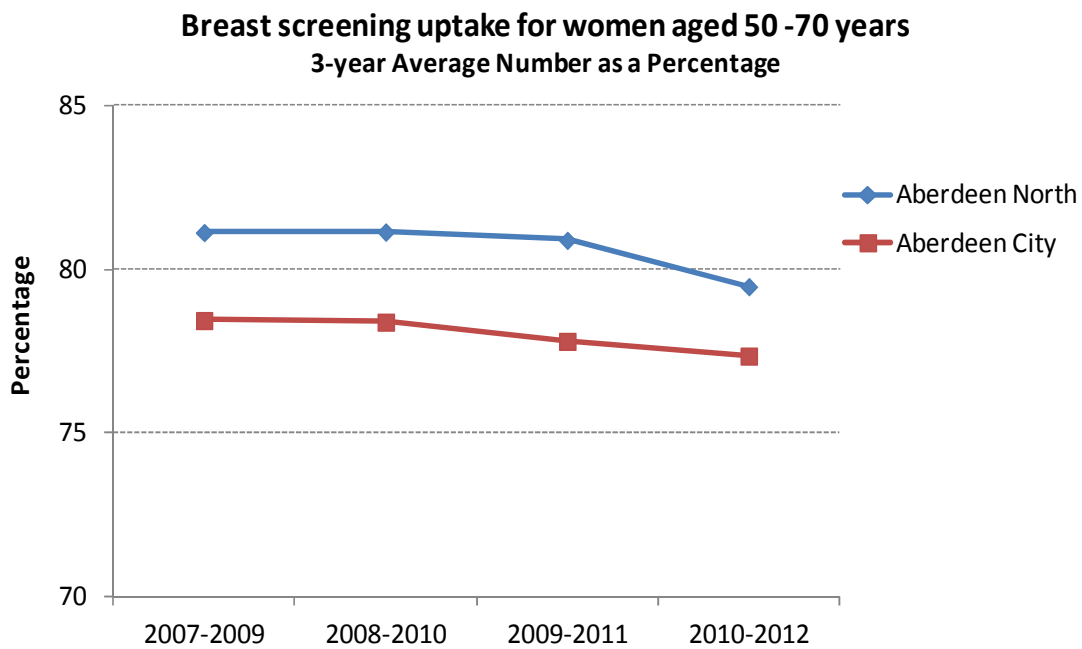
⁴ Scottish Health Surveys

⁵ Regular weekly physical activity is defined as 75 minutes of vigorous intensity or 150 minutes of moderate intensity activity in a week (or a combination of both).

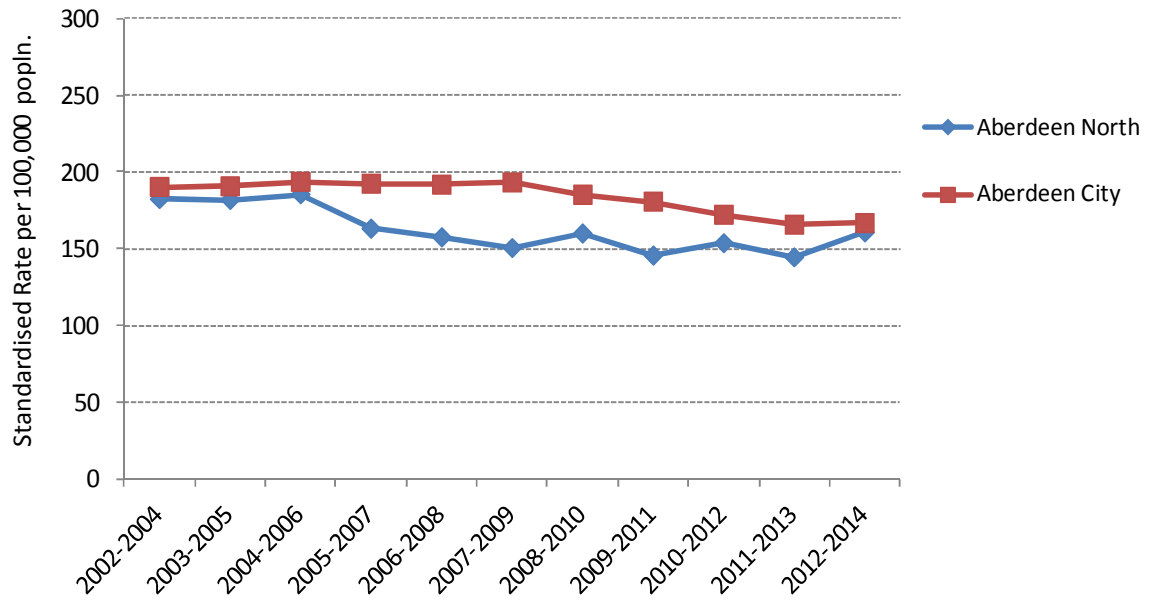


The uptake of cancer screening programs are better in North locality compared to Aberdeen City and Central and South localities, however, there has been a sharper downward trend in uptake of breast screening for post menopausal women compared to that seen for the City.

There has been a rise in the three year average rate of early deaths from cancer in the North locality. This rate remains lower than that for Central and South localities, which are both higher than Aberdeen City, but is a similar rise to the one seen for Central.



Early deaths from cancer (< 75s)
3-year Average Number as a Standardised Rate per 100,000 population

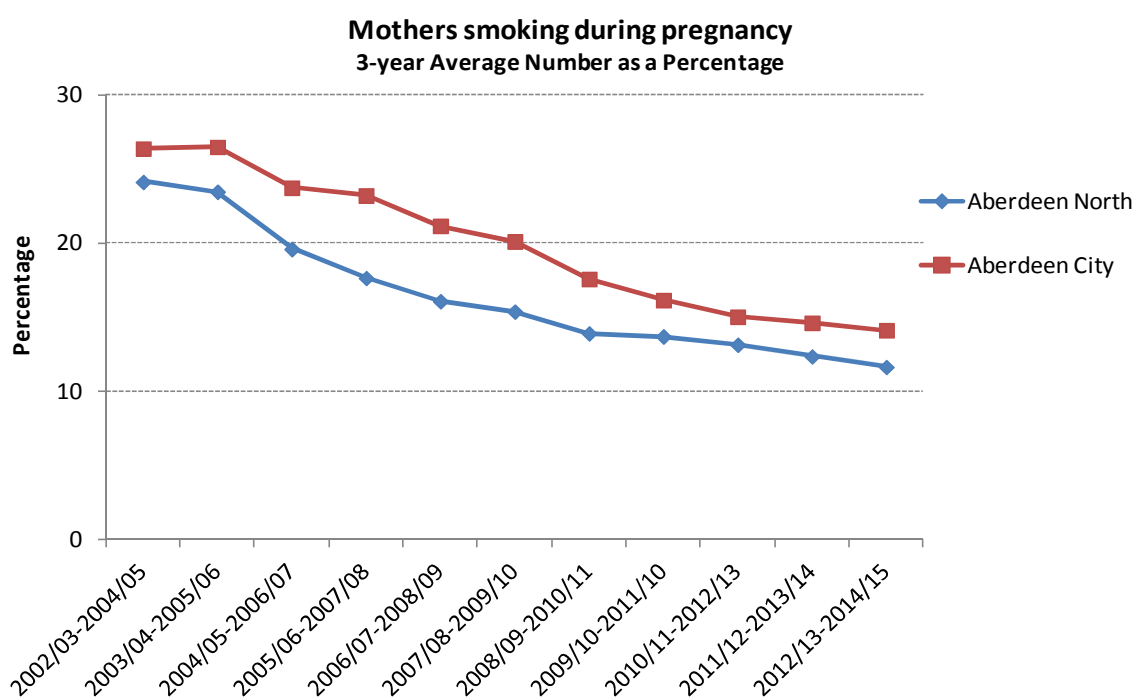


Actions that improve the health of the next generation

Positive development during pregnancy and in the first few years is essential for ensuring the best possible start for a child.

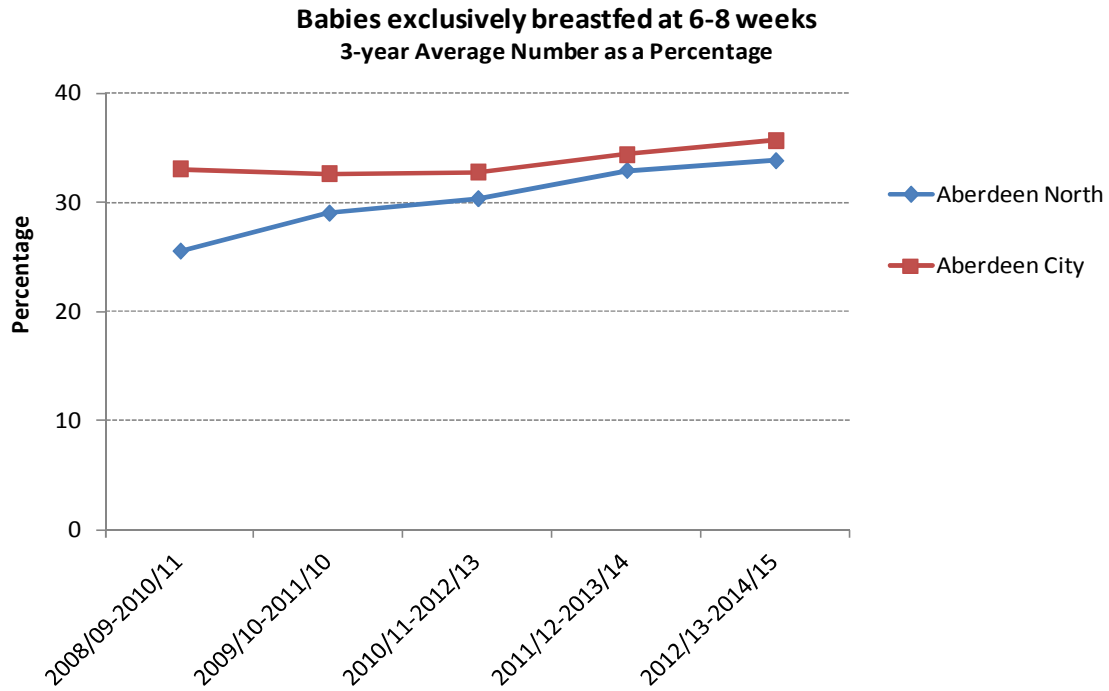
Smoking in pregnancy

The number of mothers smoking when pregnant in North Locality has continued to decrease since 2002 which reflects a similar trend to Central locality but the rate for North locality is lower than that for the City and Central and South localities.



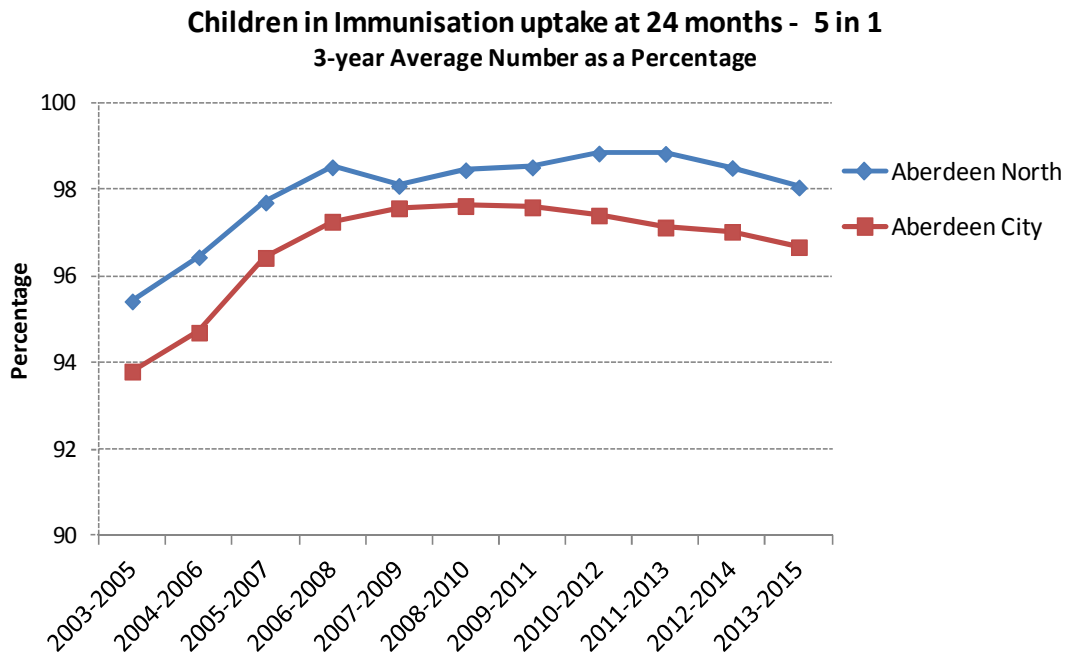
Breastfeeding

The number of babies exclusively breastfed at 6-8 weeks shows a steady rise in North locality since 2009, as is the case in the other three localities. The most recent 3 year numbers in North locality are similar to those for South locality but remain lower than the City and West locality.

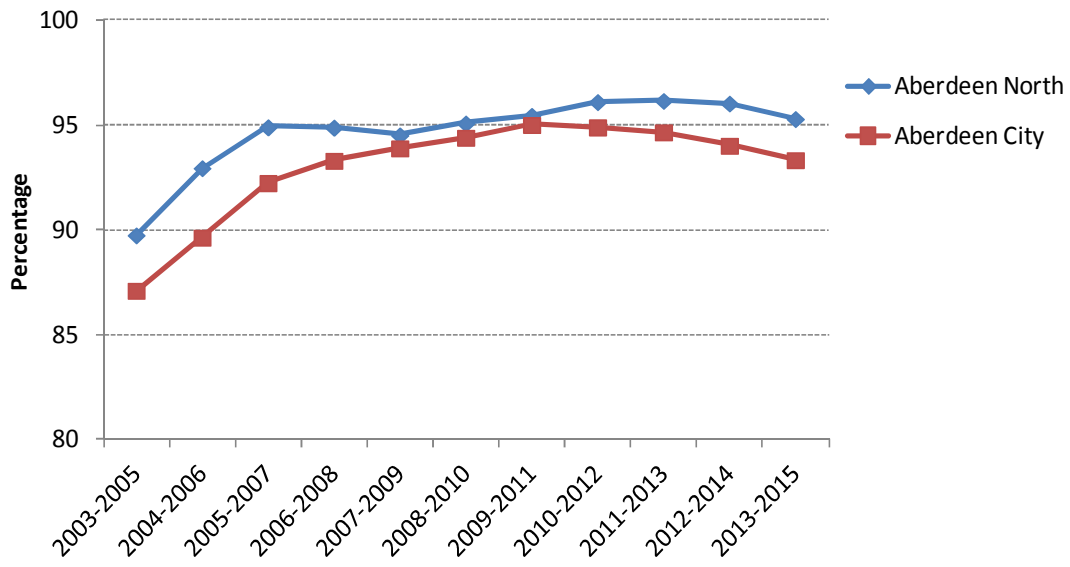


Immunisation uptake

The children living in North locality have high rates of immunisation uptake that compare well with the rest of the City.



Children in Immunisation uptake at 24 months - MMR Percentage

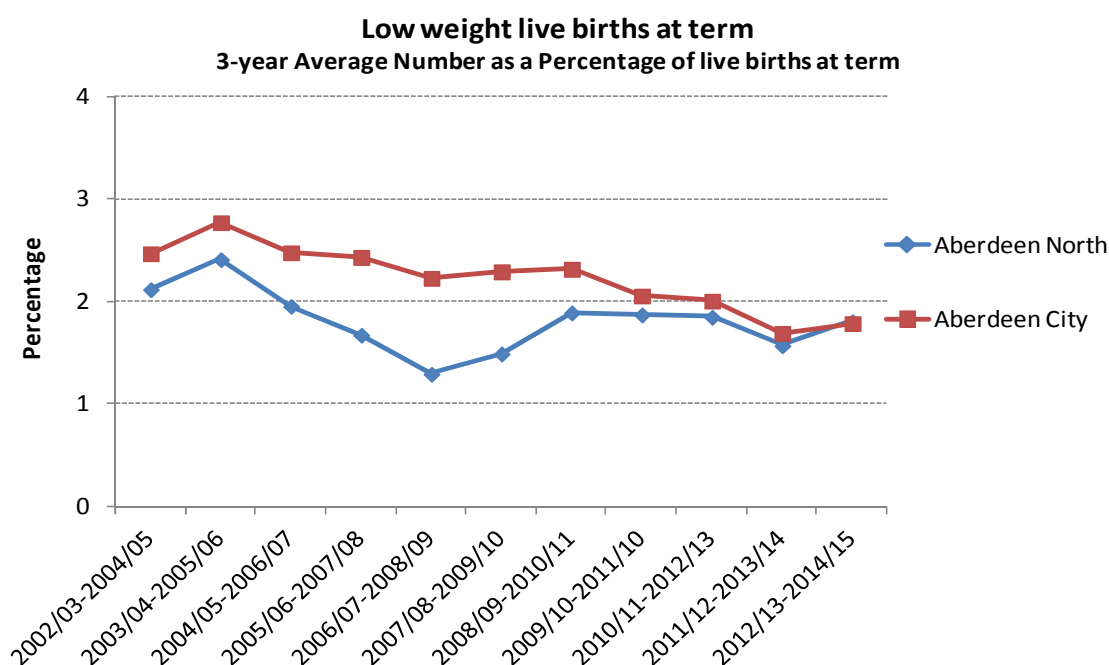


How are we? Indicators of health and wellbeing throughout the life course.

Childhood

Children born with a healthy weight

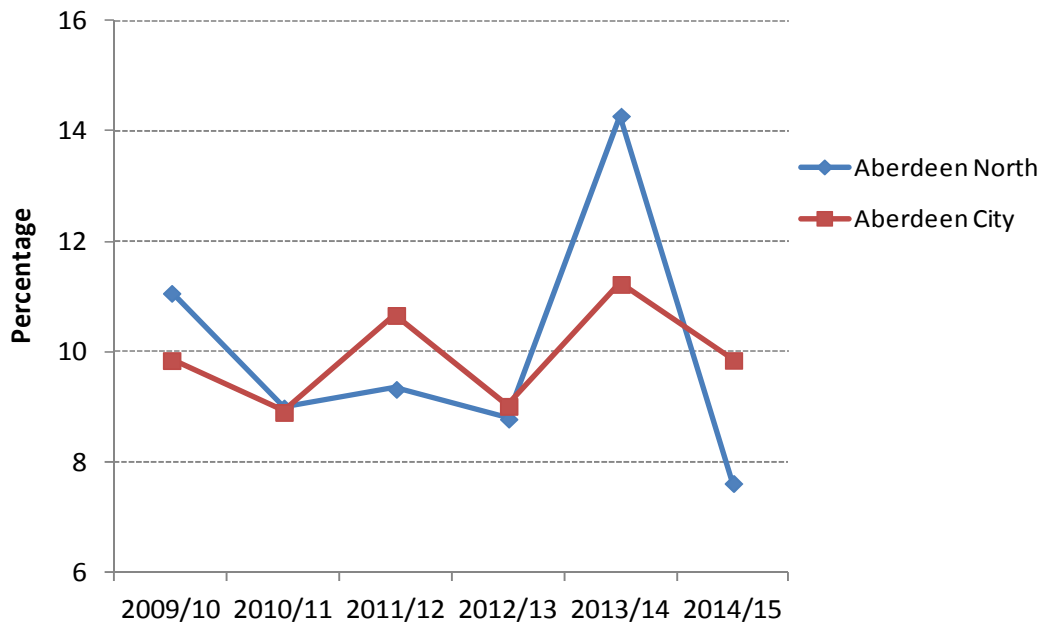
There has been a slight increase since 2012 in the number of children born with a low birth weight. Although there are genetic and other unavoidable factors which affect the growth of babies in the womb, key modifiable risk factors include tobacco smoke exposure, sexual health (infections and access to contraception), nutrition, substance misuse and access to dental care.



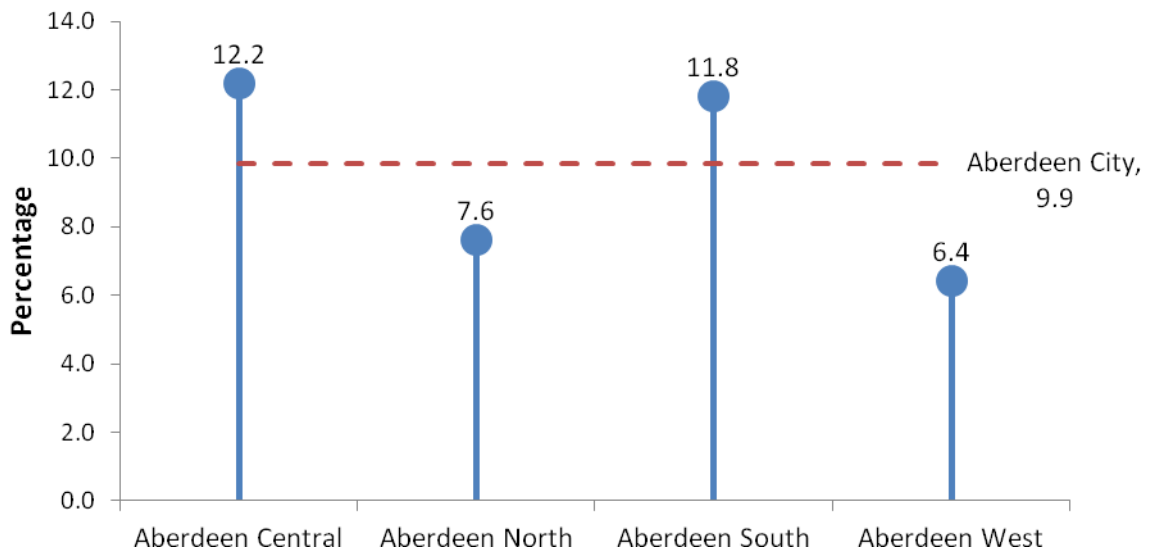
Children age five with a healthy weight

The North locality had the second lowest percentage of children classed as obese on entry to primary school out of four localities in Aberdeen in 2014/15. However, compared to West and South localities, North, along with Central locality shows a decline in the percentage of children since 2013.

Percentage of children in top 5% range for Obesity



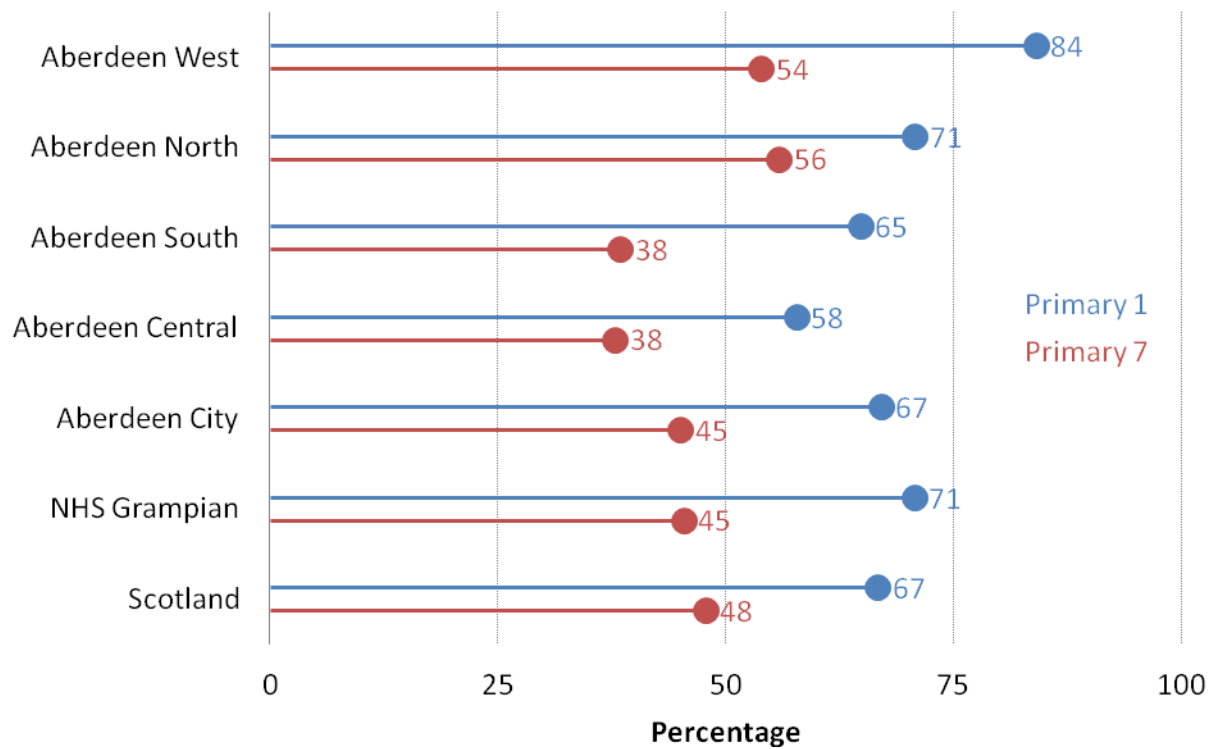
Percentage of children in top 5% range for Obesity (2014/15)



Children's dental health

Children in North locality tend to have good oral health at the age of five. A snapshot of primary 7 school children in 2013/14 shows that just over half had healthy teeth (no obvious signs of decay) which was the best of all four localities.

Percentage of Primary Children with Healthy Teeth (2013/14)



Children's mental wellbeing

Although no information is available at a locality level, Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) produced a report on mental wellbeing in young people across Scotland.^{ix} There were two main areas that emerged as key to pupils' mental health and wellbeing:

- The number and nature of pupils' friendships
- The pupils that disliked school, felt pressured by school work, truanted on multiple occasions or had been excluded had poorer mental health and wellbeing than those that did not.

A number of activities appeared to have a protective effect against poor mental health and wellbeing although it is likely to be complex to prove direct links. Belonging to a group or club and seeing friends, doing a hobby, reading books or playing a sport at least weekly were associated with better mental health and wellbeing. For girls in particular, playing sport on a weekly basis was strongly related to lower levels of emotional and behavioural problems.

Poorer physical health is associated with lower mental health and wellbeing. Pupils who reported that they had a limiting illness or disability tended to suffer from poorer mental health and wellbeing. Pupils who had a mixed or multiple ethnicity were more likely to suffer from poor mental health and wellbeing than those from other ethnicities.^{ix}

Higher levels of deprivation were correlated with poorer mental health and wellbeing. The Scottish Index of Multiple Deprivation (SIMD), perceived family affluence, and receipt of Free School Meals all showed a relationship with mental health and wellbeing. Perceived family affluence had a stronger association than the geography based measure of deprivation (SIMD) and receipt of free school meals.

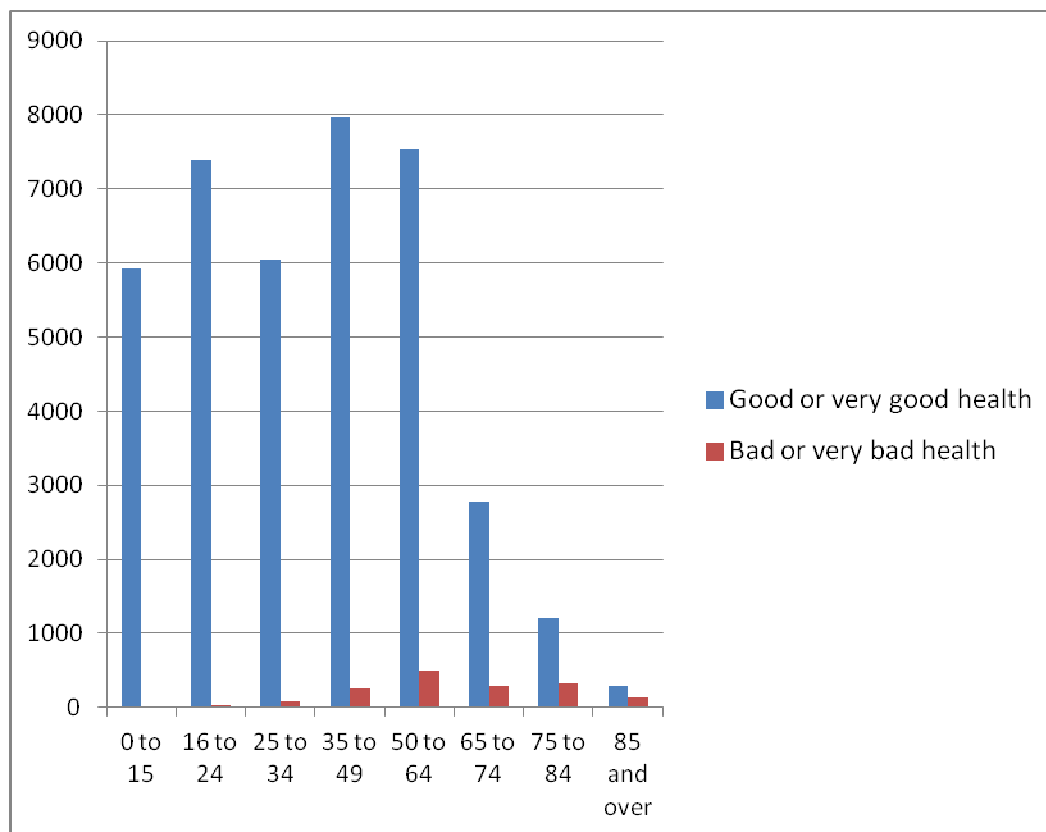
Adults

86% of people in the North locality described themselves as being in good or very good health during the 2011 Census.

The proportion of people reporting good or very good health fell with increasing age.

Among people aged 65-84, over half (62%) assessed themselves as having good or very good health. Among people aged over 85, 36% assessed themselves as good or very good health.

The majority (84%) of people felt their day-to-day activities were not limited by disability, which was similar to South locality; 7% of people felt their day-to-day activities were limited a lot by disability which was the second lowest percentage of all four localities. 9% of people felt their day-to-day activities were limited a little by disability.

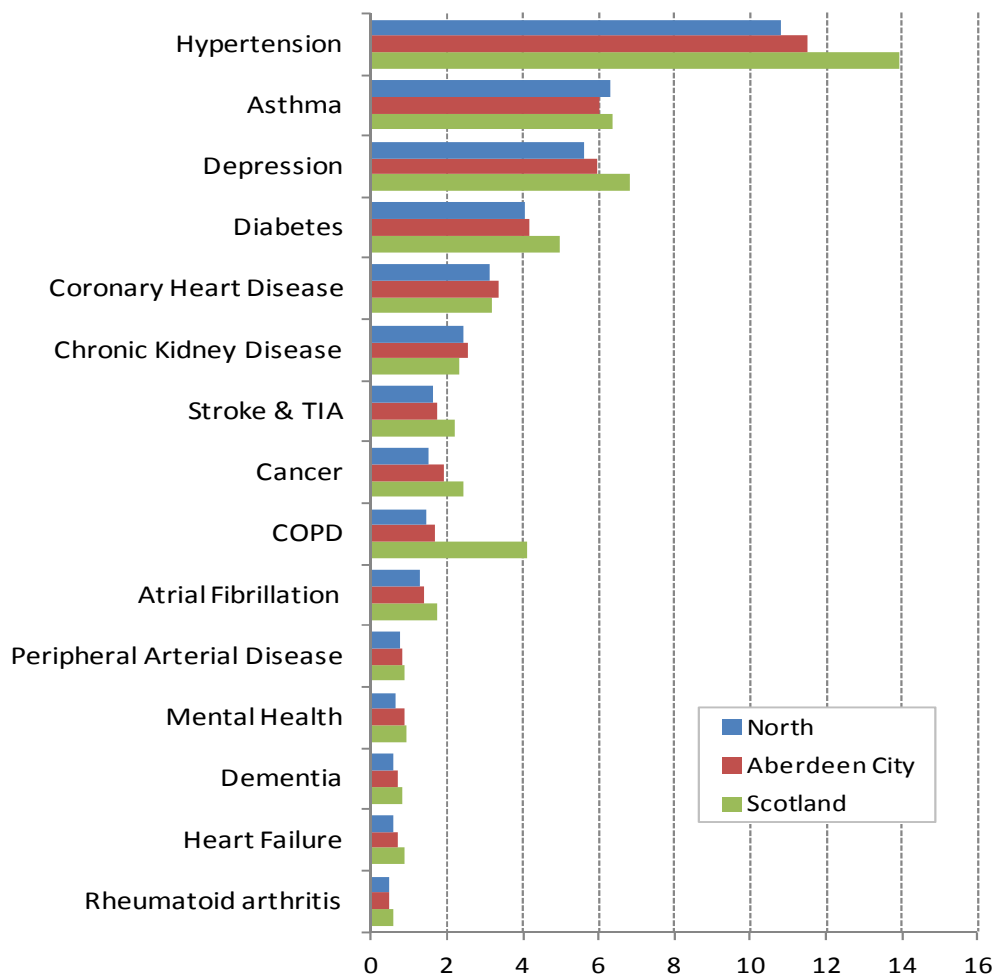


Self reported health by age group, North locality (2011 Census).

Minimising avoidable ill-health

Long term conditions are now more common in the population and more people are living with more than one condition. Information on the number of people with different conditions mainly comes from our GP practice and therefore describes a picture at a point in time that is based on the number of people registered with the GP and the age makeup of the GP practice. This has also been heavily dependent on each practice's participation in the national quality and outcomes framework (QOF) where they were paid to record certain types of information. Not all conditions were incentivised and not all practices participated to the same degree. The table below shows the frequency of different conditions per 100 people in North locality as recorded in 2015/16. The most common conditions are depression, asthma and diabetes. There are nearly 7500 people on the GP register with high blood pressure which, if poorly managed could lead to heart disease and stroke. This figure is similar to that for Central and South localities.

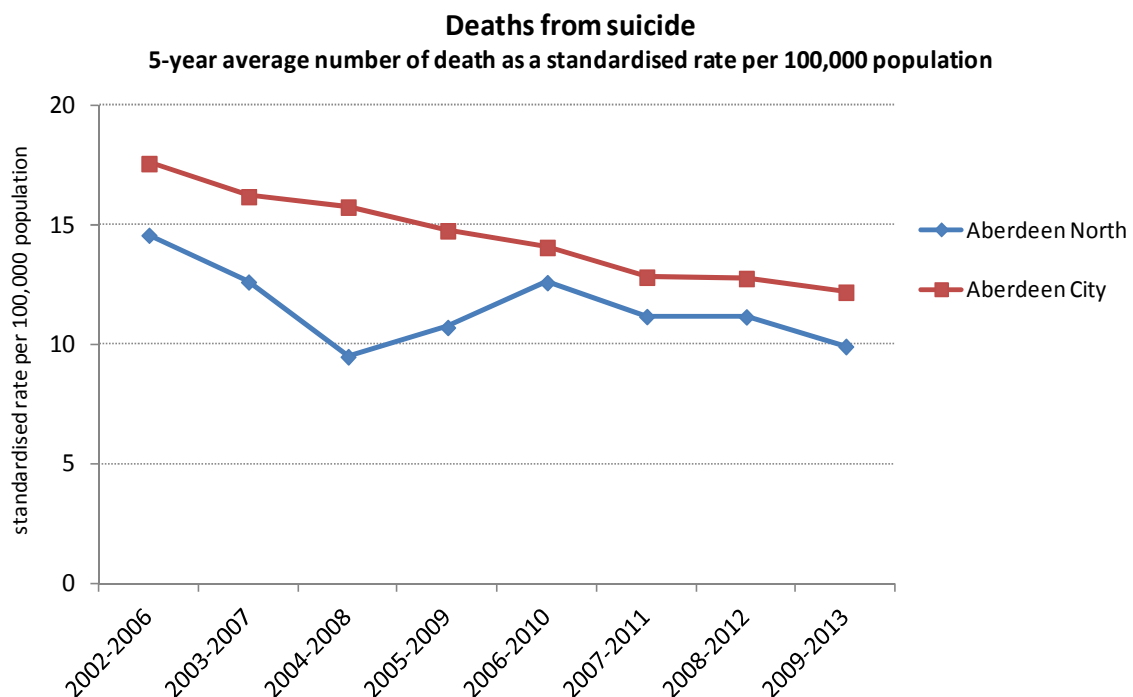
Aberdeen North - Prevalence Rate per 100 people



The term 'mental health' is used to describe a spectrum from mental health problems, conditions, illnesses and disorders through to mental wellbeing or positive mental health.^x Good mental health is more than just the absence of ill-health and is a resource for everyday life. Wellbeing is important to our ability to contribute to society and realise our abilities as well as functioning well and being happy. Positive mental wellbeing is measured in the population using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). In Aberdeen, men and women across all ages from 16 to 75 years and over in the Scottish Health Survey have consistently scored in the average range of 40 – 59. A higher score means more positive wellbeing and scores range from 14 to 70. This score compares favourably against the rest of Scotland.

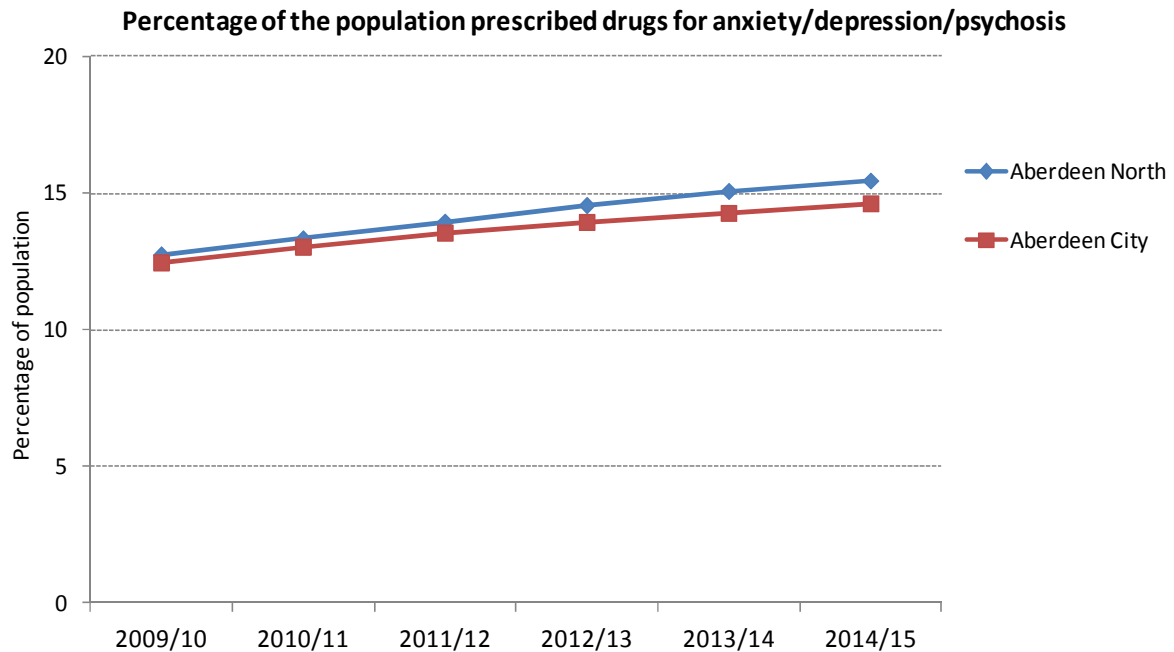
The factors found to be most strongly associated with poor mental health and wellbeing were economic inactivity, in particular the group of adults who are permanently unable to work, and a range of health-related behaviours such as physical inactivity and excessive alcohol consumption.⁶ Adults who provide unpaid care for 35 hours or more per week were also shown to have low mental wellbeing compared to those who are not in a caring role, or those who provide fewer hours of care each week. For other demographic characteristics, such as area deprivation, a weaker relationship with mental wellbeing was observed after controlling for additional factors. It is not possible to provide scores of mental wellbeing from this survey at locality level.^{xi}

Trends in suicide rates had been on a downward trajectory in North locality which is similar to the trend for the City.

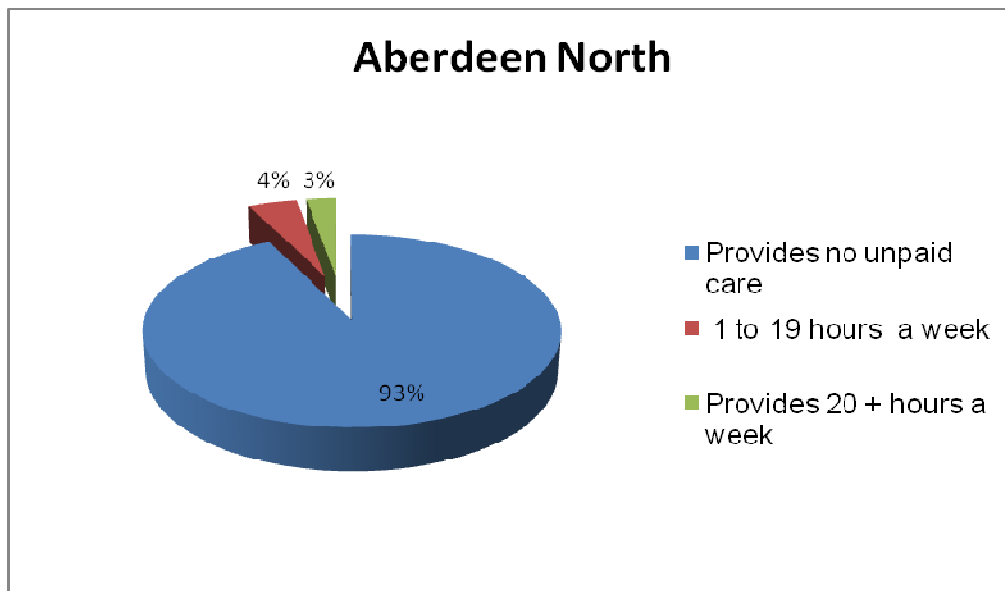


⁶ Refers to analysis conducted at Scotland wide level

The percentage of the population prescribed drugs for anxiety, depression and psychosis is the second highest of all four localities City and shows a gradual increase since 2009/10 for both the locality and City population.



Most (93%) of the population in North locality provided no unpaid care per week at the time of the 2011 Census, which is similar to the other three localities. 4% of people provided between 1 and 19 hours per week and 3% provided 20 or more hours⁷ unpaid care a week, which was slightly lower than South and West localities.



Number of people providing unpaid care, 2011 Census

⁷ Ranging from 20 or more hours to 50 or more hours unpaid care per week

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