



Scottish Government
Riaghaltas na h-Alba



The Scottish Health Survey

2022 edition | Summary

An accredited Official Statistics Publication for Scotland

SUMMARY

The Scottish Health Survey (SHeS) is commissioned by the Scottish Government Health Directorates to provide reliable information on the health, and factors related to health, of people living in Scotland that cannot be obtained from other sources. The series aims to:

- estimate the occurrence of particular health conditions
- estimate the prevalence of certain risk factors associated with health
- look at differences between regions and between subgroups of the population
- monitor trends in the population's health over time
- make a major contribution to monitoring progress towards health targets

Key findings from the 2022 survey are presented here alongside some trends. Further discussion of the findings and full documentation of the survey's methods and questionnaire can be found in the 2022 annual report available from the SHeS website:

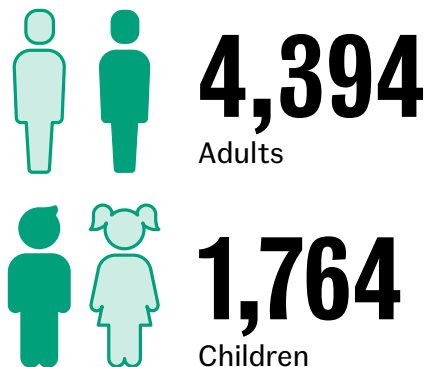
[SHeS pages on the Scottish Government website](#). The report is accompanied by a set of web tables for 2022.

Key trends and indicators for NHS health boards and local authorities are available in the [online SHeS data dashboard](#)

ABOUT THE SURVEY

The sample

SHeS has been designed to provide data on the health of adults (aged 16 and over) and children (aged 0-15) living in private households in Scotland annually. It provides data for NHS Health Boards and local authorities by combining data over four years. In 2022, 4,394 adults and 1,764 children took part in the survey.



The interview

The principal focus of the survey is cardiovascular disease (CVD) and related risk factors. Some questions and topics are asked annually while others vary from year to year. In 2022, interviews were initially conducted by telephone, because of COVID-19 restrictions, but returned to face-to-face after two months, provided respondents were happy to do so. Participants were also asked for permission to link survey responses to their administrative NHS health records.

Key topics included in the 2022 survey were:

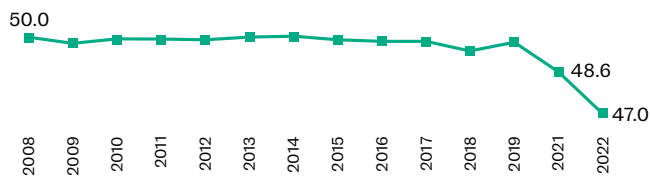
- Mental health and wellbeing
- General health, CVD and caring
- Respiratory
- Dental health
- Chronic pain
- Alcohol
- Smoking
- Diet and obesity
- Physical activity

CHAPTER 1

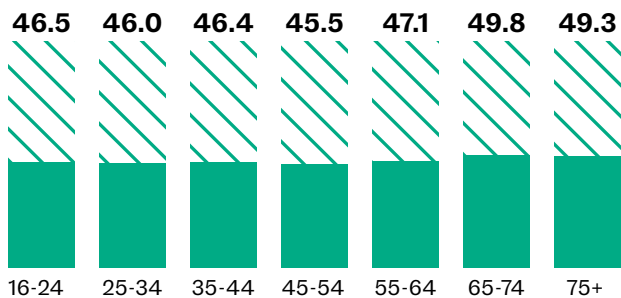
Mental Health and Wellbeing



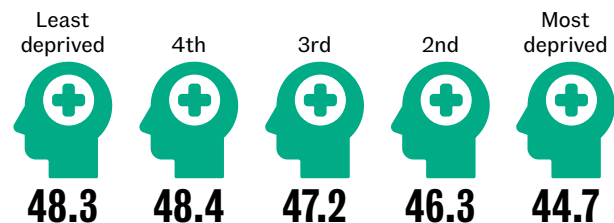
Average levels of mental wellbeing (measured by mean WEMWBS scores¹) decreased between 2021 and 2022 and were outside of the range previously observed between 2008 and 2019 (49.4-50.0)¹.



In 2022, older adults reported higher WEMWBS scores compared to younger adults.



In 2022, WEMWBS scores decreased as levels of deprivation increased.



In 2022, 27% of adults had a GHQ-12² score of 4 or more (indicative of a possible psychiatric disorder), an increase from 2021 and higher than previous scores in the time series (14%-19% between 2003 and 2019).



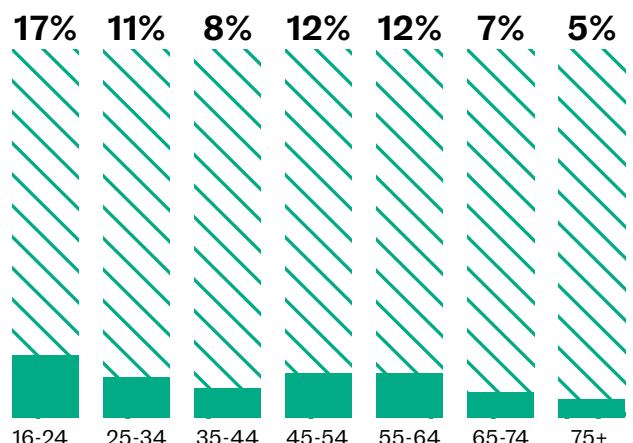
In 2022, GHQ-12 scores of 4 or more were significantly higher for women than for men.



The proportion of adults feeling lonely 'most' or 'all of the time' increased between 2021 and 2022.



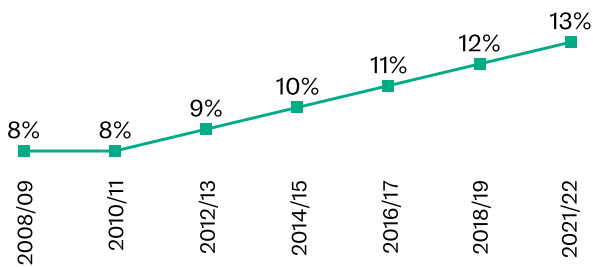
Overall, older adults were less likely to report feeling lonely 'most' or 'all of the time' compared with younger adults.



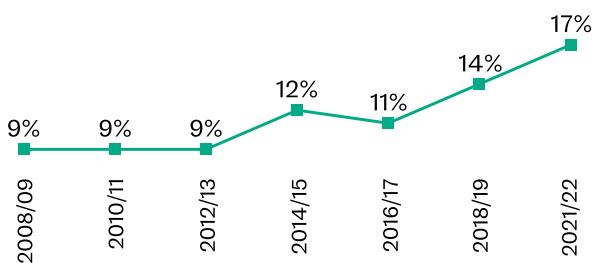
1. WEMWBS scores range from 14 to 70. Higher scores indicate greater wellbeing.

2. GHQ-12 scores range from 0 to 12. Scores of 4 or more are indicative of a possible psychiatric disorder.

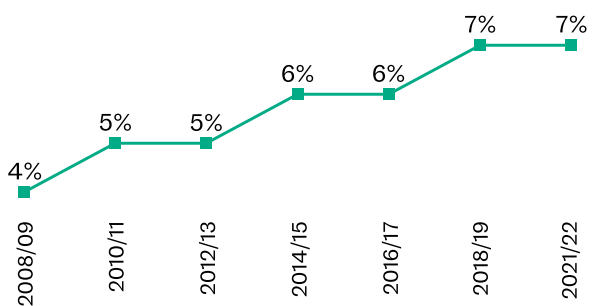
There has been a gradual but overall significant increase in the proportion of adults reporting two or more symptoms of depression, rising from:



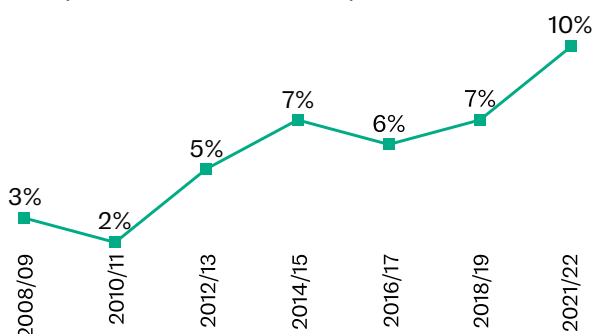
The proportion of adults that reported having two or more symptoms of anxiety was 17% in 2021/2022. This had increased from 9% between 2008/2009 and 2012/2013, and 11 - 14% between 2014/2015 and 2018/2019.



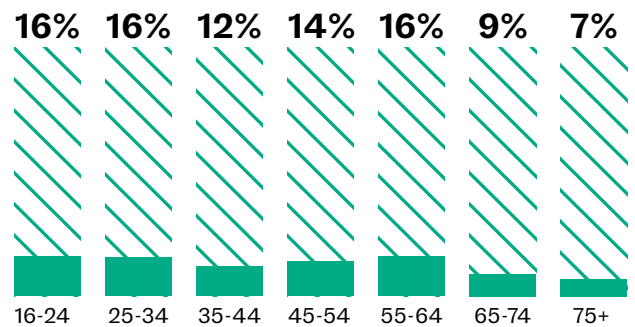
The proportion of adults reporting that they had ever attempted suicide has risen from 4% in 2008/2009 to 7% in 2018/2019 combined and 2021/2022 combined.



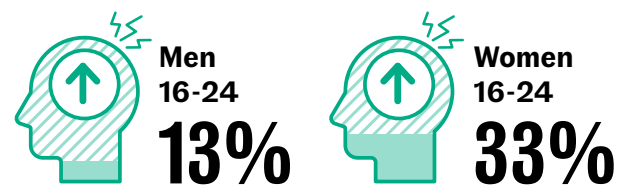
The proportion of adults reporting that they have ever self-harmed increased from 2-3% in 2008/2009 to 10% in 2021/2022.



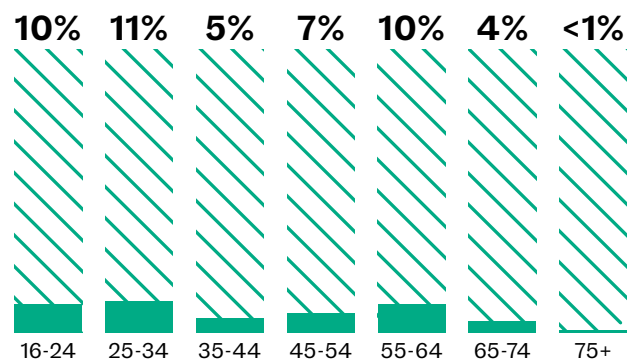
The prevalence of adults reporting two or more symptoms of depression tended to decrease with age, although not linearly. Lowest levels were recorded among those aged 75 and over, and highest among those aged 16-34 or 55-64.



Prevalence of two or more symptoms of anxiety was highest among those aged 16-34 (25 - 26%) and lowest was among those aged 65-74 (7%). Differences by sex were greatest amongst the 16-24 age group, at 13% of men and 33% of women.



In 2021/2022, age was a significant factor in whether someone had ever attempted suicide. The highest prevalence was among those aged 16-34 and those aged 55-64.



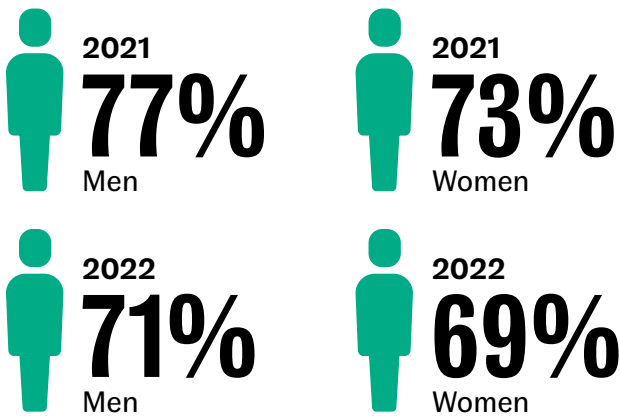
In 2022, 30% of children lived with a parent with a GHQ12 score of 4 or above (indicative of a possible psychiatric disorder).



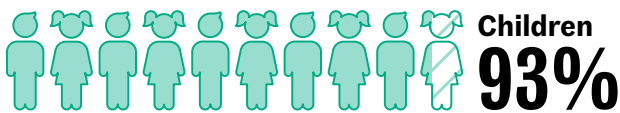


General Health

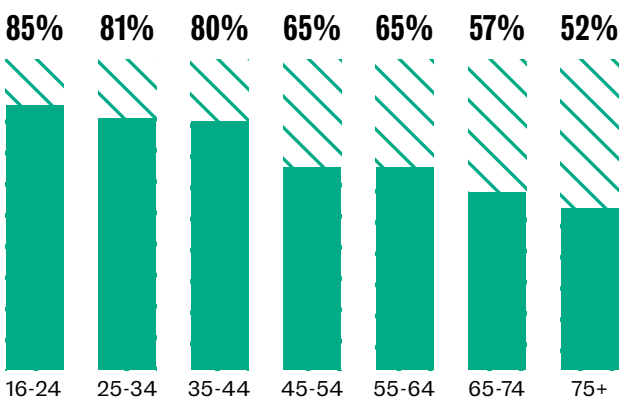
Between 2003 and 2021 the proportion of adults describing their health in general as 'very good' or 'good' ranged between 71% and 77%. In 2022 this dropped to 70%. Patterns have been similar for men and women, declining for both groups from 2021 to 2022.



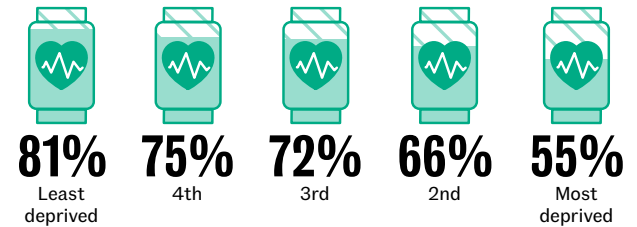
Most children continued to be described as having 'very good' or 'good' general health. This remains to be the case for both boys and girls.



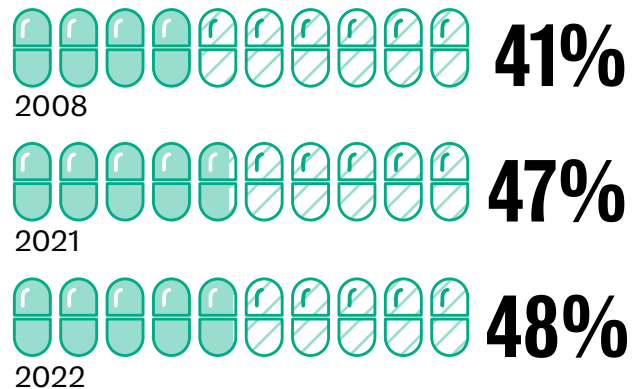
There was a linear relationship between self-assessed general health and age: in 2022, 85% of adults aged 16-24 described their health as 'good' or 'very good' and the equivalent figure for those aged 75 or above was 52%. This pattern was similar for men and women.



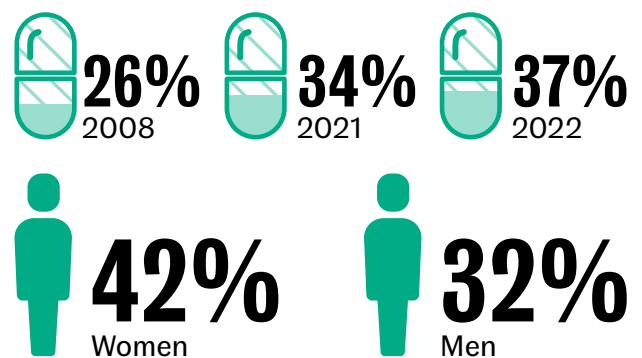
In 2022, the proportion of adults who self-assessed their general health as 'good' or 'very good' decreased with increased area deprivation, from 81% for those living in the least deprived quintile (SIMD quintile 5) to 55% in the most deprived quintile (SIMD quintile 1).



Since 2008 there has been an increase in the proportion of adults reporting living with a long-term health condition, although minimal change since 2021.



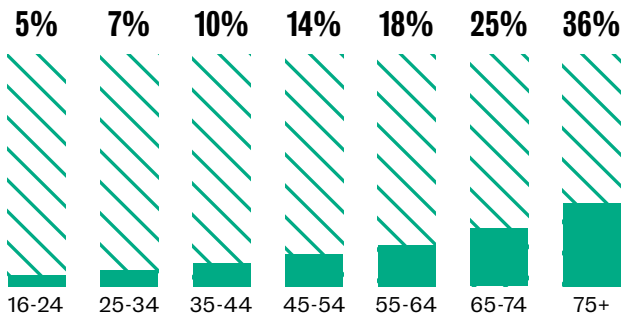
Prevalence of limiting long-term conditions increased from 26% in 2008, to 34% in 2021, to 37% in 2022. Women (42%) were more likely than men (32%) to report a limiting long-term condition.



Since 2003, the level of adults with any cardiovascular disease (CVD) has remained at around one in six (14-16%; 16% in 2022).



In 2022, the proportion of adults having ever had any cardiovascular disease increased with age.



Prevalence of doctor-diagnosed diabetes among adults increased from 4% in 2003 to 7% in 2018 and has remained around this level (7% in 2022). Prevalence remained higher for men (8%) than for women (6%).



In 2022, prevalence of doctor-diagnosed diabetes increased from 1-5% of adults aged 16-54 to 11-18% of those aged 55 and above.



1-5%
16-54 years

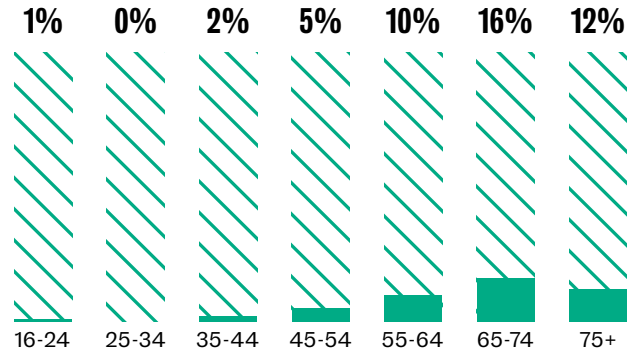


11-18%
55+ years

In 2022, 1% of adults reported having Type 1 diabetes, with no significant variation by age or sex.



Prevalence of Type 2 diabetes (6% in 2022) increased with age from 1-5% of adults aged 16-54 to 10-16% of those aged 55 and above.



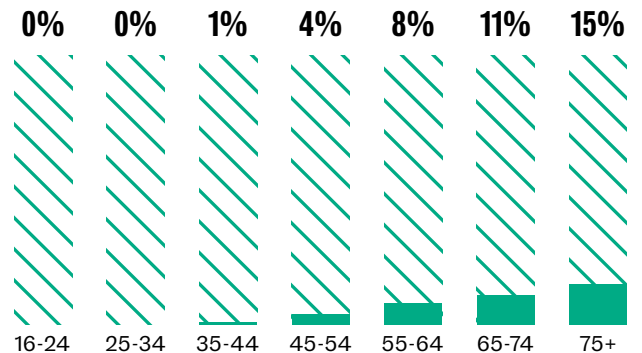
Doctor-diagnosed diabetes was more prevalent in areas of greatest deprivation than in areas of least deprivation.



In 2022, the proportion of adults with Ischemic Heart Disease (IHD) was 5%, similar to previous years, and similar for men and women (6% and 4% respectively).



In 2022, prevalence of IHD increased with age



IHD was more prevalent in the most deprived quintile than in the three least deprived quintiles.



8%
Most deprived



3%
Least deprived

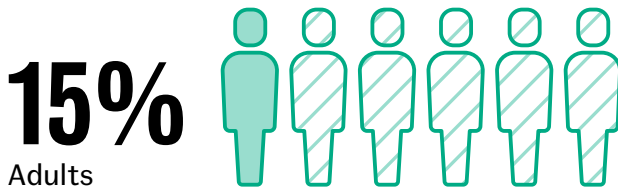
Stroke prevalence has remained at 2-3% since 2003 (3% in 2022).



In 2022, prevalence of stroke was highest in the older age groups.



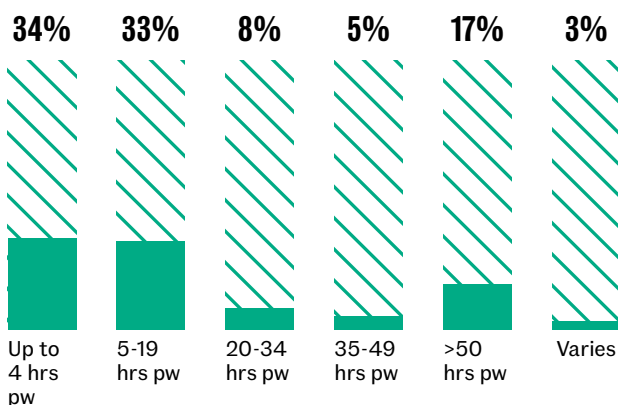
In 2021/2022, one in six adults (18% of women and 13% of men) reported providing regular help or unpaid care to someone else.



Adults aged 45-64 were twice as likely as others to report care-giving.



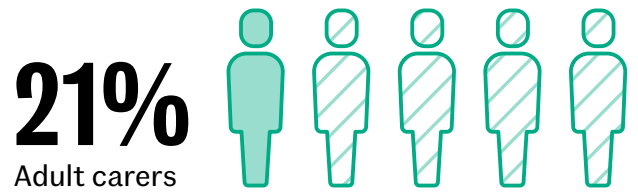
Approximately one-third of those providing care in 2021/2022 were doing so for up to four hours per week; 33% for between 5 and 19 hours per week and 17% for more than 50 hours per week.



During the years 2018-2022 combined, around two-thirds of adults providing regular help or unpaid care reported that they did not receive any form of support in this role.



One in five adult carers reported receiving help from family, friends or neighbours.



This type of support was more common among those providing 35 or more hours of care per week than among those providing less than 35 hours of care per week.

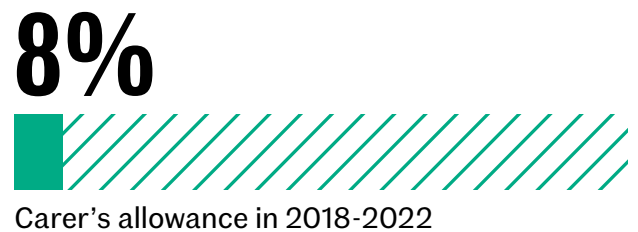
>35 hrs per week



<35 hrs per week



One in twelve adult carers were receiving a carer's allowance in 2018-2022 combined.

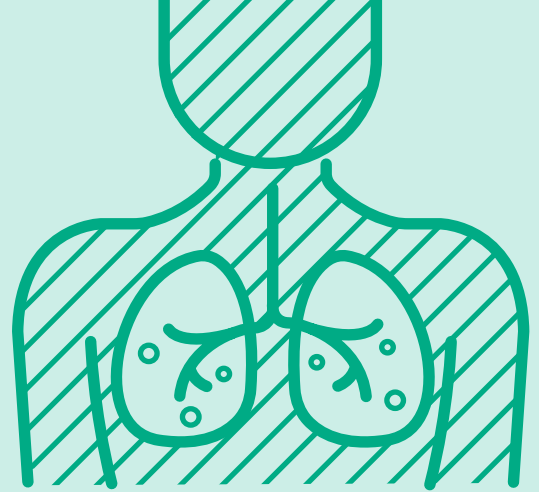


Among adult carers, the mean WEMWBS¹ score broadly decreased as the hours of care being provided increased.

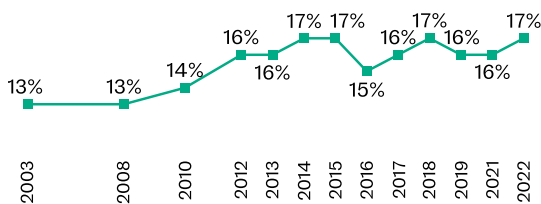


1. WEMWBS scores range from 14 to 70. Higher scores indicate greater wellbeing.

Respiratory



Prevalence of doctor-diagnosed asthma has ranged from 13% to 17% since 2003, and has remained between 16% and 17% since 2017.



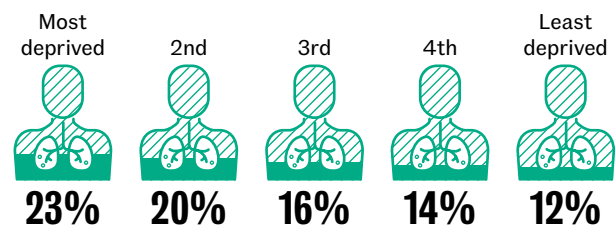
A higher prevalence of doctor-diagnosed asthma was recorded among children aged 8-15 compared with those aged 0-7:



Among those aged 25-34, just over a fifth of women reported having wheezed in the last 12 months, a higher proportion than among men in the same age group.



In 2022, the proportion of adults who reported having wheezed in the last 12 months decreased from



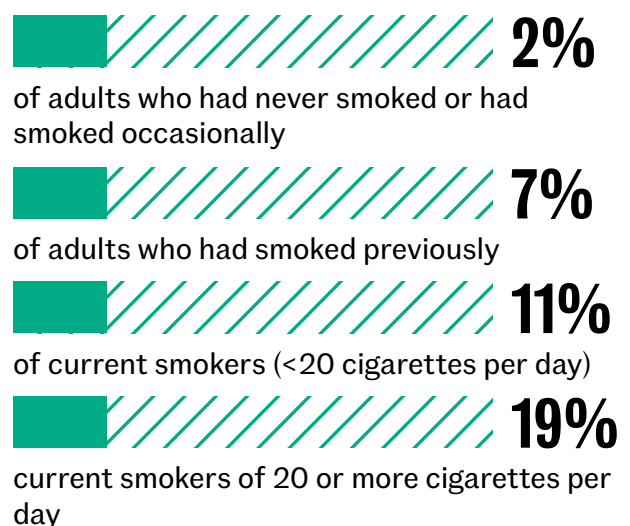
Adults who smoked 20 or more cigarettes a day were more likely to report having wheezed in the past 12 months than non/occasional smokers.



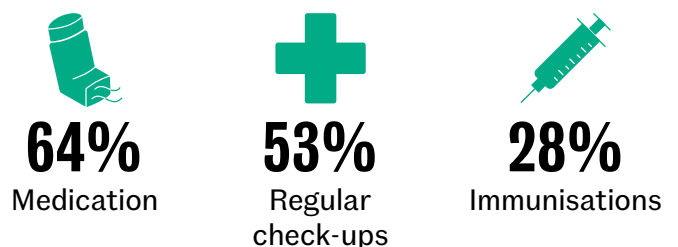
Prevalence of doctor-diagnosed Chronic Obstructive Pulmonary Disease (COPD) increased with age, from:



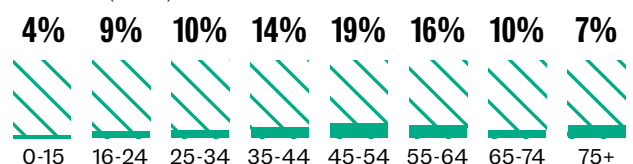
In 2022, prevalence of doctor-diagnosed COPD varied as follows:



In 2018/19/21/22 combined, the most common forms of treatment received by all adults for a COPD were:



In 2022, 13% of adults reported that they ever had long COVID, while prevalence among children was 4%. Those aged 45-54 were most likely to report having ever had long COVID (19%)



1. The wording of the question on long COVID changed in 2022, see main report for details.

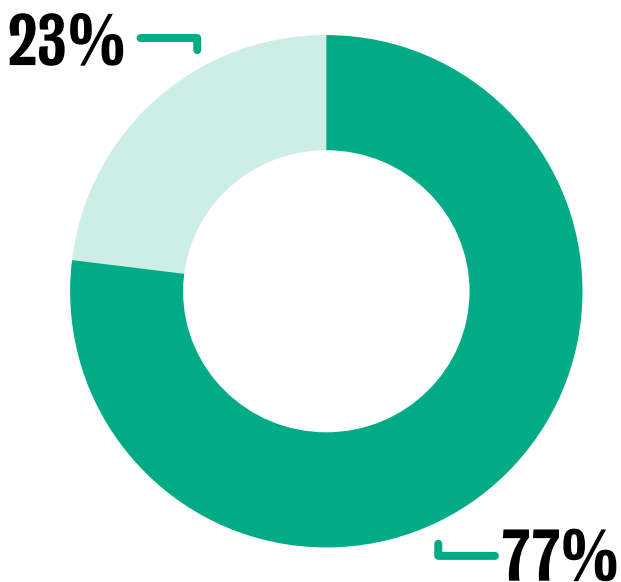


Dental Health

In 2022, the majority of adults in Scotland had at least some natural teeth.



● Just over three quarters of adults had 20 or more natural teeth.



The two most common problems reported with mouth, teeth and dentures were difficulty in eating food.



and/or difficulty smiling, laughing and showing teeth without embarrassment.



Mental wellbeing



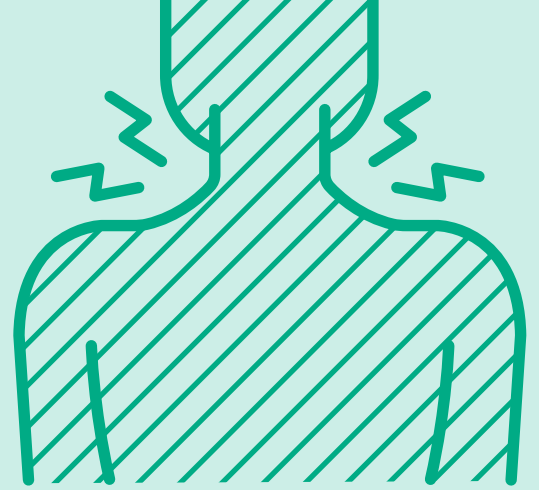
In 2022, adults who had any issues with their mouth, teeth or dentures reported lower mental wellbeing on average than those who had no such issues. With mean WEMWBS scores of:

41.9 among those who reported such dental issues

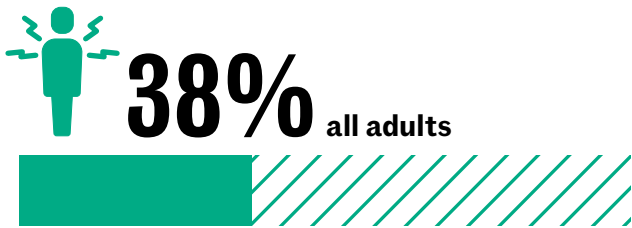
47.7 who did not report any issues

WEMWBS scores range from 14 to 70. Higher scores indicate greater wellbeing.

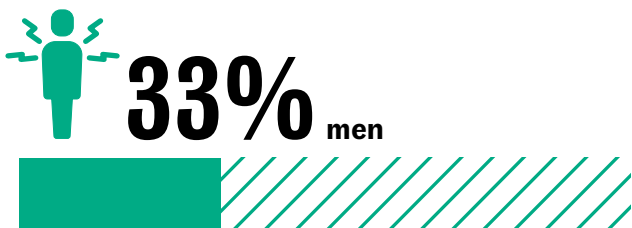
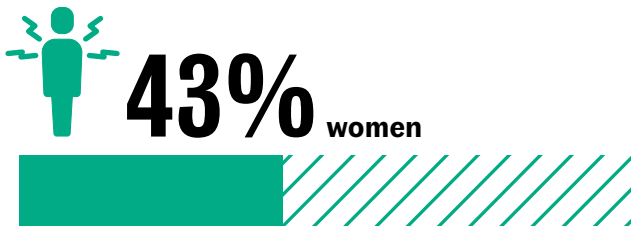
Chronic Pain



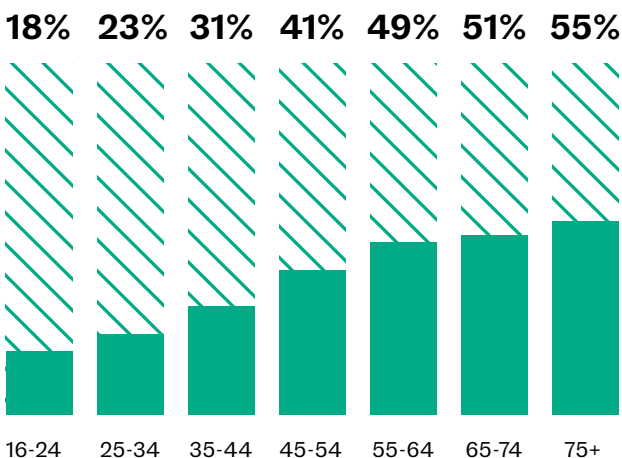
In 2022, more than one-third of adults were currently being troubled by pain or discomfort that lasted three months or more, referred to as chronic pain.



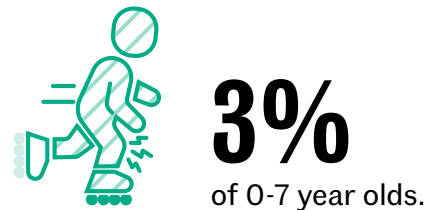
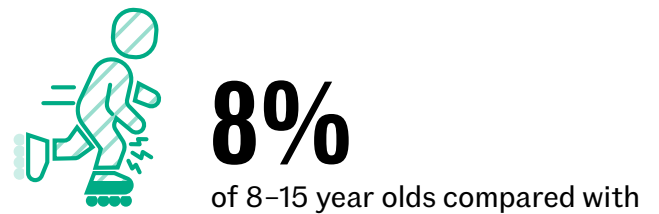
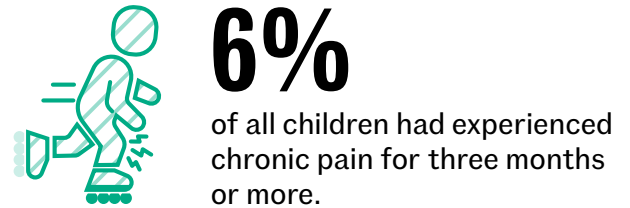
A higher proportion of women reported being in chronic pain compared with men.



The proportion of adults experiencing chronic pain increased with age.



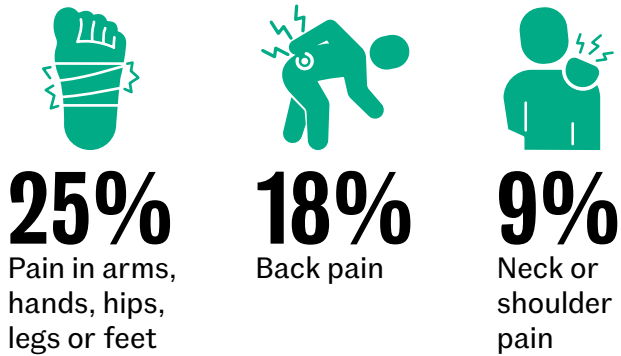
In 2022:



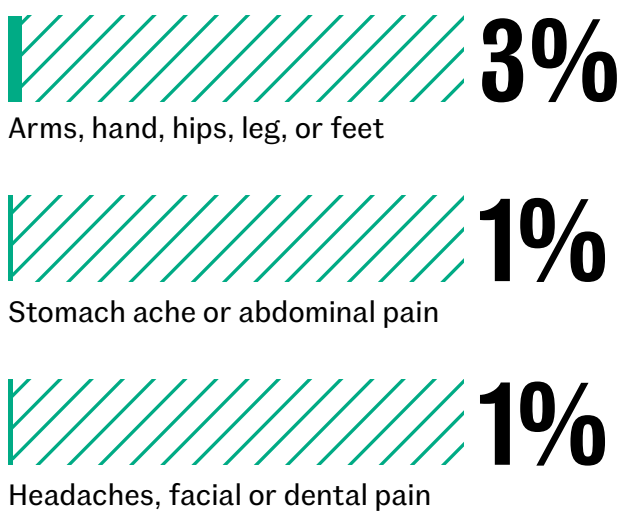
The proportion of all adults experiencing chronic pain was higher in the most deprived areas than in the least deprived.



The most common types of chronic pain experienced by all adults in 2022 were:

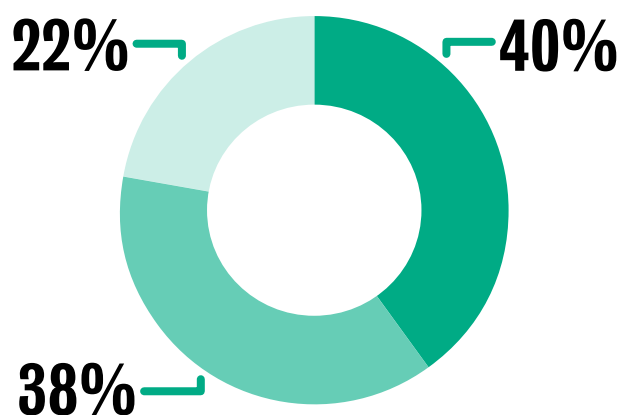


The most common types of pain experienced by all children aged 0-15 were:



In 2022, of those adults experiencing chronic pain:

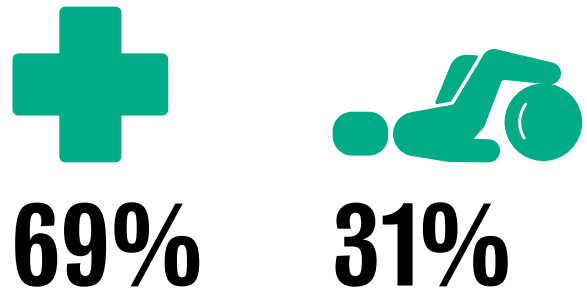
- Four in ten reported that it limited their life/work a lot.
- Almost two-fifths reported that it limited their life/work a little.
- The remaining adults did not experience any impact on their life/work.



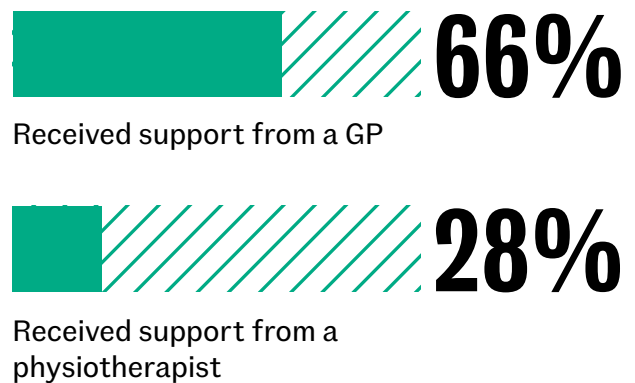
Among all adults who reported chronic pain in 2022:

The majority reported receiving support from their GP.

While almost a third reported receiving support from a physiotherapist.



In 2022, most children suffering from chronic pain received support from a GP (66%) while 28% received support from a physiotherapist.



Adults who experienced pain/discomfort for 3 months or more in 2022 had a lower average WEMWBS mean score than those who experienced pain/discomfort for less than 3 months and those who were not experiencing any pain.

44.1 Experiencing pain/discomfort for 3+ months

48.0 Experiencing pain/discomfort for less than 3 months

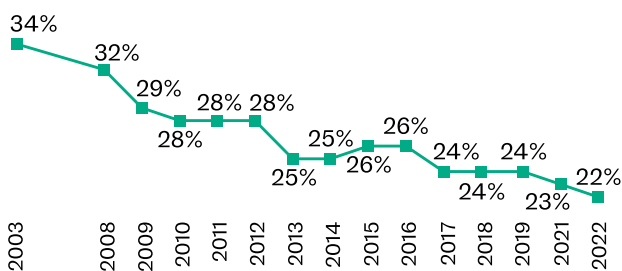
49.0 Did not report any pain/discomfort

WEMWBS scores range from 14 to 70. Higher scores indicate greater wellbeing.



Alcohol

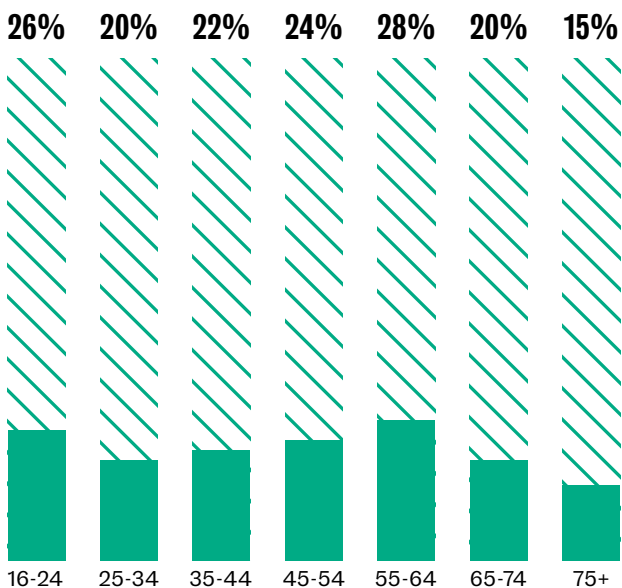
For all adults, prevalence of hazardous or harmful drinking has generally decreased over time, with levels dropping from 34% in 2003 to 22% in 2022.



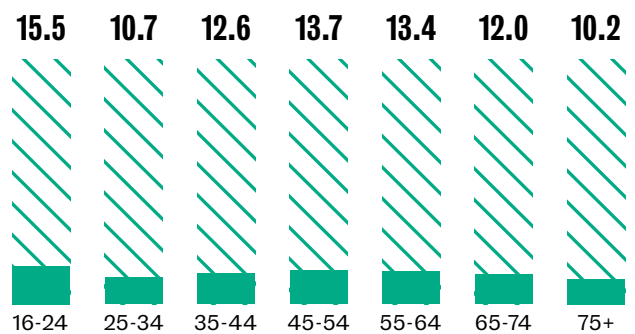
Non-drinking prevalence rose from 11% in 2003 to 19% in 2022.



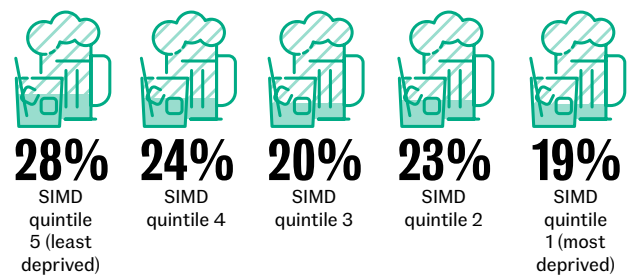
In 2022, hazardous or harmful drinking levels varied by age, ranging between 15% of those aged 75 and over to 28% among those aged 55 – 64.



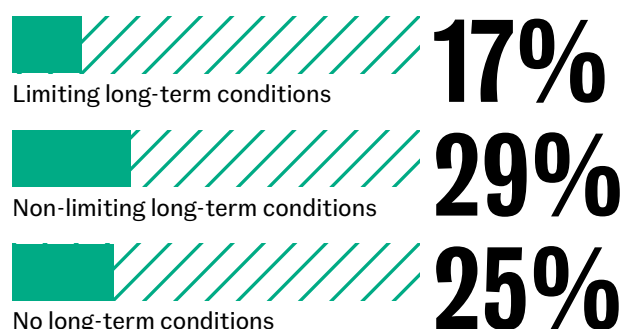
In 2022, the average number of units of alcohol consumed per week by all drinkers was 12.6 units, ranging significantly by age from 15.5 units among drinkers aged 16-24 years to 10.2 among drinkers aged 75+.



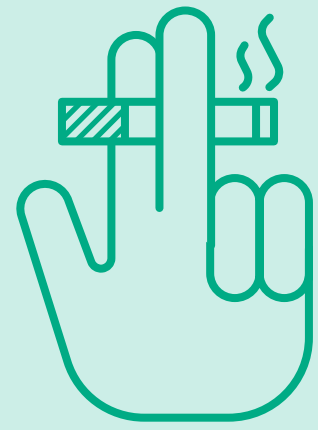
Prevalence of hazardous or harmful drinking levels was significantly higher among those living in the least deprived areas (28% in SIMD quintile 5) than among those living elsewhere (19-23%).



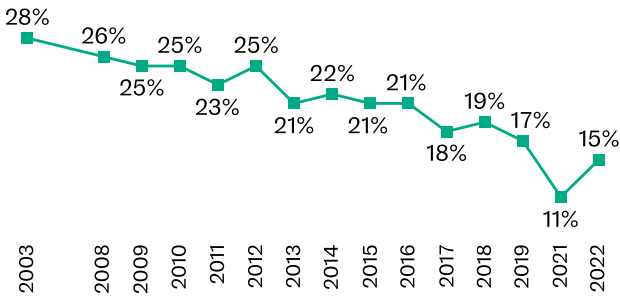
Hazardous or harmful drinking was most prevalent among those who reported having a non-limiting long-term condition and least prevalent among those with a long-term condition that limited their activities.



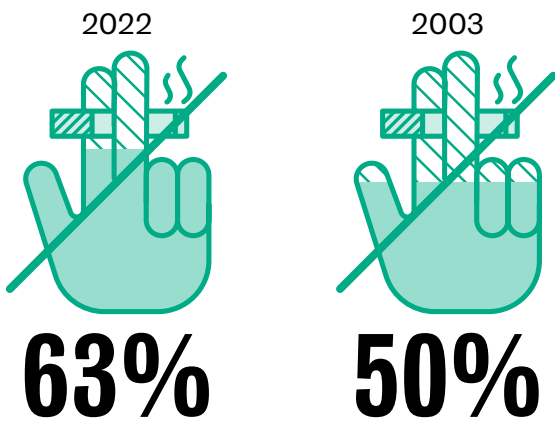
Smoking



The proportion of adults who reported themselves to be current smokers in 2022 was 15%. While this is higher than the figure reported in 2021 (11%), the 2022 figure is in line with the general downward trend in previous years (17% in 2019.)



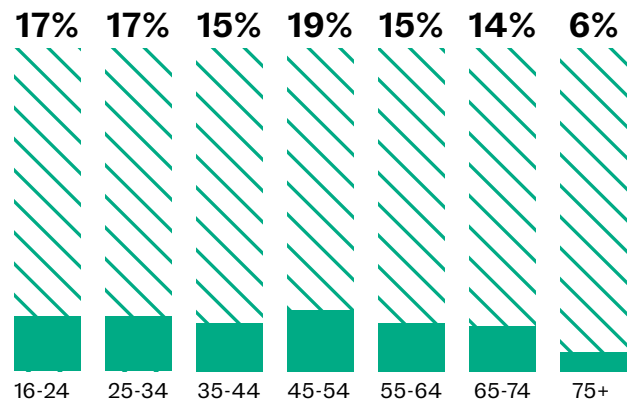
In 2022, almost two thirds of adults reported never having smoked or previously having smoked only occasionally, an overall increase from 50% in 2003.



As was the case with current smoking rates, an overall decrease in the mean number of cigarettes smoked by current smokers has been recorded, with a peak of 15.3 per day recorded among all current smokers in 2003.



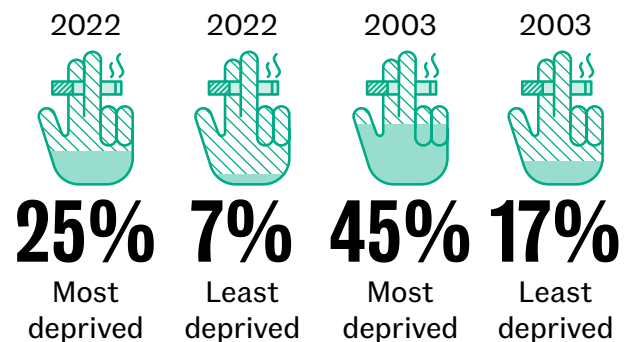
In 2022, smoking was most prevalent for those aged 45-54, and least prevalent for those aged 75 and over. Significantly more men (18%) than women (13%) reported that they were currently smokers.



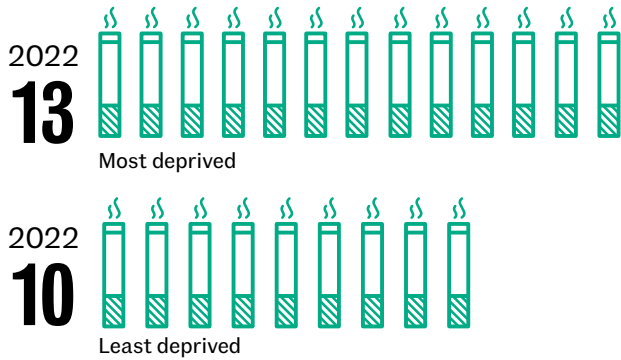
The number of cigarettes consumed per day tended to increase with age up to a peak of 15.6 among those aged 65-74.



In 2022, the age-standardised prevalence of current cigarette smoking remained highest (25%) among adults living in the most deprived areas, and lowest among those living in the least deprived areas (7%). This continued the trend observed since 2003, when smoking prevalence was 45% in most deprived areas and 17% in least deprived areas.



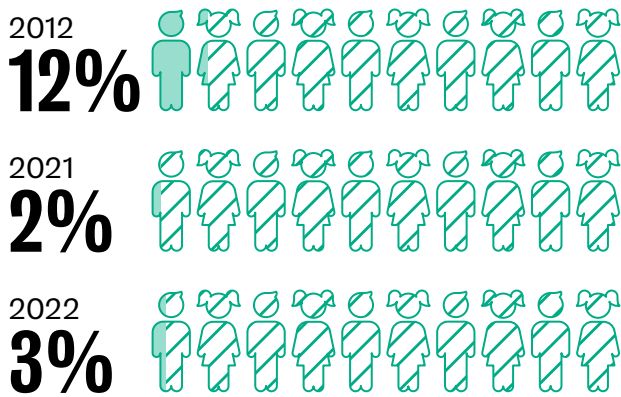
In 2022, the age-standardised mean number of cigarettes smoked per day was highest among adults living in most deprived areas and lowest among those living in least deprived areas.



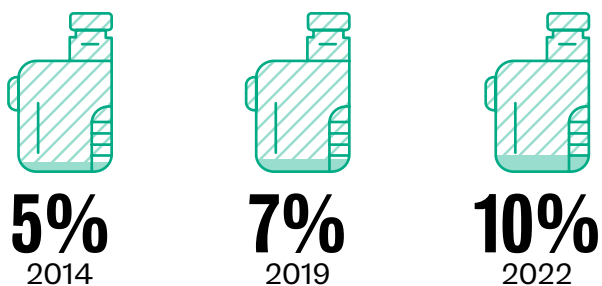
In 2022, a small proportion (3%) of children were reported to be exposed to second-hand smoke in their own home.



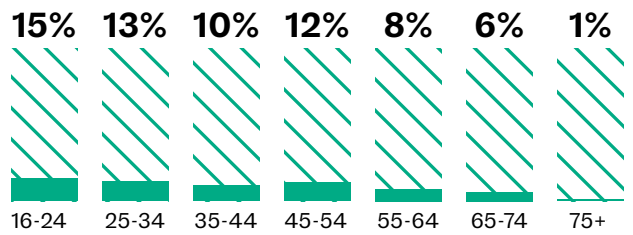
The 2022 figure represents a slight but not significant increase compared with 2021 but an overall decrease of nine percentage points since 2012.



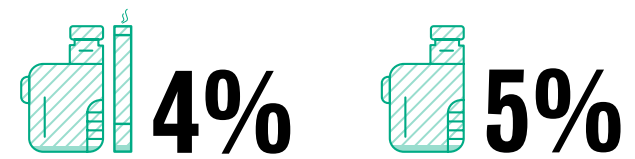
Current Nicotine Vapour Product (NVP) use increased in 2022 among all adults to 10%, having remained in the range 5 - 7% between 2014 and 2021.



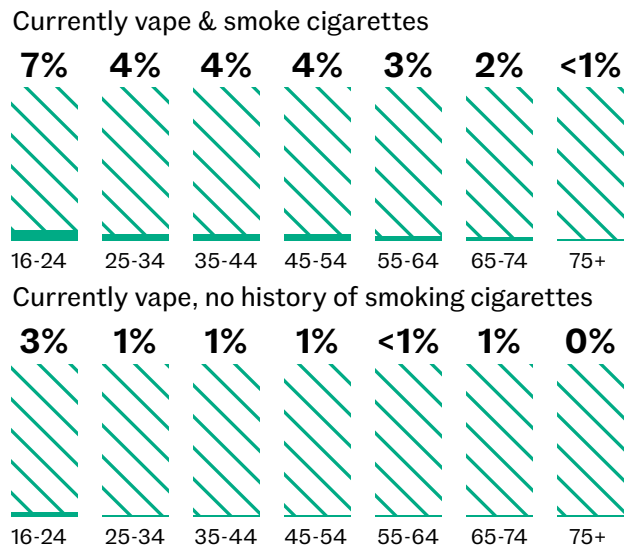
The use of NVPs was most prevalent among those aged 16-24. 15% of adults aged 16-24 reported that they currently used NVPs and usage was lowest among those aged 75 and older: 1% reported that they currently use NVPs.



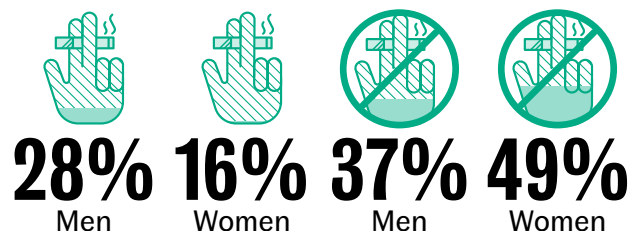
4% of all adults reported using both NVPs and cigarettes, while 5% reported current use of NVPs and previous use of cigarettes.



Use of NVPs tended to decrease with age, with dual use of NVPs and cigarettes and use of NVPs with no history of smoking highest among those aged 16-24 (7% and 3% respectively) and lowest among those aged 75 and older (<1% and 0% respectively).



A higher proportion of men than women had never tried to stop smoking in 2021/2022 combined (28% men; 16% women), while a lower proportion of men than women had tried to stop smoking three times or more (37% and 49% respectively).

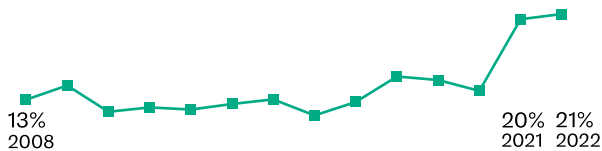




Diet and Obesity

The proportion of children aged 2-15 eating five or more portions of fruit and vegetables a day was higher in 2021 and 2022 than in the rest of the time series, the mean number of portions of fruit and vegetables consumed per day followed the same pattern.

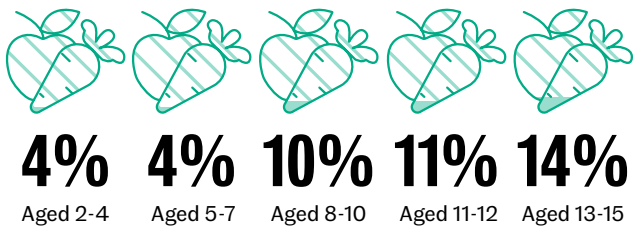
% who ate 5 or more portions per day.



Mean number of portions per day



The proportion of children that did not consume any fruit or vegetables increased with age



In 2021/2022 there continued to be a decline in the proportion of children consuming tuna fish once a week or more, whilst the proportion of children consuming oily fish or white fish once a week or more increased.

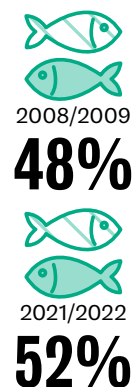
Tuna fish



Oily fish



White fish



Children's consumption of red meat at least twice a week has declined over time.



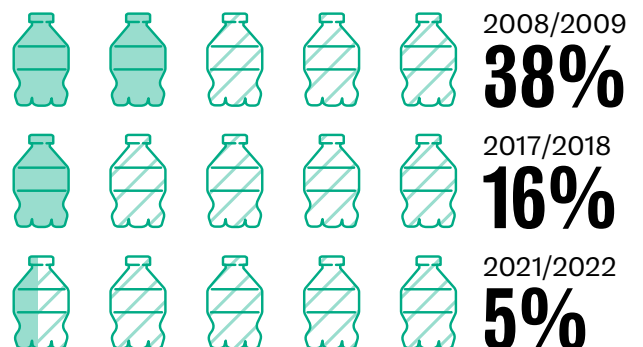
Children's consumption of skimmed or semi-skimmed milk has declined over time.



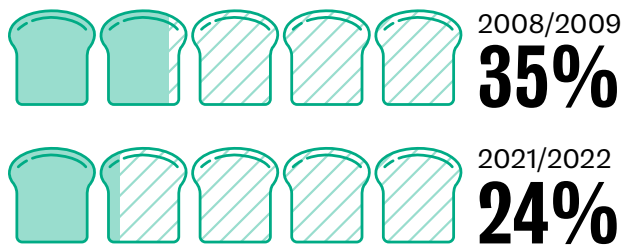
The linear decline in consumption of biscuits once a day or more continued in 2021/2022.



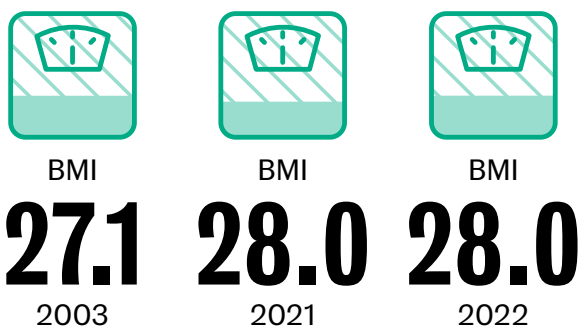
The greatest change over the time series has occurred in consumption of non-diet soft drinks once a day or more, from 38% in 2008/2009 to 16% in 2017/2018, and to 5% in 2021/2022.



Children's consumption of at least 2-3 slices of high fibre bread a day has declined over time.



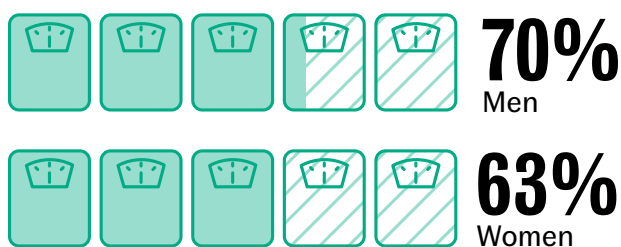
In 2022, the Body Mass Index (BMI) for adults was 28.0, the same as in 2021, and an increase from 27.1kgm⁻² in 2003.



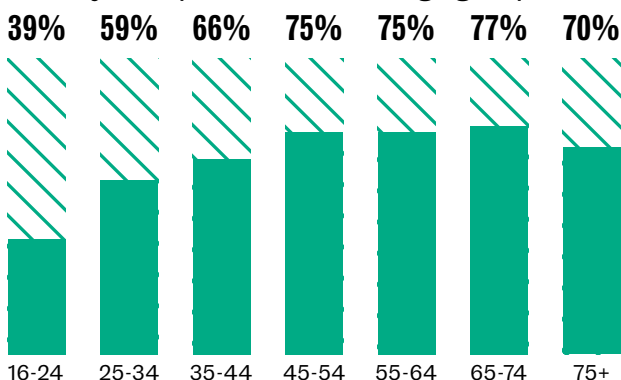
In 2022, 32% of all adults had a BMI between 18.5 and 25 kgm⁻² - classed in the healthy weight category



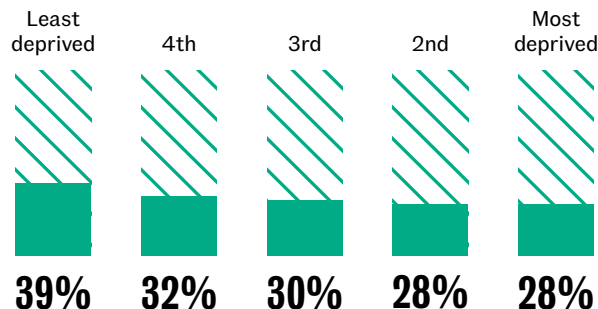
Around two-thirds of all adults (67%) were living with overweight (including obesity) in 2022, with a higher prevalence in men than women.



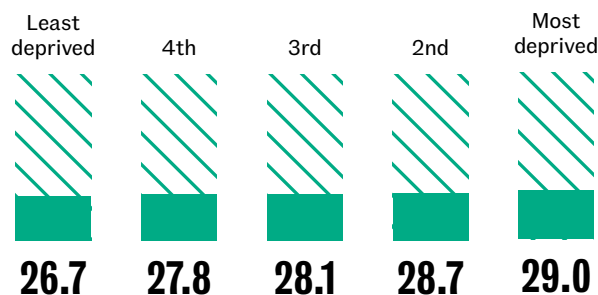
Those aged 16-24 had a significantly lower prevalence of living with overweight (including obesity) compared with older age groups.



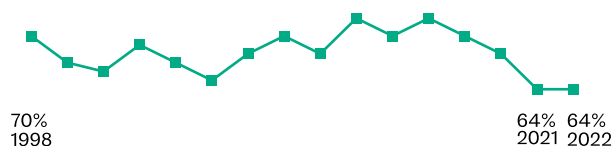
The proportions of adults in the healthy weight category decreased as area deprivation increased, from 39% in the least deprived areas to 28% in the most deprived areas.



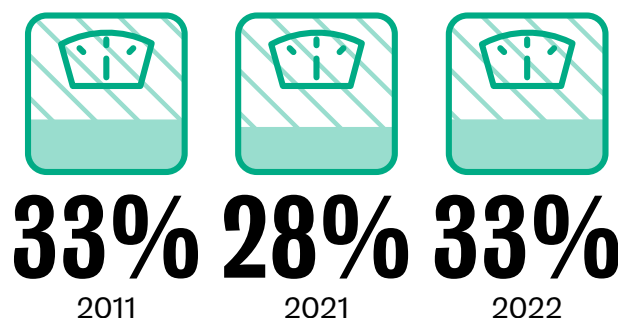
Mean adult BMI varied significantly by area deprivation in 2022, increasing from 26.7kgm⁻² in the least deprived areas to 29.0 kgm⁻² in the most deprived areas.



In 2022, 64% of children were in the healthy weight category. This was at the same level as in 2021, which was the lowest since the start of the time series in 1998.



One third of children were at risk of overweight (including obesity). This was 5 percentage points higher than in 2021, and the highest level since 2011.



Physical Activity



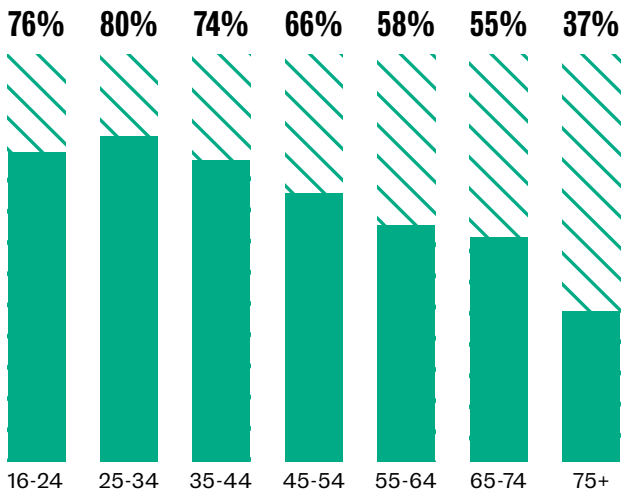
In 2022:



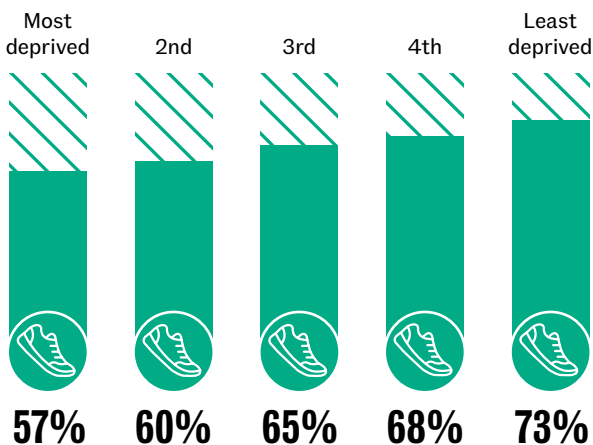
65%

of adults met the guidelines for moderate or vigorous physical activity (MVPA).¹

As in previous years, younger adults were more likely than older adults to have met the MVPA guidelines.



In 2022, the age-standardised proportion of adults meeting the MVPA guidelines increased as deprivation decreased.

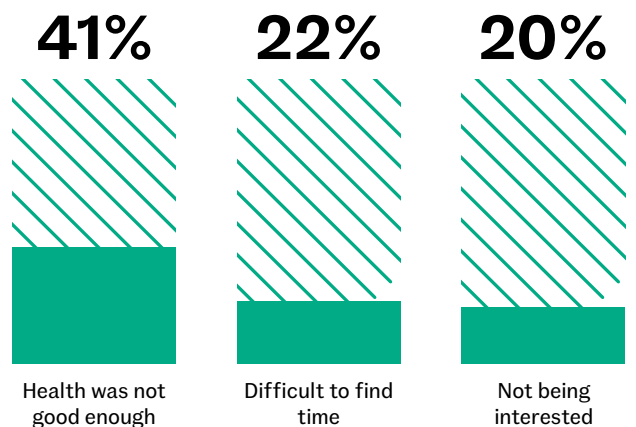


In 2022:

The most common reasons given by all adults for participation in physical activities were to:



Amongst adults who did not meet the MVPA guidelines, the most common reasons given were:



1. At least 150 minutes of moderately intense physical activity or 75 minutes of vigorous activity per week or an equivalent combination of both.



The average time adults spent sitting on weekdays, excluding time working, at college or at school, increased from:



5.2hrs

2015



5.6hrs

2022

The average time adults spent sitting on weekends, excluding time working, at college or at school, increased from:



5.9hrs

2015



6.3hrs

2022



The average amount of time children spent on sedentary activities on weekdays, excluding time at school or nursery, has been in the range from:



3.3hrs – 3.6hrs

between 2015 and 2022

It has increased over weekends from:



4.5hrs

2015



5.1hrs

2022

In 2022, the proportion of all children aged 5-15 undertaking at least 60 minutes of activity on average per day in the previous week was:



69%

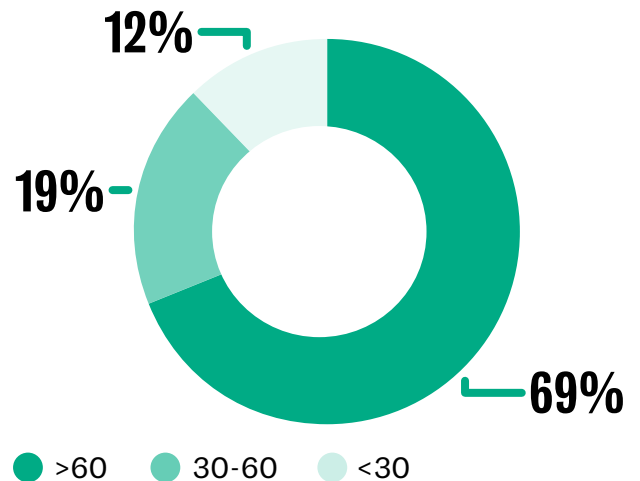
Including school-based activities



59%

Excluding school-based activities

Including school-based activities, around two in ten children aged 5-15 achieved at least 30 but less than 60 minutes per day on average. While just over one in ten achieved less than 30 minutes of physical activity on average per day:



Girls were more likely to undertake at least 30 but less than 60 minutes of activity on average per day (22%) than boys (16%).

Girls



66%
>60



22%
30-60



12%
<30

Boys



72%
>60



16%
30-60



12%
<30

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The United Kingdom Statistics Authority has designated the Scottish Health Survey as Accredited Official Statistics in January 2010, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.



Scottish Government
Riaghaltas na h-Alba

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