



Inequalities in health complaints: 20-year trends among adolescents in Scotland, 1998–2022

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Inequalities in health complaints: 20-year trends among adolescents in Scotland, 1998– 2018

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This study examined trends in inequalities in health complaints among early adolescents in Scotland from 1998 to 2018. We analysed data from the Health Behaviour in School-aged Children (HBSC) survey conducted in Scotland in 1998, 2002, 2006, 2010, 2014 and 2018. A self-report questionnaire was administered

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Background

- There is widespread concern about worsening mental health among the adolescent population
 - Evidence of declining mental wellbeing in recent years (WHO, 2022)
- Identifying groups of young people who may be at greater risk of experiencing mental health problems is important for targeting interventions and resources effectively
 - Those from more deprived backgrounds are more likely to have poor wellbeing or mental health (Deighton et al., 2019; Hafstad et al., 2021)



Research Questions

Using data from the HBSC Scotland survey, we investigated changes in psychological and somatic health complaints over a 24-year period from 1998 to 2022*

- RQ1: Did the prevalence of multiple health complaints and individual psychological or somatic symptoms among 11–15-year-olds in Scotland change between 1998 and 2018?
- RQ2: Did the rate of change vary by gender or family affluence?

*Note: the paper covers the period 1998-2018, 2022 data have been added for this presentation



Multiple Health Complaints

- The HBSC Symptom Checklist is a non-clinical measure comprising eight items across two domains
 - Psychological: feeling low, irritability, feeling nervous, sleeping difficulties
 - Somatic: headache, stomach-ache, backache, dizziness
- Students reported how often they experienced each symptom over the last six months
- Multiple health complaints were defined as experiencing two or more of the eight symptoms more than once a week

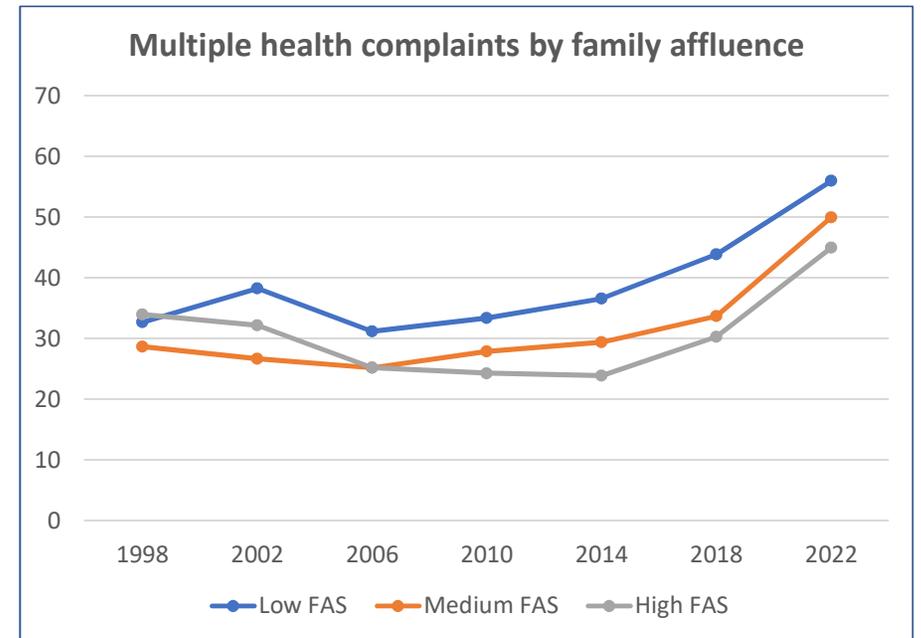
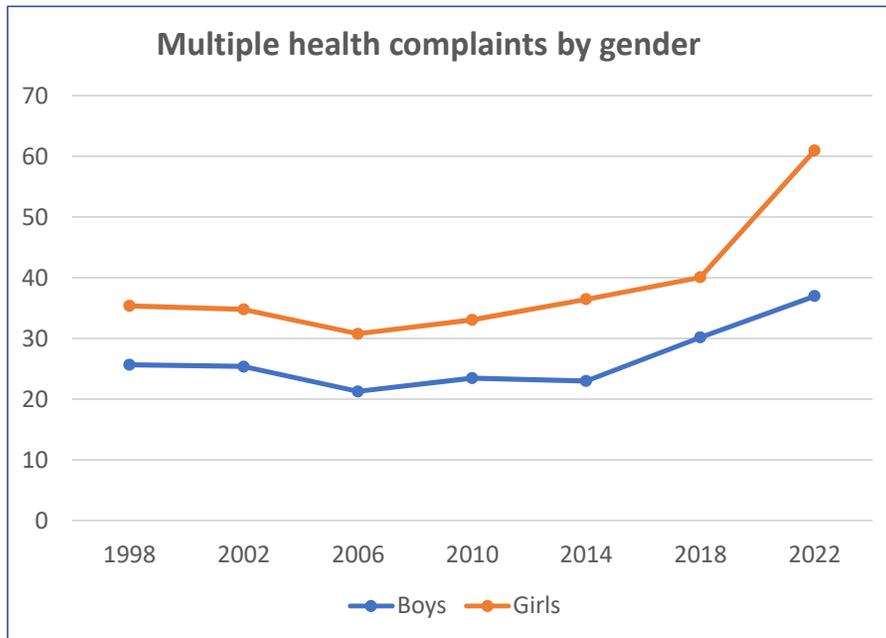


Family Affluence

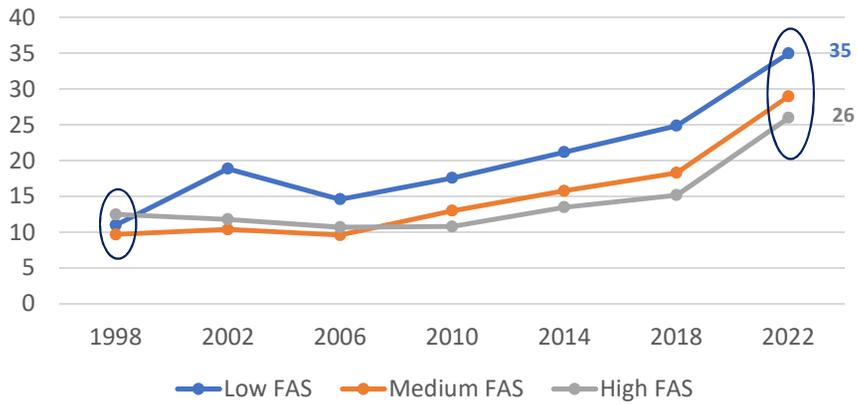
- The **Family Affluence Scale (FAS)** is a composite measure of material wealth used as a socioeconomic proxy for family wealth in youth surveys
- Across three decades, FAS has been revised to reflect changing historical and technological conditions
- Students were categorized into three categories based on their ranked scores:
 - **low FAS (bottom 20%)**
 - **medium FAS (middle 60%)**
 - **high FAS (upper 20%)**



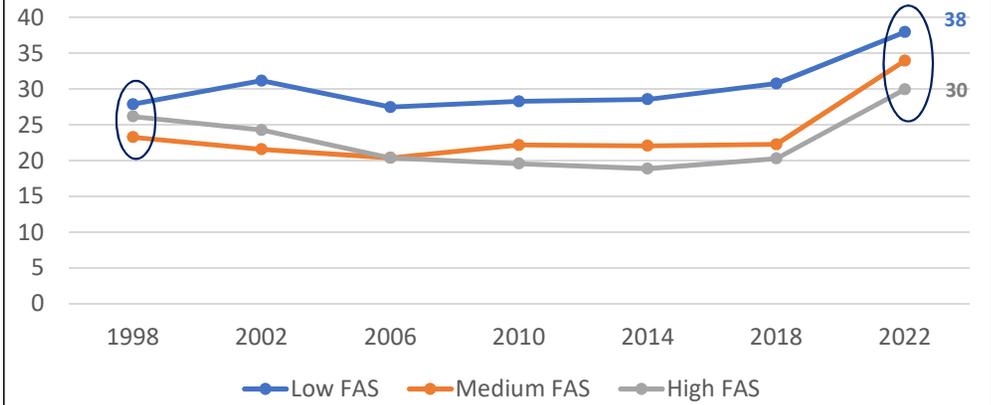
Inequalities in multiple health complaints, 1998-2022



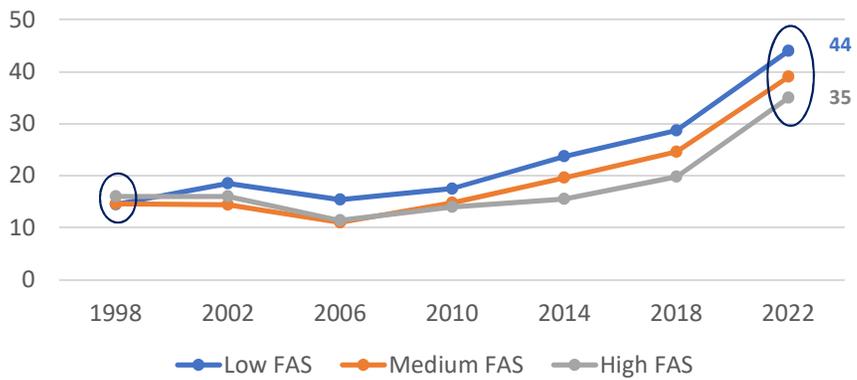
Feeling low, by family affluence



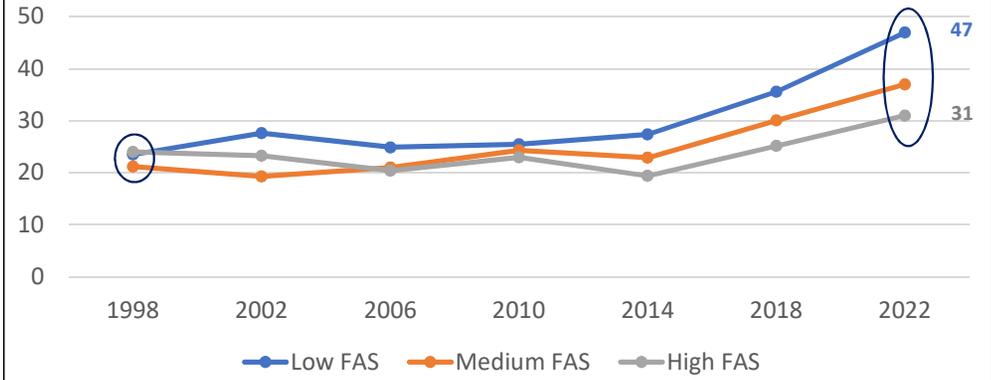
Feeling irritable, by family affluence



Feeling nervous, by family affluence



Sleep difficulties, by family affluence





Summary

- Health complaints have increased over the last 24 years.
- Girls report more frequent health complaints, and the gender gap has increased, particularly in the last 4 years.
- Changes over time were observed mainly for **psychological symptoms** with greater increases in recent years
- There was evidence of **widening inequalities** in mental health
 - The gap between low affluence adolescents and their high affluence peers increased over time for each psychological symptom
 - This was the case to a lesser extent for somatic complaints (not shown in this presentation)



Potential explanations

- Structural and social factors may perpetuate these trends and contribute to discrepancies in mental health outcomes
 - Increases in academic pressure, social media use, economic instability, family breakdown (Gunnell et al., 2018)
- Young people growing up in more disadvantaged circumstances
 - More likely to experience stressors across various domains (Boe et al., 2018)
 - Have less access to important resources or buffers such as social support and health or community-based services (Reiss et al., 2019)



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