



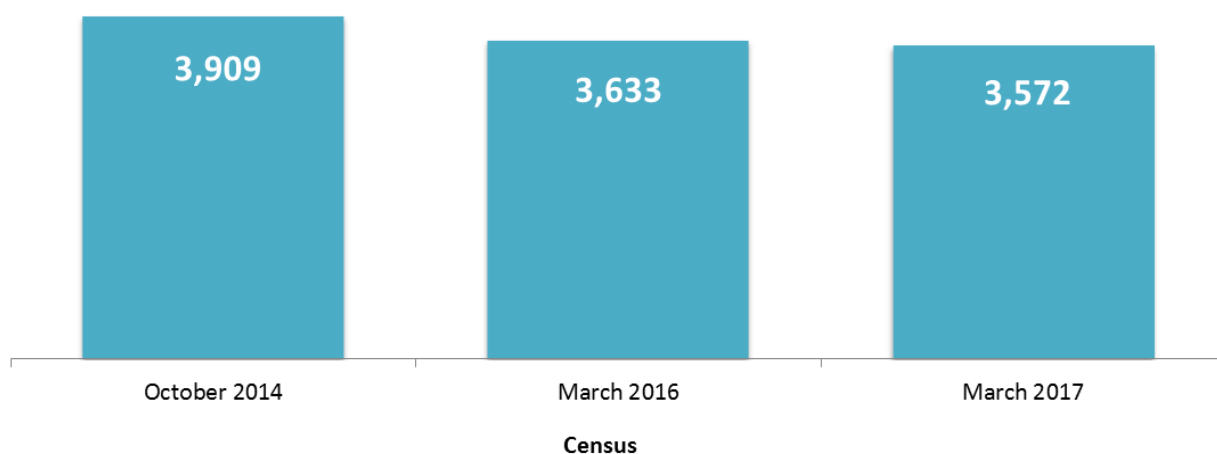
HEALTH AND SOCIAL CARE

Executive summary

This report presents an overview of the results of the third 'Mental Health & Learning Disability Inpatient Bed Census' and the 'Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census', carried out by the Scottish Government and NHS Boards as at midnight, 30 March 2017.

The report enhances the Scottish Government's and NHS Scotland's understanding of mental health, addiction and learning disability services, and about the patients who use these services. This analytical evidence will inform policy development and service planning, both nationally and locally.

Number of patients occupying a psychiatric, addiction or learning disability inpatient bed in an NHS Scotland facility, by Census date



Some key points from this report include:

- There were **3,572 patients** occupying a psychiatric, addiction or learning disability inpatient bed in an NHS Scotland facility in the March 2017 Census. This compares to 3,633 in March 2016.
- Of the 3,572 patients, **59% were Male**, 41% were female.
- The patients in the Census were **mostly from older age groups**, 23% were aged 18-39, 35% were aged 40-64 and 40% aged 65+.

- There were **34 patients aged under 18** occupying the 54 available CAMHS beds in the March Census. In addition, 2 patients under 18 were staying in other wards.
- Patients were **most likely to be in an Acute Ward** (38% of all patients).
- As at the 2017 Census, there were 4,205 psychiatric, addiction or learning disability inpatient beds available in NHS Scotland, compared to 4,254 in March 2016. **The overall occupancy rate in Scotland was 85%** (same as March 2016).
- There were **38 patients “boarding” from another hospital**. This is a hospital out with their local catchment area. Of these, 8 patients were boarding from a different health board.
- There were **484 patients primarily managed by Forensic Services** at March 2017. This compares with 458 in March 2016. Forensic psychiatry is a specialized branch of clinical psychiatry which relates to mentally disordered offenders and others with similar problems.
- Of the 3,535 patients aged 18+ at the Census, **335 patients (9%) had a diagnosis for either a Learning Disability or Autism**. 257 patients had a diagnosis for a Learning Disability, 152 patients had a diagnosis for Autism (74 patients had a diagnosis for both).
- Of the 3,572 patients occupying a psychiatric, addiction or learning disability inpatient bed at the March 2017 Census, **924 received Hospital Based Complex Clinical Care (HBCCC)**. This is 26% of all patients. *HBCCC by definition does not include Delayed Discharge patients.*
- There were **282 patients who were Delayed Discharges** at the Census date, 8% of all patient for which this information was known (data was incomplete for 95 patients). Of the 282 patients, 66 (23%) had a learning disability.
- Over half (58%) of patients aged 18+ had at least **one long term physical health co-morbidity**.
- **1,934 adult patients were either Overweight or Obese** (excluding patients in Eating Disorder wards). This is 58% for whom BMI was known.
- **89% of adult patients** admitted in the last year had a general physical exam within a day of admission and **82%** of those admitted over a year ago had an annual physical exam.
- There were an additional **109 patients who were funded by NHS Scotland, but treated “outwith” NHS Scotland**, either in a private facility or NHS facility elsewhere in the UK. This compares with 137 patients at the March 2016 Census. Of the 109 patients, 51 (47%) were in receipt of HBCCC.

Inpatient Census, 2017

Part 1: Mental Health & Learning Disability Inpatient Bed Census

Part 2: Out of Scotland NHS Placements

Acknowledgements

We are extremely grateful to all those who assisted with the Inpatient Census, in particular, colleagues from the health boards, hospitals and care homes who provided information.

Contents

Executive summary	1
Acknowledgements.....	4
Contents	5
Introduction	6
1. Overview of patients being treated in NHS Scotland facilities.....	8
2. Adult patients treated in NHS Scotland facilities (additional detail)	16
3. Children and young people (all patients aged under 18).....	27
4. Additional Analysis: Patients receiving Forensic Services	28
5. Out of Scotland NHS Placements	37
6. Methodology & further information	41
7. Other sources of mental health, addiction and learning disability statistics	46
Annex A. NHS Scotland facilities containing wards covered by the Census.....	52

Introduction

This report presents an overview of the results of the third 'Mental Health & Learning Disability Inpatient Bed Census' and the 'Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census', carried out by the Scottish Government and NHS Boards as at midnight, 30 March 2017. The Census is designed to provide an understanding of who is in hospital funded by NHS Scotland at a point in time and for what reason.

The Census will also enhance the Scottish Government's and NHS Scotland's understanding of mental health, addiction and learning disability services more generally and about the patients who use these services. This analytical evidence will inform policy development and service planning, both nationally and locally.

To enable further research and statistical analysis, extracts of the Census datasets may be made available for approved researchers.

Scope of Census

Following on from the first Census held in October 2014, a review of the scope, frequency and questions were undertaken by Scottish Government in collaboration with NHS Boards. This led to a number of differences between the 2014 Census and the 2016 Census. Most notably, a third part to the Census was introduced in 2016 in order to reduce duplication for NHS Boards. The 2017 Census is similar in nature to the 2016 Census.

Part 1: Mental Health and Learning Disability Inpatient Bed Census

Part 2: Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census

Part 3: Hospital Based Complex Clinical Care Census (for patients who are not occupying Mental Health, Addiction and Learning Disability Inpatient Beds)

Collectively, the three parts make up the Inpatient Census. This report covers Part 1 and 2 of the Inpatient Census. A separate report will be available in October 2017 covering all patients who are in receipt of Hospital Based Complex Clinical Care.

Information is presented on a range of demographic and clinical breakdowns, including an additional section focusing on Forensic Services.

It should be noted that as this is only the third year of the Census, the data collection systems and quality assurance processes in place are still being developed. However, the underlying data has undergone extensive validation by NHS Boards and Scottish Government Statisticians and is therefore being published as Official Statistics. All figures are provisional and may be subject to change in future publications.

Accompanying data

An accompanying spreadsheet containing the data behind this report, as well as some summary information at NHS Board level will also be made available at the following link:

<http://www.gov.scot/Topics/Statistics/Browse/Health/Data/MHBC>

Staff in NHS Boards will also be able to request access to more detailed analysis, which will be accessed through a secure online website. This will provide more graphical representations of the data, as well as the ability to drill down to hospital and ward level for the users' health board. Access is granted by a nominated NHS Board authoriser. For more details please contact swstat@gov.scot.

Future plans for the Census

A repeat of the Census is intended to be carried out at the end of March 2018, and any methodological changes will be informed by this year's Census.

1. Overview of patients being treated in NHS Scotland facilities

3,572 mental health, addiction and learning disability inpatients in NHS Scotland at March 2017

59% of patients were male at the Census . 40% of patients were aged 65+, 59% between 18 and 64

The bed occupancy rate in NHS Scotland was 85%

Number of patients and occupancy rates, by NHS Board

There were 3,572 inpatients being treated in NHS Scotland facilities at the March 2017 Census, which is a 1.7% decrease compared with 3,633 at the March 2016 Census. Table 1 shows the number of mental health, learning disability and addiction inpatients being treated in each board across the three Censuses carried out to date.

Note that NHS Grampian, NHS Greater Glasgow & Clyde, NHS Lothian and NHS Tayside contain Regional Units which provide services to patients from other NHS Boards. NHS Fife also provide a low secure Learning Disability Regional Unit for the treatment of patients from other boards. NHS Orkney and NHS Shetland do not have any mental health, learning disability or addiction inpatient beds, their patients are treated by other health boards or other healthcare providers on behalf of NHS Orkney and NHS Shetland.

Table 1: Number of inpatients by NHS Board and Census

NHS Board of treatment	Patients (October 2014)	Patients (March 2016)	Patients (March 2017)
NHS Ayrshire & Arran	198	184	192
NHS Borders	59	45	50
NHS Dumfries & Galloway	77	49	55
NHS Fife	256	184	253
NHS Forth Valley	217	206	214
NHS Grampian	339	319	297
NHS Greater Glasgow & Clyde	1,105	1,111	1,002
NHS Highland	169	173	160
NHS Lanarkshire	346	312	301
NHS Lothian	670	596	611
NHS Orkney	0	0	0
NHS Shetland	0	0	0
NHS Tayside	334	322	312
NHS Western Isles	18	15	14
State Hospital	121	117	111
Scotland	3,909	3,633	3,572

Of the wards covered by the Census, there were 4,205 available mental health, addiction and learning disability beds in Scotland at the March 2017 Census. There were 3,572 patients occupying these beds, giving an occupancy rate of 85%, the same as in March 2016 (see table 2).

Table 2: Occupancy rates by NHS Board and Census

NHS Board	October 2014		March 2016		March 2017	
	Available beds	% occupancy	Available beds	% occupancy	Available beds	% occupancy
NHS Ayrshire & Arran	299	66%	265	69%	273	70%
NHS Borders	65	91%	57	79%	63	79%
NHS Dumfries & Galloway	107	72%	85	58%	85	65%
NHS Fife	346	74%	252	73%	289	88%
NHS Forth Valley	240	90%	249	83%	251	85%
NHS Grampian	383	89%	367	87%	353	84%
NHS Greater Glasgow & Clyde	1,176	94%	1,154	96%	1,128	89%
NHS Highland	195	87%	189	92%	174	92%
NHS Lanarkshire	450	77%	440	71%	411	73%
NHS Lothian	711	94%	645	92%	649	94%
NHS Tayside	409	82%	402	80%	380	82%
NHS Western Isles	19	95%	17	88%	17	82%
State Hospital	132	92%	132	89%	132	84%
Scotland	4,532	86%	4,254	85%	4,205	85%

Table 3 shows the occupancy rates for different ward types. The majority of available beds are in acute wards, where occupancy is 88%, higher than the total occupancy figure of 85%. Due to a change in definitions, a comparison with 2014 is not available.

Table 3: Occupancy rates by ward type and Census

NHS Board	March 2016		March 2017	
	Available beds	% occupancy	Available beds	% occupancy
Acute	1,543	87%	1,525	88%
Intensive Psychiatric Care	133	80%	139	76%
Rehabilitation (non-addict)	371	89%	318	81%
Addiction Wards	54	76%	72	82%
Continuing care/long stay	490	73%	500	74%
Forensic (non-LD)	382	90%	391	88%
Forensic (LD)	80	88%	82	91%
Dementia Wards	818	86%	795	86%
Young People/Children	50	96%	54	70%
Learning Disability	177	90%	179	90%
Eating Disorder	22	82%	22	95%
Other	134	84%	128	84%
Scotland	4,254	85%	4,205	85%

Note that hospitals in highly populated areas (e.g. NHS Greater Glasgow & Clyde, NHS Lothian) tend to have higher bed occupancy rates than rural areas. This is because it is easier for hospitals in close proximity to each other to move patients between facilities to maximise efficiency, whereas it is more important for rural hospitals to have spare capacity to accommodate an increase in the number of patients requiring an admission to hospital.

[Annex A](#) contains analysis of available beds for each NHS Scotland facility.

Demographics

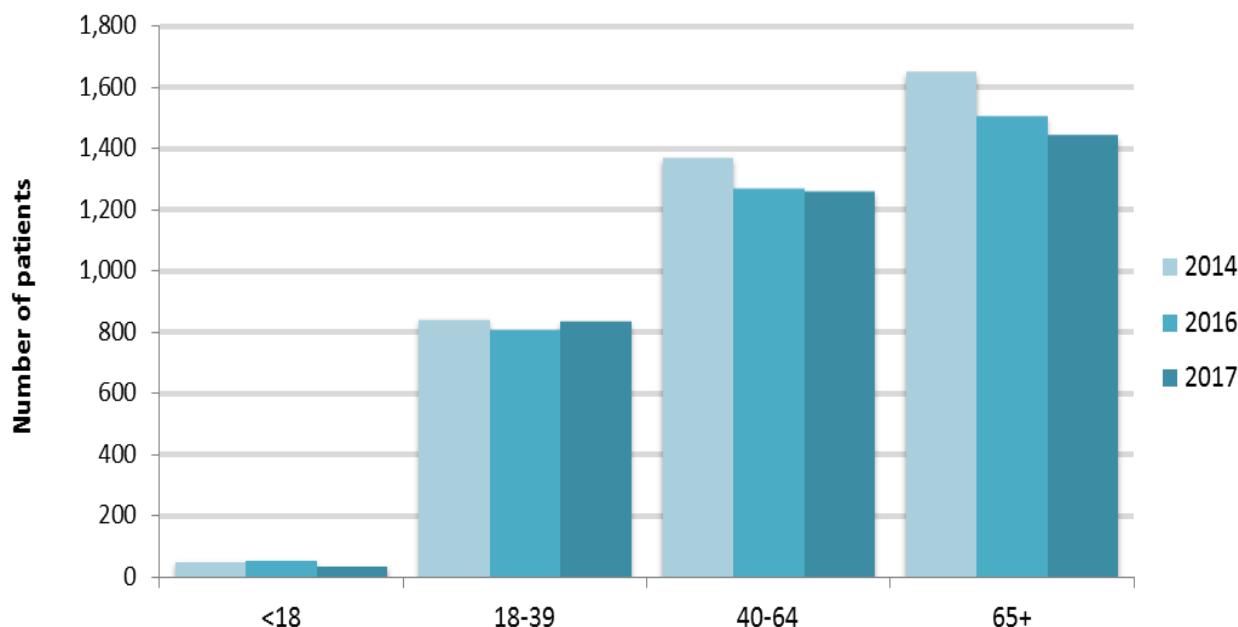
The age breakdown of patients occupying mental health, learning disability and addiction inpatients beds is largely unchanged across the three Censuses. The largest proportion of patients are in the older age groups, with an average age of 57. The only age group to observe an increase in patient numbers from 2016 to 2017 was the 18-39 group. See table 4 and figure 1 for further details.

Table 4: Number of patients by age group and Census

Age group	Patients (October 2014)		Patients (March 2016)		Patients (March 2017)		General Population (2016 MYE)
Under 18	50	1%	55	2%	36	1%	19%
18-39	842	22%	806	22%	836	23%	29%
40-64	1,369	35%	1,267	35%	1,259	35%	34%
65+	1,648	42%	1,505	41%	1,440	40%	18%
All	3,909	100%	3,633	100%	3,572	100%	100%

* 1 patient with unknown date of birth in 2017

Figure 1: Number of patients by age group and Census



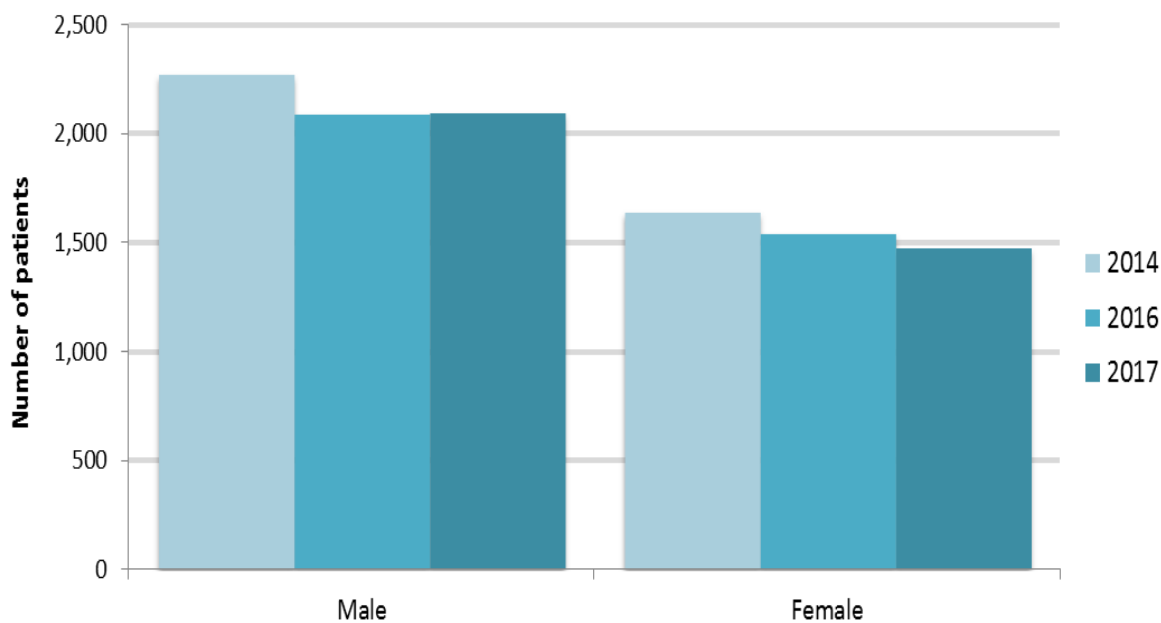
Of the 3,572 patients in the March 2017 Census, 59% were male. In 2016 this figure was 58%. Males represented 49% of the general Scottish population in 2016, suggesting that males are over represented in the mental health Censuses. See table 5 and figure 2 for more details.

Table 5: Number of patients by gender and Census

Patients by gender	Patients (October 2014)		Patients (March 2016)		Patients (March 2017)		General Population (2016 MYE)
	Count	%	Count	%	Count	%	
Male	2,270	58%	2,092	58%	2,096	59%	49%
Female	1,639	42%	1,541	42%	1,474	41%	51%
All	3,909	100%	3,633	100%	3,572	100%	100%

* 2 patients with unknown gender in 2017

Figure 2: Number of patients by age group and Census



A total of 3,354 (94%) of patients identified as being white in the March 2017 Census, the majority of which described themselves as White Scottish. The 94% figure is broadly in line with the general population figure of 96% who described themselves as White in Scotland's Census 2011. See table 6 for more details.

Table 6: Number of patients by ethnicity, March 2017 Census

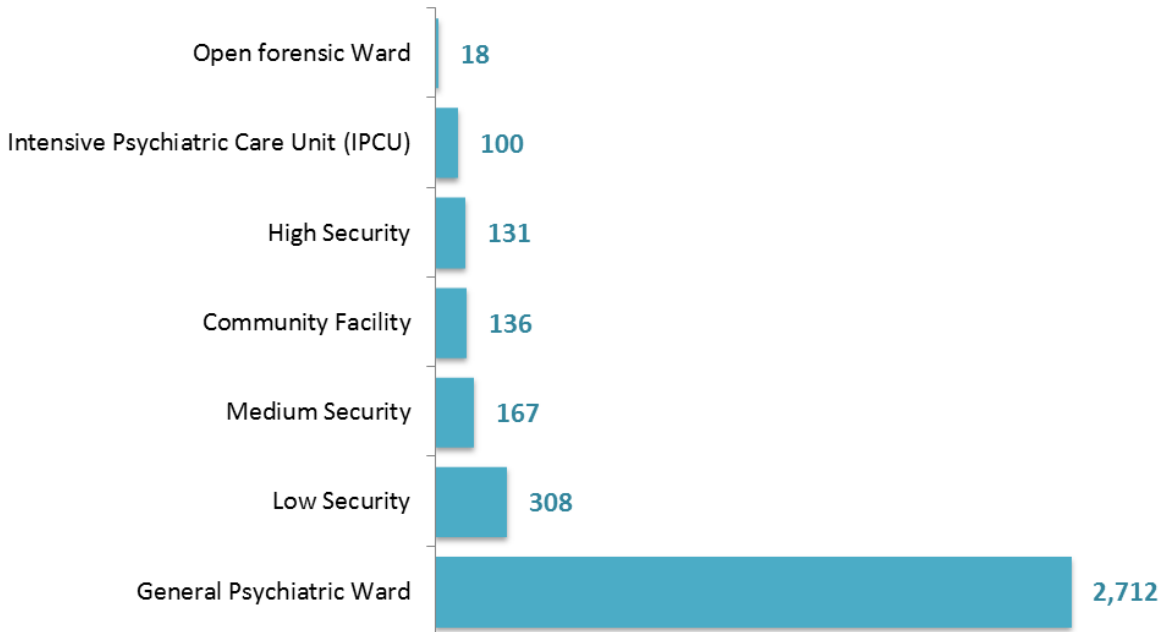
Patients by ethnicity	Patients (March 2017)	
White Scottish	2,880	81%
Other White	474	13%
Asian, Asian Scottish or Asian British	48	1%
African, African Scottish or African British	19	1%
Other/multiple ethnic groups	29	1%
Refused/Not Known	122	3%
All	3,572	100%

Almost half (48%) of the patients in the Census have never been married, while 20% were currently married and a further 14% were widowed. As expected, this changed with age where the oldest age group (65+) were more likely to be married (37%) or widowed (31%) than never married (15%). The vast majority of patients (85%) did not have any dependents.

Ward Types and Security Levels

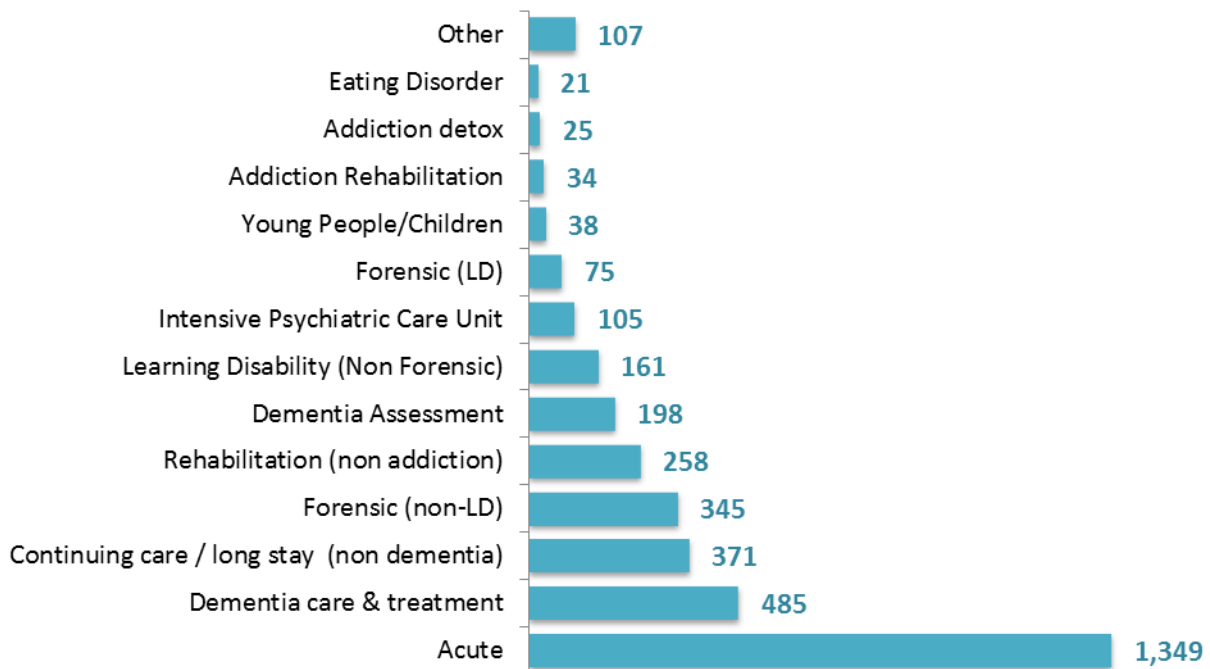
As part of the Census, NHS Boards were asked to record the security level of the ward in which the patients were staying. A total of 2,712 (76%) of all patients at the Census were in a 'General Psychiatric Ward', see figure 3. The split is similar to that observed in 2016.

Figure 3: Number of patients by ward security level, March 2017 Census



The largest ward type in the March 2017 Census was 'Acute', in which there were 1,349 patients (38%), see figure 4 below. The occupancy rates for many of these wards can be found in table 3 reported earlier in this report.

Figure 4: Number of patients by ward type, March 2017 Census



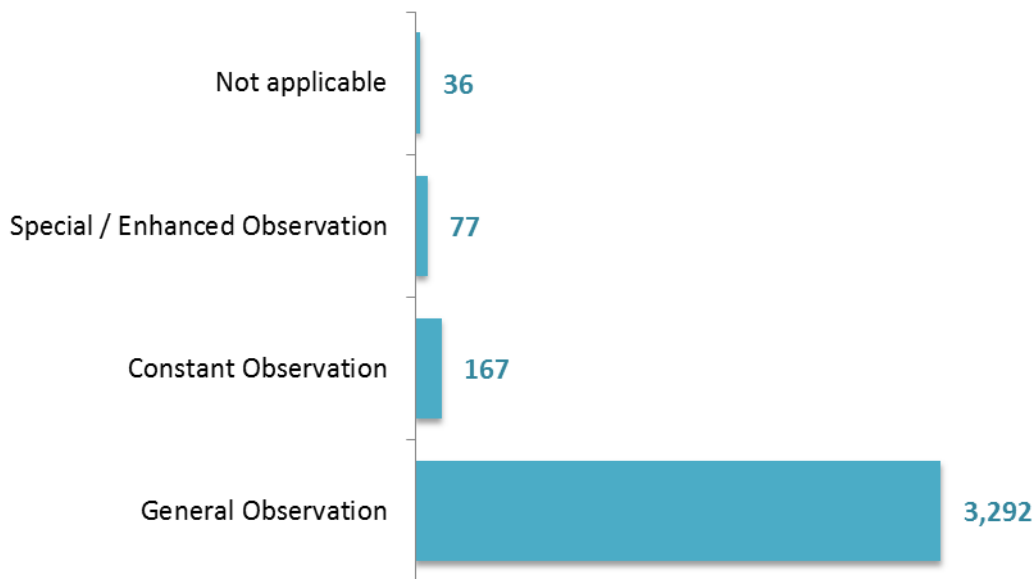
Observation level

All patients in mental health inpatient settings will receive some degree of observation. However, levels of observation will vary according to the patients' individual needs. Based on current guidelines the level of observation of patients at the time of the Census was recorded. The observation levels are:

- “General Observation” – Staff should have a knowledge of the patients' general whereabouts.
- “Constant Observation” – Staff should be constantly aware of the precise whereabouts of the patient.
- “Special Observation” – Patient should be in sight and within arm's reach of a member of staff.
- Enhanced care plan for therapeutic engagement – Aims to improve observation practice through therapeutic engagement with suicidal, violent or vulnerable patients to prevent them from harming themselves or others at times of high risk during their recovery.

Figure 5 shows that most patients (92%) fall under the General Observation category. This is similar to the 93% figure reported last year.

Figure 5: Number of patients by observation level, March 2017 Census

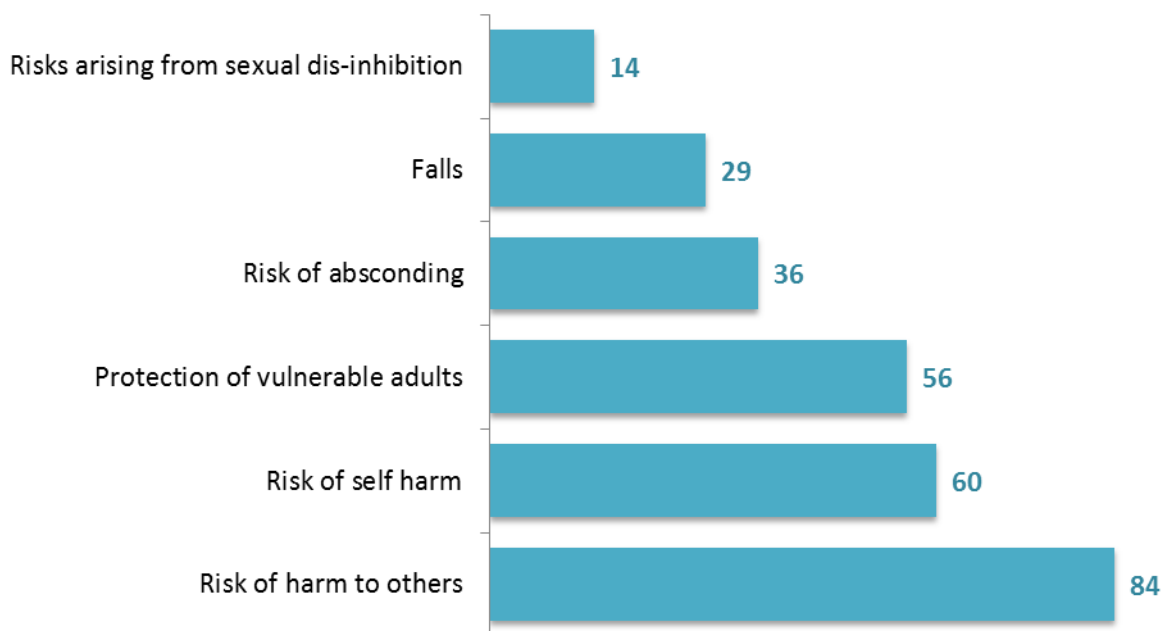


** Not applicable can relate to either patients who are being treated in care homes where an observation level may not apply, or patients on pass*

Information on the number of staff involved in observations for the 244 patients on Constant, Special or Enhanced Observations shows that 41 (17%) have at least two members of staff involved, while the remaining patients have one member of staff involved.

The most common reason for a patient being on a Constant, Special or Enhanced Observation level was due to 'risk of harm to others' (28% of reasons given) followed by 'risk of self harm' (20% of reasons given) and 'protection of vulnerable adults' (19% of reasons given). Figure 6 gives more details.

Figure 6: Number of patients by reason for constant, special or enhanced observation level, March 2017 Census



* Patients can have more than 1 reason for being on Constant, Special or Enhanced Observation

* Figure excludes some categories due to small numbers

On Pass

Patients who are “On Pass” are still formally considered inpatients of a hospital, but are permitted planned leave for varying lengths of time as part of their recovery care plan. This includes those whose detention under the Mental Health Act has been suspended. At the March 2017 Census there were 152 patients (4%) in Scotland who were on pass for at least that overnight period. Of those patients, 113 (74%) were on pass to home.

Boarding from another hospital

If a patient is “boarding” from another hospital, then they are staying in a hospital outwith their local catchment area. A total of 38 patients were boarding in from another hospital at the March 2017 Census. Of these, 30 (79%) were boarding to another hospital in the same NHS Board as their local catchment area.

Hospital Based Complex Clinical Care

From 2016, the Inpatient Census collected information on patients receiving Hospital Based Complex Complex Care (HBCCC).

A patient is defined as receiving HBCCC if they have care needs that cannot be met in any setting other than hospital and require long-term complex clinical care, or have been in hospital for over 6 months. At the March 2017 Census there were 924 patients receiving HBCCC who were occupying a mental health or learning disability inpatient bed at the Census date. This is 26% of all patients covered by the Census.

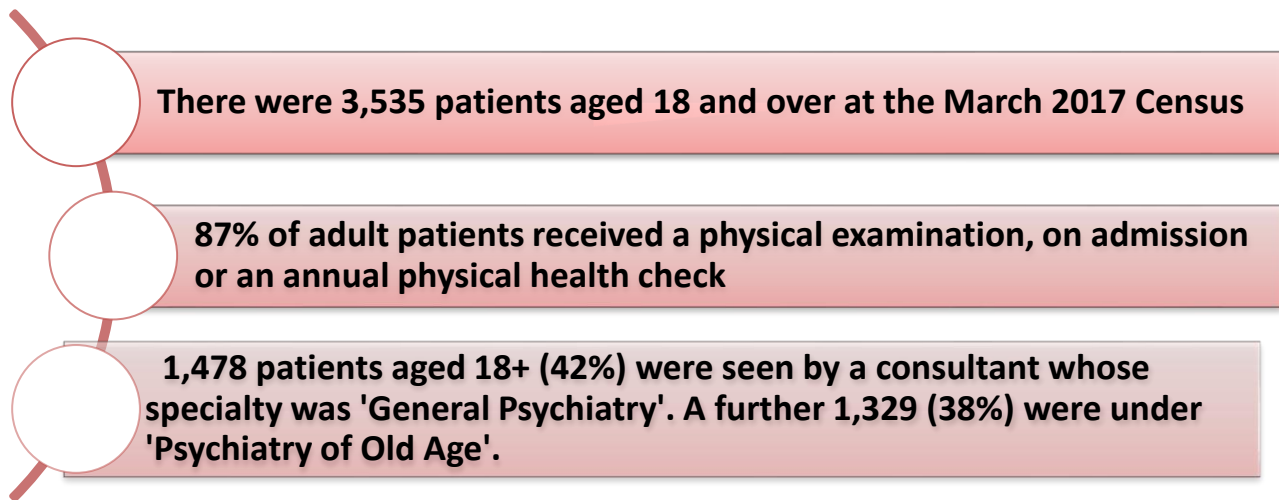
Note, under the definition of HBCCC, no patient can be a delayed discharge.

A separate, more detailed report on HBCCC will be published by the Scottish Government in October 2017. This will cover HBCCC patients in mental health or learning disability inpatient beds, patients treated outwith NHS Scotland and patients in General Acute hospitals.

Delayed Discharge

At the Census, 282 patients were a delayed discharge. This is 8% of patients for which this information is known (information was not returned for 95 patients). Of these patients, 66 (23%) had a learning disability.

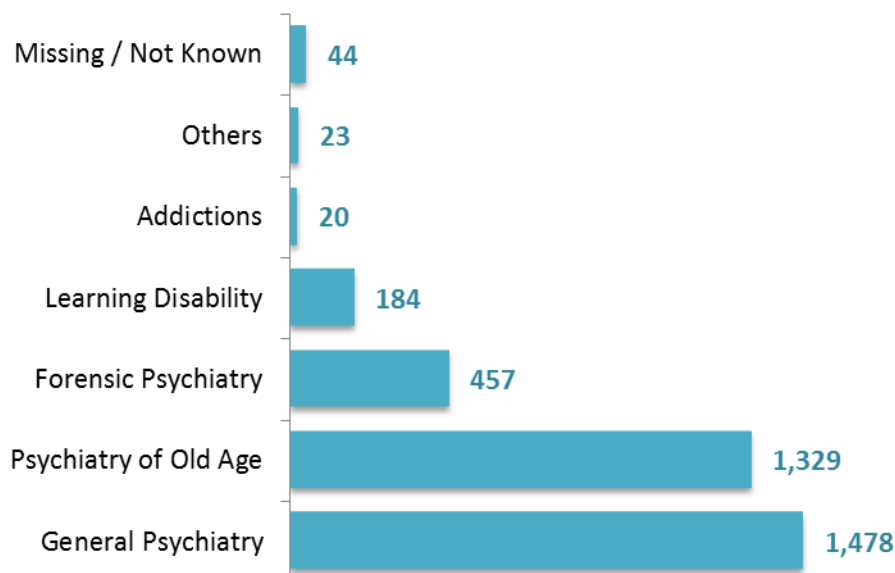
2. Adult patients treated in NHS Scotland facilities (additional detail)



Specialty of Consultant

NHS Boards were asked to record the specialty of every consultant who was responsible for overseeing the treatment of each patient in the Census. A total of 1,478 (42%) patients aged 18+ were seen by a consultant whose speciality was 'General Psychiatry'. A further 1,329 (38%) patients aged 18+ came under 'Psychiatry of Old Age'. More details can be found in figure 7.

Figure 7: Number of patients (aged 18+) by consultant speciality, March 2017 Census



Length of stay in hospital

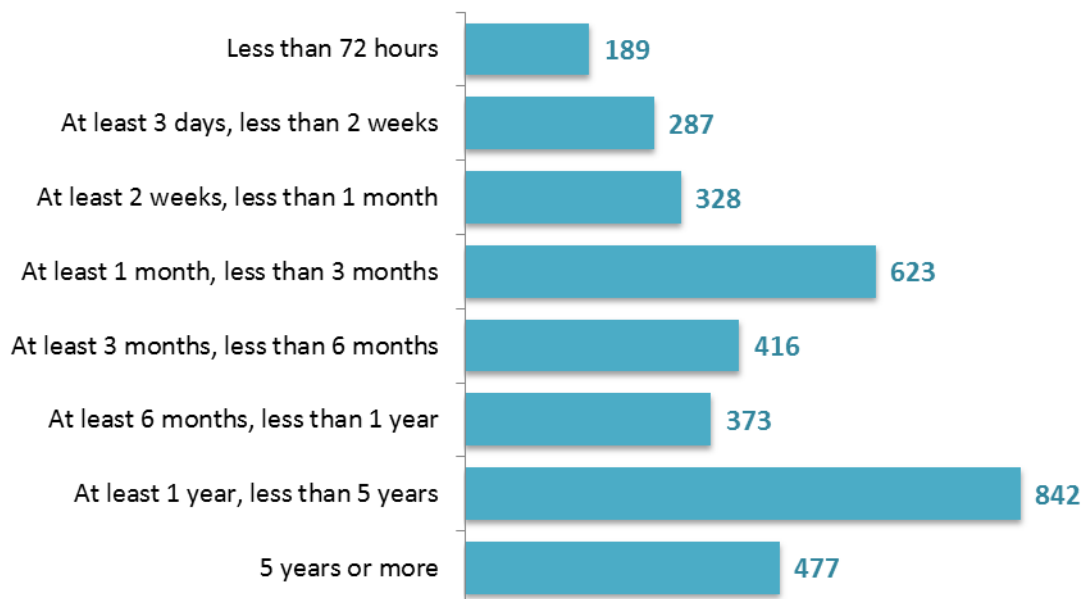
There has been little change in the 'days since admission' across the three Censuses for adults aged 18+. The average (median) length of time has been around 5 months, see table 7.

Table 7: Average (median) length of stay for each Census, adults aged 18+

Length of Stay	October 2014	March 2016	March 2017
Average (Median) Days	163	150	161
Average (Median) Banded	~ 5 months	~ 5 months	~ 5 months

Figure 8 details a further breakdown for the March 2017 Census. It shows a wide spread in the length of time a patient aged 18+ has spent in hospital. Most patients (24%) have spent between 1 and 5 years in hospital, while 13% have spent over 5 years and 5% less than 72 hours.

Figure 8: Days since admission, banded (adults, aged 18+), March 2017 Census

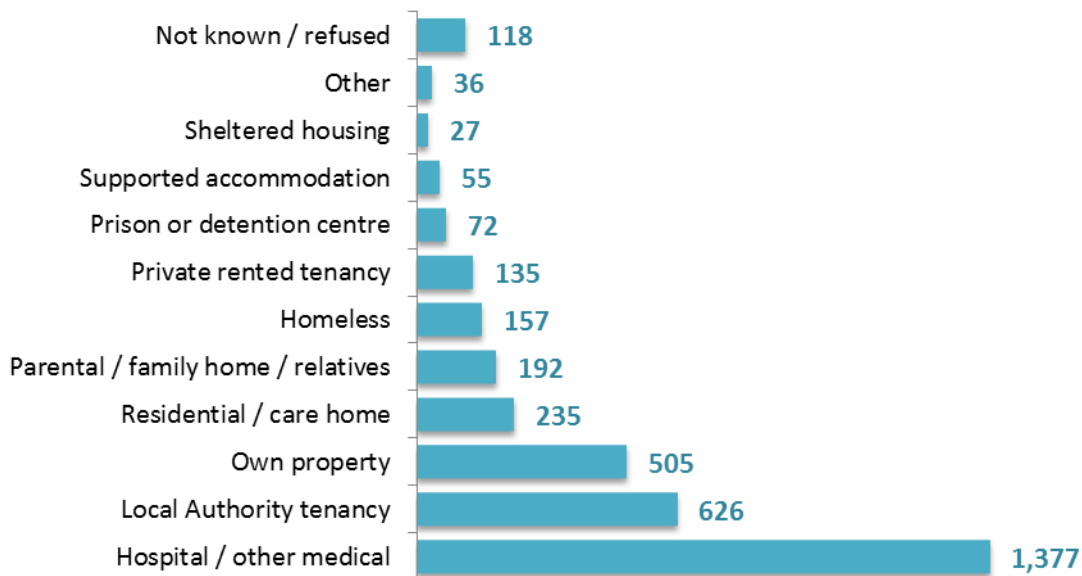


The average (median) number of days since admission for patients with a Learning Disability was 730 days (around 2 years). This compares with 133 days (around 4 months) for non-Learning Disability patients. These figures show a decrease of 29 days on average (median) in hospital for Learning Disability patients compared to 2016, while for non-Learning Disability patients there was a 4 day increase.

Living Circumstances

NHS Boards were asked to record the 'Living Circumstances' from a range of pre-defined options for each patient recorded in the Census. A total of 1,377 patients aged 18+ (39%) were in a Hospital or other medical establishment, while 626 (18%) were under Local Authority tenancy. See figure 9 for more details.

Figure 9: Number of patients (aged 18+), by living arrangements, March 2017 Census



Employment Status

Of the 3,283 (93%) patients aged 18+ for whom employment status was known at the March 2017 Census, 1,591 (48%) were unemployed, 1,399 (43%) were retired, 117 (4%) were not allowed to work and 112 (3%) were in employment.

Status

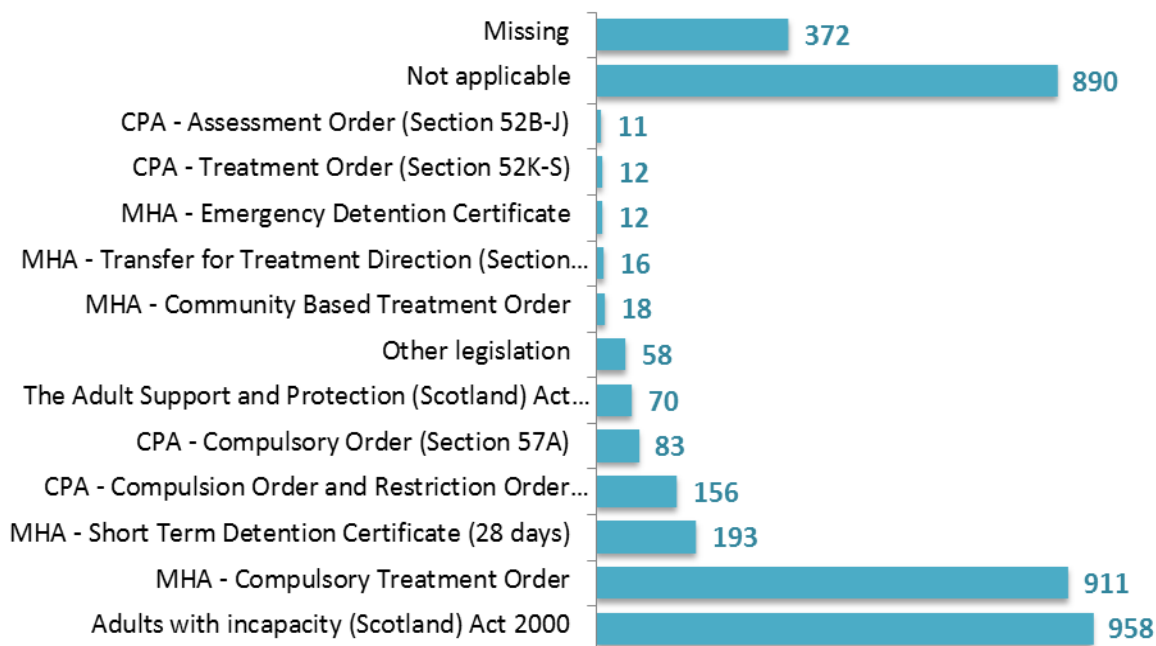
Patients who have been detained under the provisions of the Mental Health (Care and Treatment) (Scotland) Act of 2003 are defined as having 'Formal' status. 'Informal' refers to voluntary Mental Health admissions.

Of those adult patients in the March 2017 Census, 1,640 (46%) were admitted with a 'Formal' status, while 1,895 were admitted with an 'Informal' status. On the date of the Census, 1,657 (47%) had 'Formal' status, and 1,878 had an 'Informal' status.

Other Legislation

NHS Boards returned data on a range of legislation for which patients were subject to at the 2017 Census date. A total of 958 patients aged 18+ (30% of known cases) were subject to the Adults with incapacity (Scotland) Act 2000. 911 patients (29%) were subject to the Mental Health Act (Compulsory Treatment Order). Data was missing for 372 patients. See figure 10 for more details.

Figure 10: Number of patients (aged 18+), subject to legislation, March 2017 Census



* Patients can be subject to multiple pieces of legislation

** MHA - Mental Health Act

*** CPA - Criminal Procedure Act

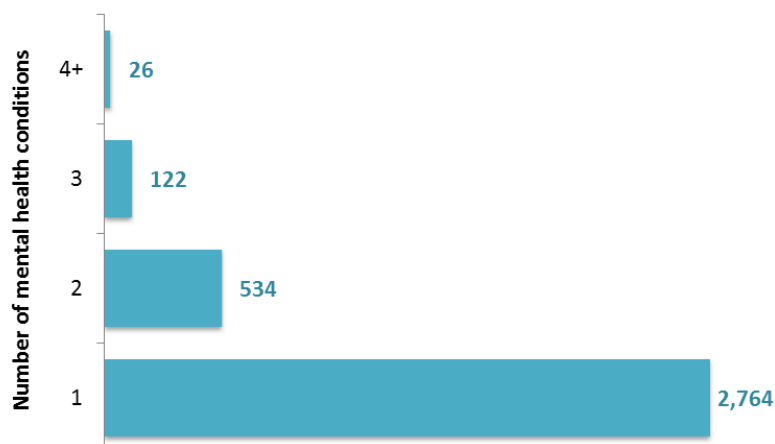
Health and Wellbeing

The following sections consider the mental and physical health of all patients aged 18+ at the 2017 Census.

Mental health morbidities

NHS Boards were asked to return diagnosis codes (ICD 10) for any mental health condition for which patients in the 2017 Census had a diagnosis. A total of 2,764 (80%) patients aged 18+ with a known diagnosis had only one mental health condition recorded, while 682 (20%) had a diagnosis for 2 or more condition. There were 89 patients with either no diagnosis yet or an unknown diagnosis. See figure 11 for more details.

Figure 11: Number of patients (aged 18+), by number of mental health conditions (ICD 10 codes), March 2017 Census

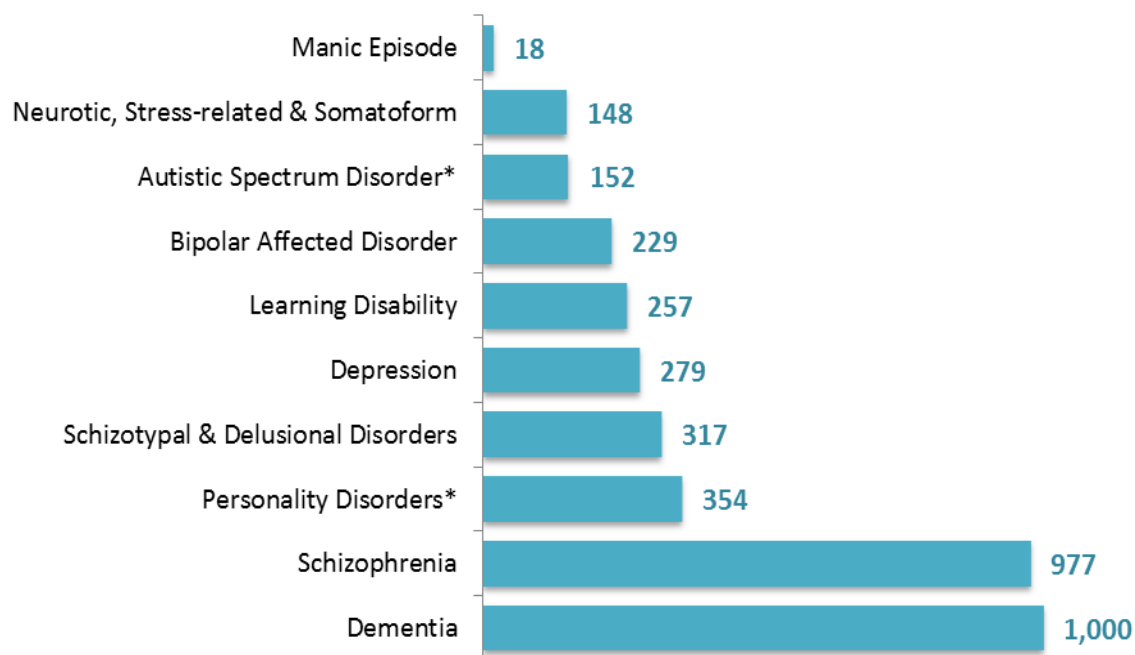


* No diagnosis yet or unknown diagnosis for 89 patients

Figure 12 presents the most commonly diagnosed mental health morbidities, as at the 2017 Census date for adults aged 18 or over. These are based on ICD 10 codes and include primary as well as secondary diagnoses. In addition, separate questions on Autistic Spectrum Disorder and Personality Disorders allowed for cross-comparison with ICD 10 codes to pick up any patients missing these ICD 10 codes.

The two most common diagnoses are Dementia (1,000 patients) and Schizophrenia (977 patients), which each account for around 28% of all adult patients in the Census. Patients with a Personality Disorder accounted for 10% of the 2017 Census. It should be noted that a patient may have more than one diagnosis.

Figure 12: Number of patients (aged 18+), by mental health diagnosis, March 2017 Census



* All mental health diagnoses are based on ICD 10 codes. Primary and secondary diagnoses included

* Personality Disorders and Autistic Spectrum Disorder counts also rely on respective questions on these disorders

* Patients may have more than one diagnosis

Learning Disabilities and Autism

Of the 3,535 patients aged 18+ at the 2017 Census, 335 (9%) patients had a diagnosis for either a Learning Disability or Autism, while 257 (7%) patients had a diagnosis for a Learning Disability, 152 (4%) patients had a diagnosis for Autism (74 patients had a diagnosis for both).

Physical health co-morbidities

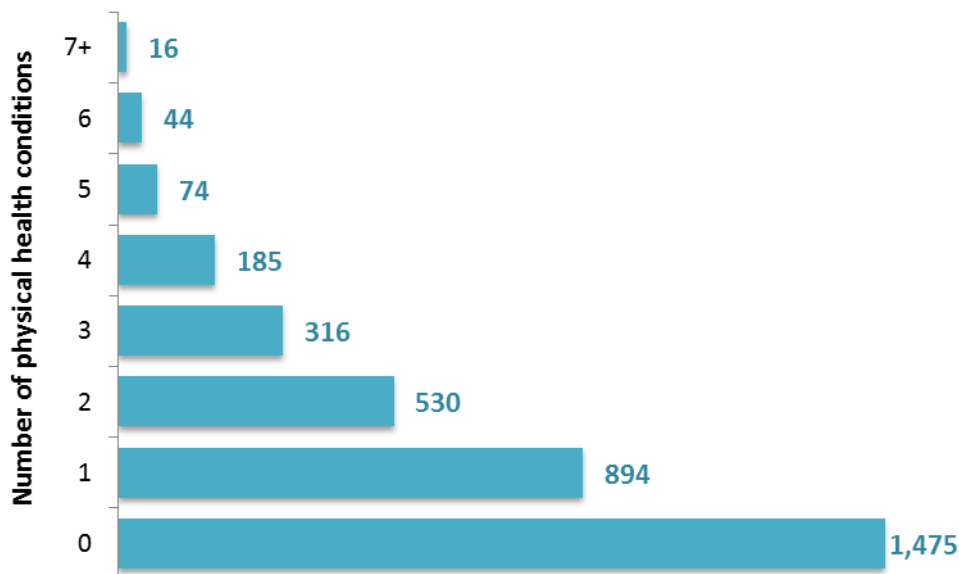
The Mental Health Strategy 2017 – 2027 emphasised the importance of considering physical health along with mental health and how the outcomes of both are linked. A key outcome from the 2014 Census was the need to improve the recording of both mental and physical health morbidities. Mental Health and Learning Disability services in NHS Boards are working towards routinely recording physical health conditions under the [International Classification of Diseases](#). The 2016 Census included a suite of Yes/No physical health questions and these were retained for the 2017 Census. Physical health information was returned for all except one adult patient.

List of yes/no physical health morbidities questions in the Census:

- Hypertension,
- Dyslipidaemia,
- Coronary heart Disease,
- Epilepsy,
- Chronic Kidney Disease,
- Thyroid Disease,
- Cancer,
- Alcohol Acquired Brain Injury,
- Diabetes,
- Chronic Obstructive Pulmonary Disease,
- Chronic Pain,
- Sensory Impairment,
- Liver Disease,
- Acquired Brain Injury,
- Stroke / Transient Ischaemic Attack,
- Parkinson

A total of 2,059 patients aged 18+ (58%) had at least one physical health co-morbidity based on the suite of Yes/No physical health questions as at the 2017 Census. This is higher than the 53% figure reported in 2016. See figure 13 for more details.

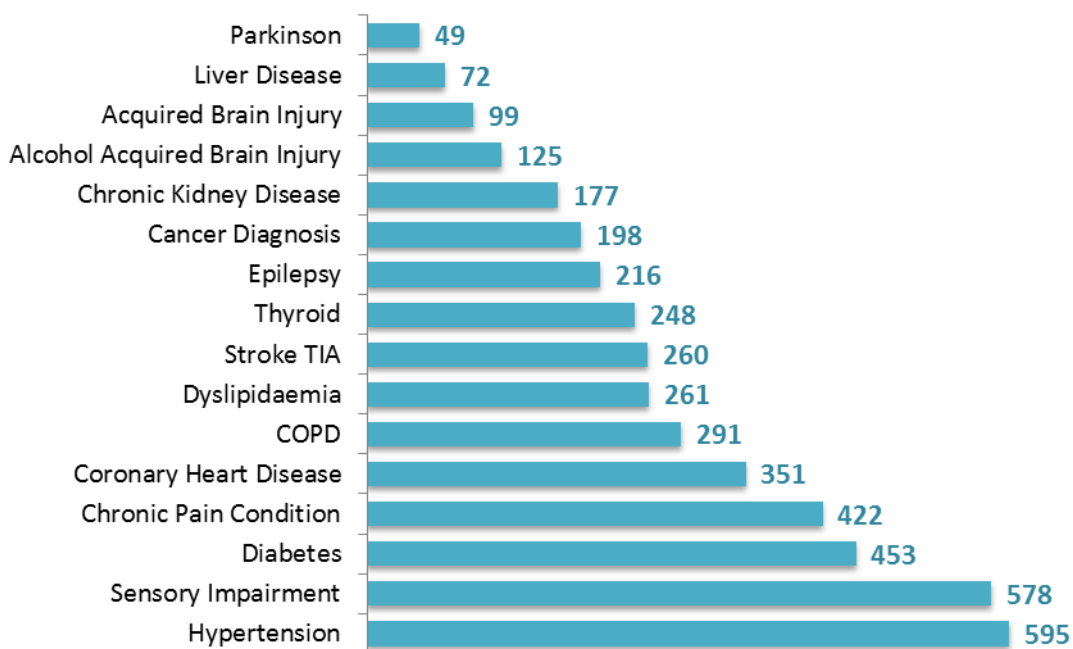
Figure 13: Number of patients (aged 18+), by number of physical conditions (based on suite of Yes/No questions), March 2017 Census



* 1 patient had no physical health information returned

Figure 14 shows a breakdown of the number of patients aged 18+ for each physical condition as asked in the suite of Yes/No questions. Of all the adult patients in the 2017 Census, 17% had hypertension, with 85% of these patients being on anti-hypertensive medicines. The next most prevalent physical health condition was sensory impairment, with 16% of patients reported as having this condition.

Figure 14: Number of patients (aged 18+), by physical condition (based on suite of Yes/No questions), March 2017 Census



* Patients can have more than one physical condition

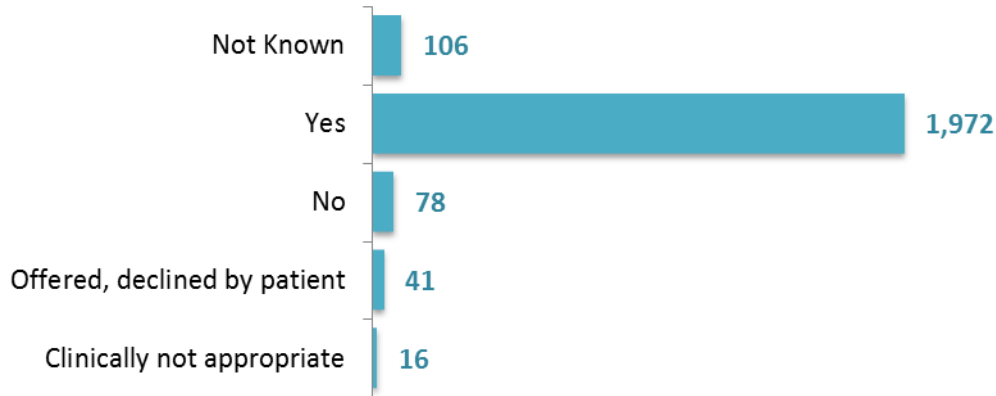
Physical Health Check

The 2017 Census included, for the first time, questions related to physical health checks. These follow on from actions on mental health set out by the Chief Medical Officer ([http://www.sehd.scot.nhs.uk/cmo/CMO\(2015\)19.PDF](http://www.sehd.scot.nhs.uk/cmo/CMO(2015)19.PDF)). There were two questions;

- For patients admitted to a mental health bed between the 1st April 2016 and 30th March 2017: *Did the patient receive a general physical examination by a qualified clinician within a day of admission?*
- For patients admitted to a mental health bed prior to the 1st April 2016: *Has the patient had an annual (physical) check within the last year?* An annual health check should be both a physical assessment and delivery of health promotion activity.

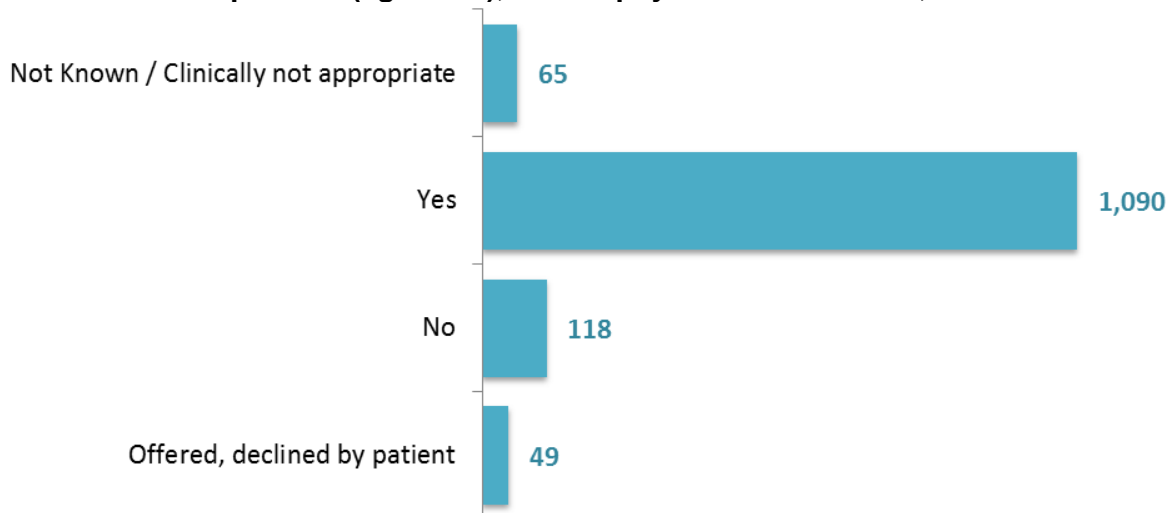
There were 2,213 (63% of all) patients aged 18+ who were admitted between 1st April 2016 and the 30th March 2017. Of these, 1,972 (89%) had a general physical examination within a day of admission. A further 41 (2%) were offered but declined. See figure 15 for more details.

Figure 15: Number of patients (aged 18+), general physical examination, March 2017 Census



There were 1,322 (37% of all) patients aged 18+ who were admitted prior to the 1st April 2016. Of these, 1,090 (82%) had received a physical health check within the last year. A further 49 (4%) were offered but declined. An annual physical health check was clinically not appropriate for a small number of patients who have been grouped with the not known patients for patient confidentiality. See figure 16 for more details.

Figure 16: Number of patients (aged 18+), annual physical health check, March 2017 Census



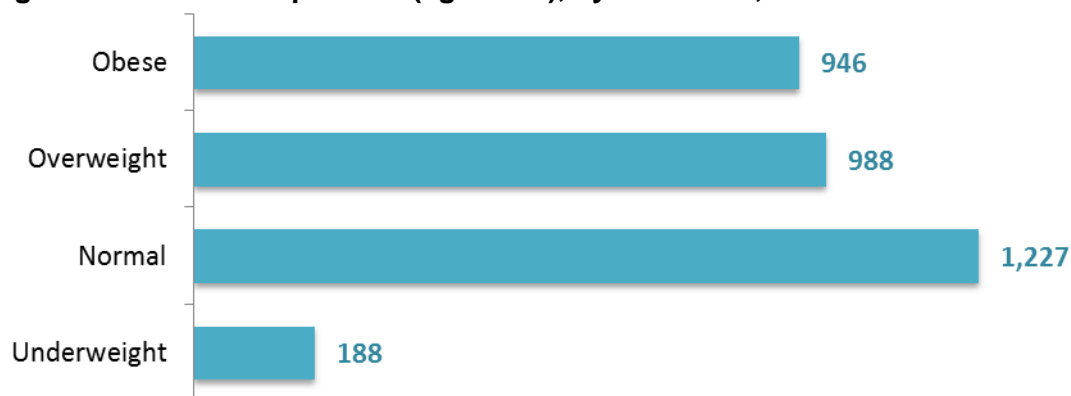
Overall in the 2017 Census, a total of 3,062 (87%) of patients received some form of physical health check, while a further 90 (3%) were offered.

Lifestyle factors

BMI (Body Mass Index)

BMI (Body Mass Index) was calculated for patients whom height and weight information was returned. A total of 186 (5%) patients were excluded because height and weight information was either not provided, were extreme outliers or the patient was in an Eating Disorder ward. Of those patients included, 1,227 (37%) had a normal BMI, while 58% were overweight or obese. See figure 17 for more details.

Figure 17: Number of patients (aged 18+), by BMI Index, March 2017 Census



Smoking, alcohol and drug misuse

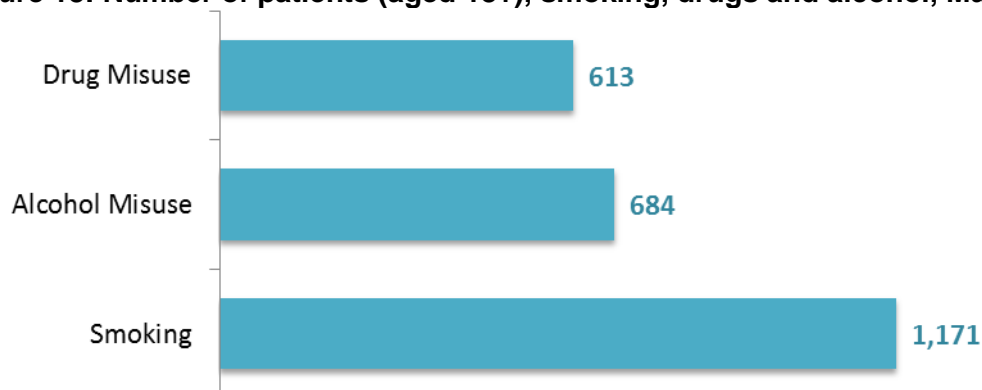
The 2017 Census included a number of questions around alcohol and other substance misuse. It is known that not all patients with alcohol dependence or substance abuse will have a formal (ICD 10) diagnosis. This section contains analysis of patients with alcohol dependence and / or substance misuse based on responses for a combination of questions. A minor methodological change was made in 2017 (see Section 6 for further detail).

A total of 1,171 (33%) patients aged 18+ smoked tobacco in the 12 weeks prior to the Census date. In the 2016 Census, this figure was 35%.

In the 2017 Census, 684 (19%) of patients had a dependence on alcohol / harmfully used alcohol, of which 181 (26%) had an alcohol related diagnosis based on ICD 10 codes. In 2016, the proportion of patients with a dependence on alcohol / harmfully used alcohol was also 19%.

A total of 613 (17%) of adult patients had abused substances (excluding alcohol). Of these, 185 (30%) had a diagnosis of drug misuse based on ICD 10 codes. Both proportions are similar to those reported in 2016.

Figure 18: Number of patients (aged 18+), smoking, drugs and alcohol, March 2017 Census

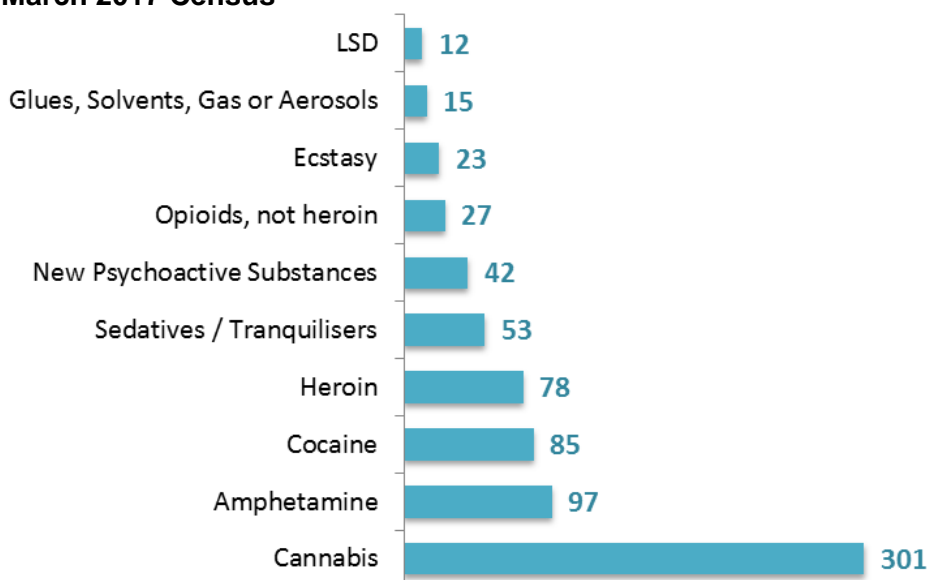


Substances used prior to admission

For the March 2017 Census, NHS Boards were asked to record the substances which patients used prior to admission.

For those patients who did have a record of substance abuse (excluding alcohol) in the four weeks prior to admission (539 known patients), cannabis was the most prevalent with 301 (56% of known patients) recorded as having used it. Amphetamine was the second most prevalent, with 97 (18%) of patients recorded as having used it. See figure 19 for more details of selected substances.

Figure 19: Number of patients (aged 18+), substances used four weeks prior to admission, March 2017 Census



* Patients can be in more than one category

* Does not include all substances

Of the 539 patients with a record of substance abuse (excluding alcohol) in the four weeks prior to admission, 316 (59%) patients used only one substance, while 144 (27%) used two or more. Detailed information on substances used was not returned for 79 patients. See table 8 for more details.

Table 8: Number of patients, by number of substances used, by Census

Number of substances used per patient in 4 weeks prior to admission	March 2016		March 2017	
	Number	Percentage	Number	Percentage
One	291	57%	316	59%
Two	79	15%	70	13%
Three	41	8%	34	6%
Four	19	4%	16	3%
Five or more	13	3%	24	4%
Not known	72	14%	79	15%

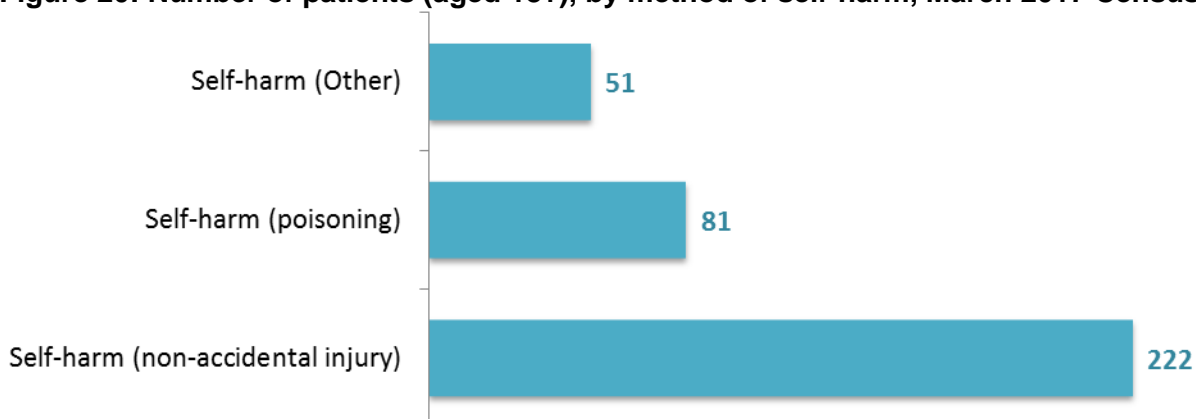
Of the patients with recorded substance abuse in 4 weeks prior to admission, 290 (54%) used smoke or nasal as the main route of substance abuse, 190 (35%) oral and 35 (6%) injecting (patients can use more than one route).

Self-harm

NHS Boards are asked to return information on whether patients self-harmed in the week prior to admission. In the 2017 Census, this was known for 3,222 (91%) of adult patients. Of these, 350 (11%) patients self-harmed in the week prior to admission. A total of 222

(63%) of these patients self-harmed by non-accidental injury. See figure 20 for more details.

Figure 20: Number of patients (aged 18+), by method of self-harm, March 2017 Census



** Patients can be in multiple categories*

Suicidal ideation

NHS Boards are asked to return information on whether patients were expressing suicidal ideation on admission. This information was returned for 3,298 (93%) of patients. Of these, 405 (12%) expressed suicidal ideation on admission.

3. Children and young people (all patients aged under 18)



36 patients in the March 2017 census were aged under 18

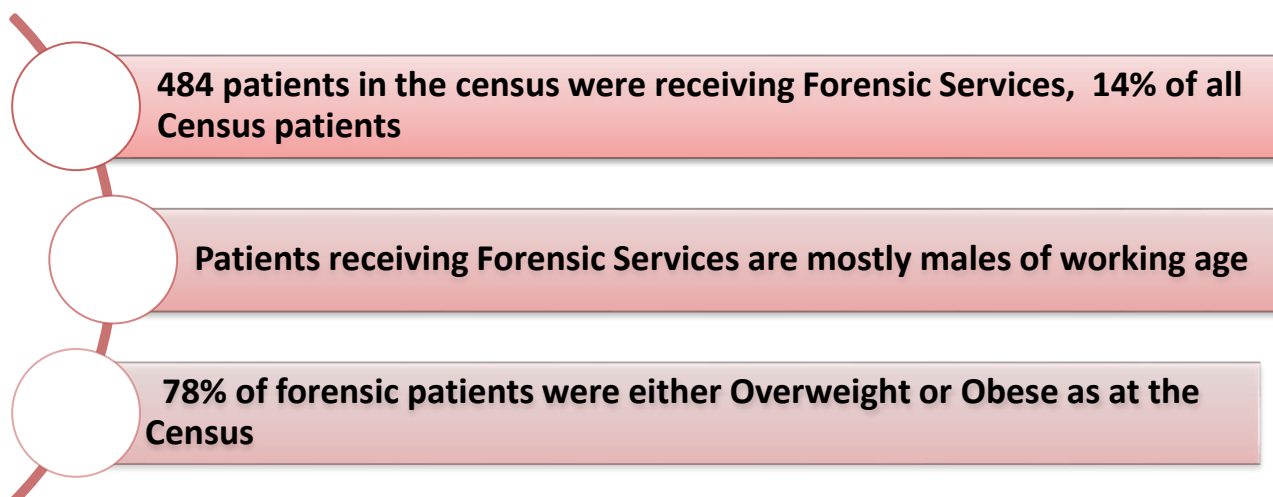
13 patients were aged 15 or under, 23 were aged 16 to 17

34 out of 36 patients aged under 18 were in either a Children's Unit or Young Person's unit

This section of the report looks at patients in the Census aged under 18, regardless of whether they receive a Child & Adolescent Mental Health Service (CAMHS). The total patient population is smaller than that described in other sections of the report, so information on young patients is presented at a high level only.

- There were 36 mental health, addiction or learning disability inpatients aged under 18 at the March 2017 Census. This compares with 55 in March 2016 and 50 at October 14.
- These patients were mostly treated in Regional Services located in NHS Greater Glasgow & Clyde, NHS Lothian and NHS Tayside.
- There were 34 patients treated in a Children's or Young People's Unit. There were 54 available beds for these wards at the March 2017 Census date.
- 13 (36%) out of the 36 patients were aged 15 or under, 23 were aged 16 to 17.
- 97% of patients were seen by a consultant who specialised in Child and Adolescent Psychiatry.
- The average (median) number of days since admission at the time of the Census for young people was 46 days. This is 3 days less than in 2016.
- 21 patients aged under 18 (58%) had 'formal' status at the Census date. Patients who have been detained under the provisions of the Mental Health (Care and Treatment) (Scotland) Act of 2003 are defined as having 'Formal' status.
- 12 (33%) patients aged under 18 had a diagnosis of a behavioural syndrome. Other diagnoses were recorded for small numbers of patients. Patients can have more than one condition.

4. Additional Analysis: Patients receiving Forensic Services



Forensic psychiatry is a specialised branch of clinical psychiatry which relates to mentally disordered offenders and others with similar problems. For the purpose of the analysis contained in this section, forensic patients were identified if NHS Boards indicated 'yes' to the following Census question: *is the patient being managed primarily by forensic services?*

There were 484 patients primarily managed by Forensic Services in the 2017 Census. This is an increase on the 458 patients reported in 2016.

It should be noted that NHS Greater Glasgow & Clyde, NHS Lothian and NHS Tayside contain Forensic Regional Units which provide services to patients from other NHS Boards. NHS Fife also provide a low secure Learning Disability (Forensic) Regional Unit for the treatment of patients from other NHS boards. The State Hospital (a Special NHS Board), provides a National Service (including for Northern Ireland).

Table 9: Number of patients (forensic services) by NHS Board in each Census

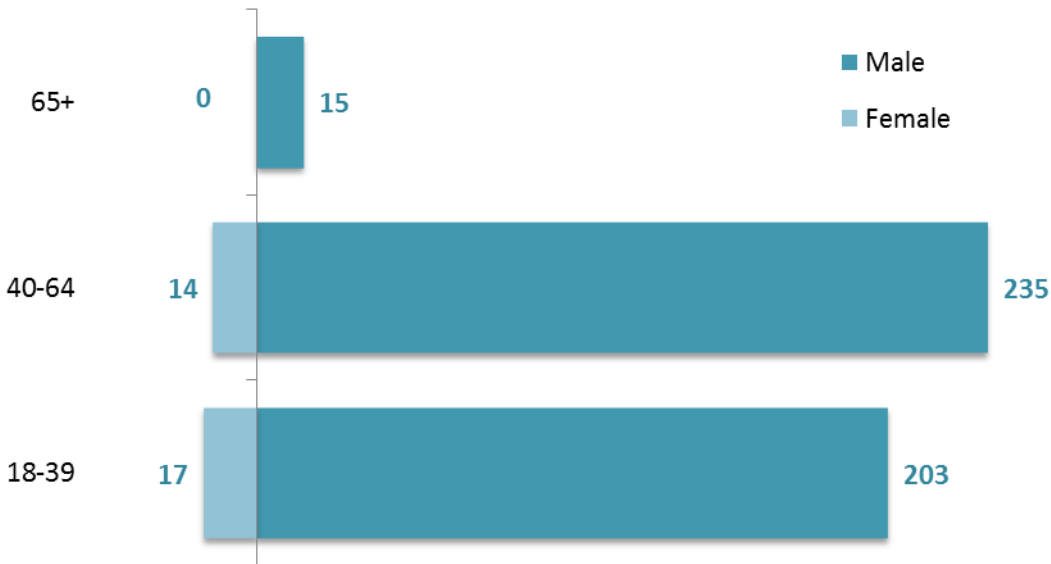
NHS Board of Treatment	Number of Patients		
	October 2014	March 2016	March 2017
NHS Ayrshire & Arran	*	*	16
NHS Borders	0	*	0
NHS Dumfries & Galloway	0	*	0
NHS Fife	31	34	39
NHS Forth Valley	20	*	*
NHS Grampian	42	42	40
NHS Greater Glasgow & Clyde	128	122	119
NHS Highland	*	*	*
NHS Lanarkshire	19	15	20
NHS Lothian	65	47	56
NHS Tayside	65	55	64
NHS Western Isles	0	0	0
State Hospital	121	117	111
Scotland	507	458	484

* Suppressed due to small numbers

Age and Gender

Figure 21 shows the majority of patients receiving forensic services are working age males. Male patients made up 94% of all forensic services patients in the 2017 Census, the same as the 2016 Census. Of the females in forensic services, 100% were aged between 18 – 64.

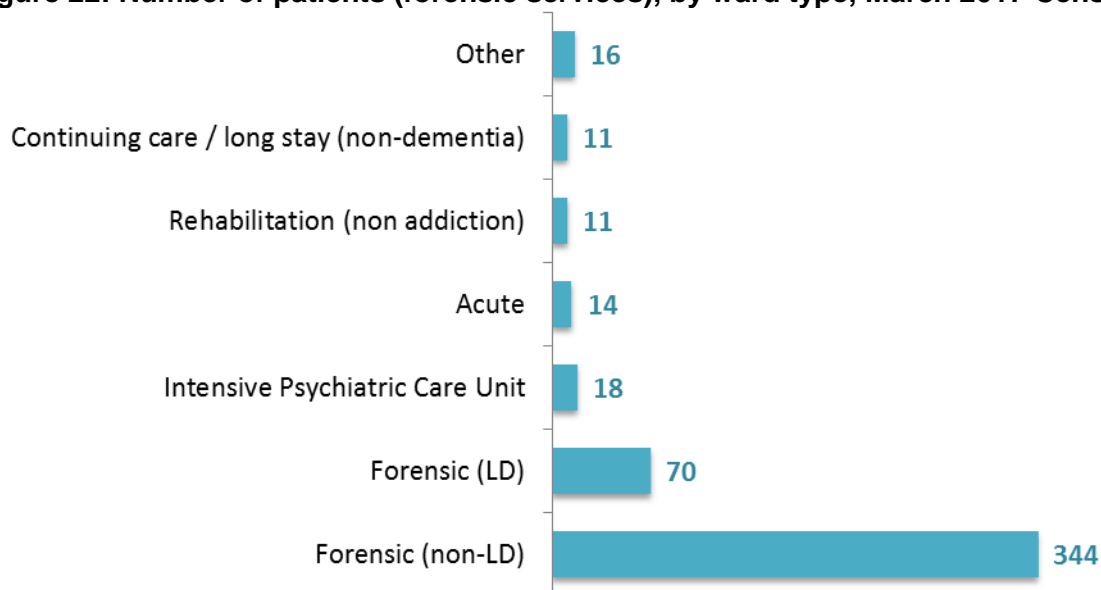
Figure 21: Number of patients (forensic services), age and gender, March 2017 Census



Ward Type

Most patients receiving forensic services were treated in a forensic ward; 414 (86%) patients. Of these, 70 were in a learning disability ward. A further 18 (4%) of patients were in an intensive psychiatric care unit. See figure 22 for more details.

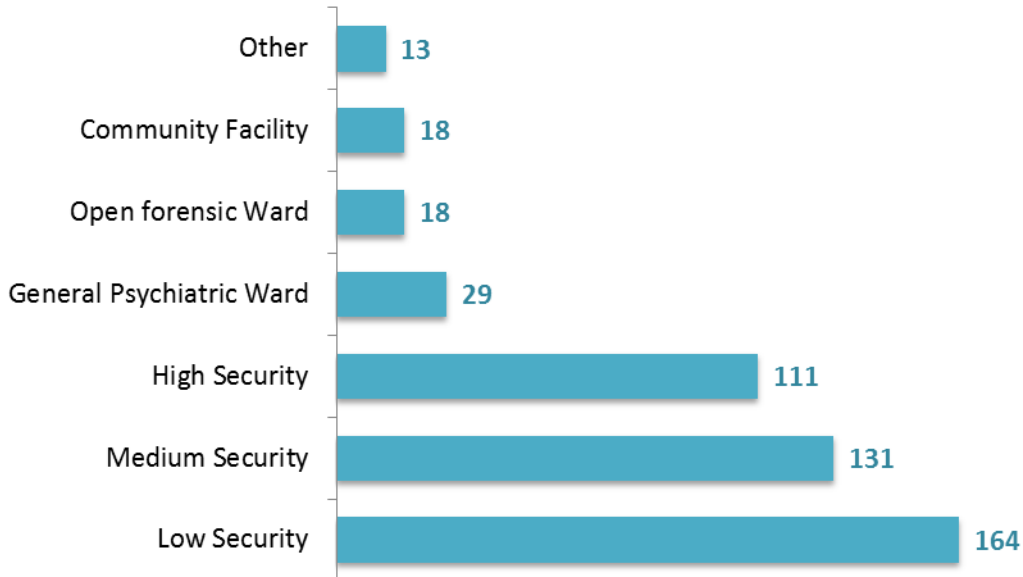
Figure 22: Number of patients (forensic services), by ward type, March 2017 Census



Ward Security Level

There were 164 (34%) patients receiving forensic services in a low security ward in the 2017 Census. A further 131 (27%) were in a medium security ward, while 111 (23%) were in a high security ward. Only 6% were in a general psychiatric ward, compared with 76% of all mental health, addiction or learning disability patients. See figure 23 for more details.

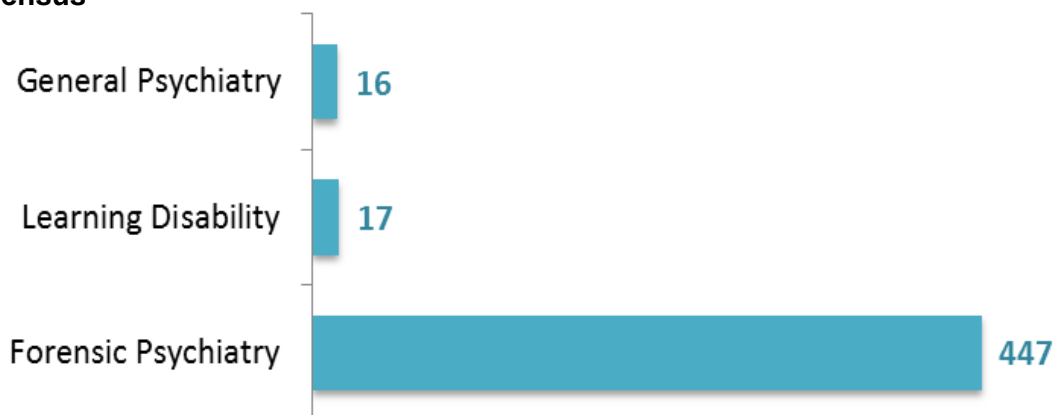
Figure 23: Number of patients (forensic services), by ward security level, March 2017 Census



Specialty of Consultant

A total of 447 patients receiving forensic services were seen by a forensic psychiatrist. This is 93% of forensic services patients for whom this information was returned. There were 17 (4%) patients being seen by a consultant whose specialty was learning disabilities. See figure 24 below for more details.

Figure 24: Number of patients (forensic services), by consultant specialty, March 2017 Census



Length of stay in hospital

Of the 484 patients receiving forensic services in the 2017 Census, 328 (68%) had been in hospital for over a year. Only 13 (3%) of patients had been in hospital for less than two weeks. See table 10 for more details.

Table 10: Number of days since admission (forensic services), by Census

Days since admission	Patients (March 2016)		Patients (March 2017)	
	Count	Percentage	Count	Percentage
Less than 2 weeks	10	2%	13	3%
At least 2 weeks, less than 1 month	10	2%	15	3%
At least 1 month, less than 3 months	23	5%	36	7%
At least 3 months, less than 6 months	49	11%	34	7%
At least 6 months, less than 1 year	45	10%	58	12%
At least 1 year, less than 5 years	202	44%	203	42%
5 years or more	119	26%	125	26%

The average (median) time since admission at the 2017 Census for patients receiving forensic services was just over two years. This compares with non-forensic services patients who had an average (median) admission time of around four months, see table 11. The higher length of stay for forensic services patients will be influenced by the high number of medium and high security ward patients.

Table 11: Average number of days since admission (forensic V non-forensic), March 2017

Group	Average (median) number of days since admission	Approx. number of years / months
Forensic Services Patients	789	2 years, 2 months
Non-forensic Services Patients	114	4 months

Forensic patients on pass

At the 2017 Census, 20 (4%) patients receiving forensic services were on pass. Of these patients, 14 (70%) were at home.

Observation level

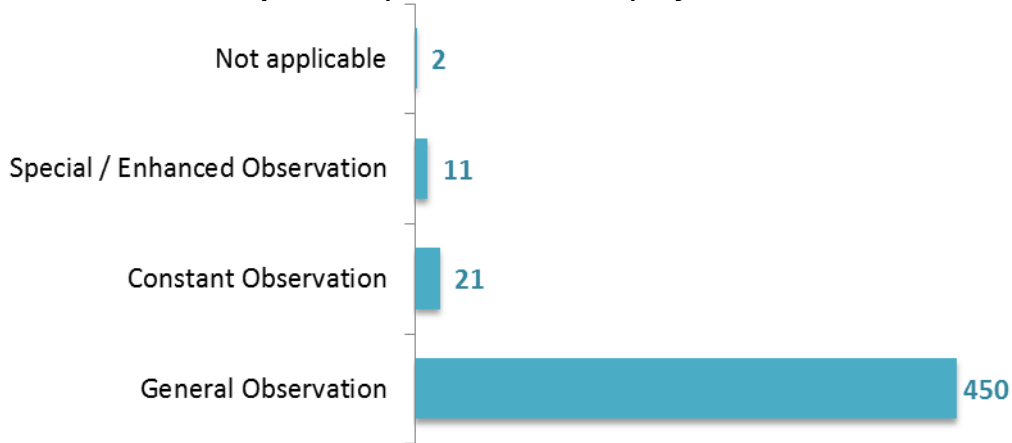
All patients in mental health inpatient settings will receive some degree of observation. However, levels of observation will vary according to the patients' individual needs. Based on current guidelines the level of observation of patients at the time of the Census was recorded. The observation levels are:

- "General Observation" – Staff should have a knowledge of the patients' general whereabouts.
- "Constant Observation" – Staff should be constantly aware of the precise whereabouts of the patient.
- "Special Observation" – Patient should be in sight and within arm's reach of a member of staff.
- Enhanced care plan for therapeutic engagement - Aims to improve observation practice through therapeutic engagement with suicidal, violent or vulnerable

patients to prevent them from harming themselves or others at times of high risk during their recovery.

Most patients receiving Forensic Services (93%) fall under the General Observation category, while 21 (4%) were under constant observation. See figure 25.

Figure 25: Number of patients (forensic services), by observation level, March 2017 Census



** Not applicable may relate to patients being treated in care homes where an observation level may not apply, or patients on pass*

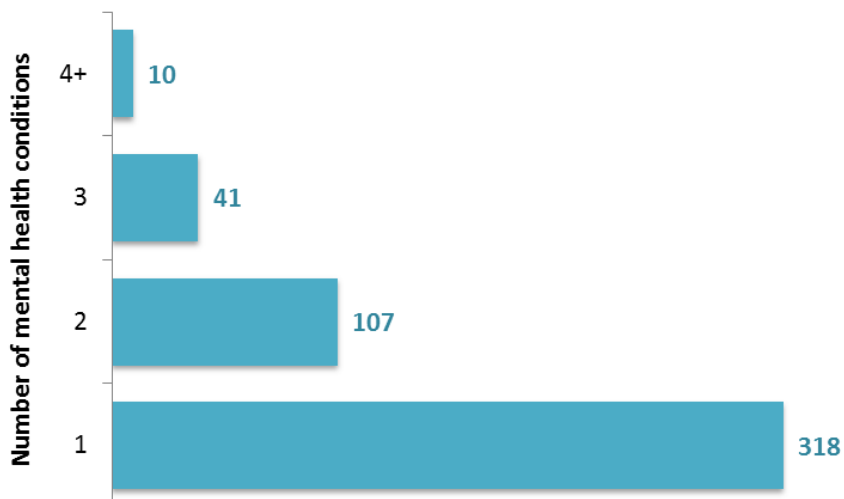
Health and Wellbeing

The following sections consider the mental and physical health of patients receiving forensic services at the 2017 Census.

Mental health morbidities

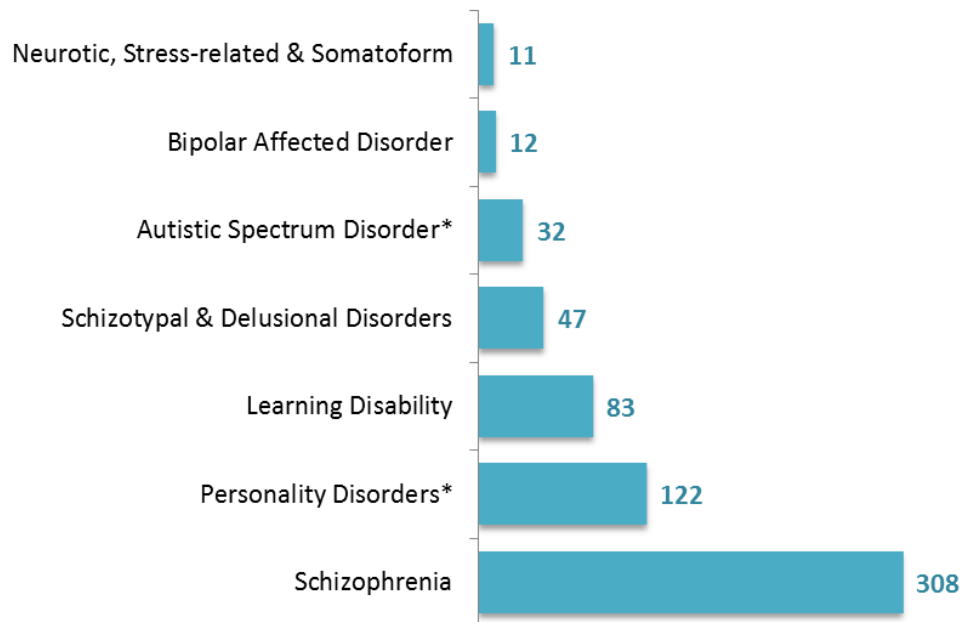
NHS Boards were asked to return diagnosis codes (ICD 10) for any mental health condition for which patients in the 2017 Census had a diagnosis. Of the 476 patients receiving forensic services for which diagnosis information was returned, 158 (33%) had 2 or more mental health conditions, this compares to 20% for all adult patients.

Figure 26: Number of patients (forensic services), by number of mental health conditions, March 2017



The most common condition for patients receiving forensic services is schizophrenia; a total of 308 (65%) patients for which a mental health diagnosis was known, had this condition. The second most prevalent condition was Personality Disorder, with 26% of forensic services patients for which a mental health diagnosis was known, had this diagnosis. See figure 27 for more details.

Figure 27: Number of patients (forensic services), by selected mental health condition, March 2017



* All mental health diagnoses are based on ICD 10 codes. Primary and secondary diagnoses included

* Personality Disorders and Autistic Spectrum Disorder counts also rely on respective questions on these disorders

* Patients may have more than one diagnosis

Physical health co-morbidities

The Mental Health Strategy 2017 – 2027 emphasised the importance of considering physical health along with mental health and how the outcomes of both are linked. A key outcome from the 2014 Census was the need to improve the recording of both mental health and physical health morbidities. Mental Health and Learning Disability services in NHS Boards are working towards routinely recording physical health conditions under the [International Classification of Diseases](#). The 2016 Census included a suite of Yes/No physical health questions and these were retained for the 2017 Census.

List of yes/no physical health morbidities questions in the Census:

- Hypertension,
- Dyslipidaemia,
- Coronary heart Disease,
- Epilepsy,
- Chronic Kidney Disease,
- Thyroid Disease,
- Cancer,
- Alcohol Acquired Brain Injury,
- Diabetes,
- Chronic Obstructive Pulmonary Disease,
- Chronic Pain,
- Sensory Impairment,
- Liver Disease,
- Acquired Brain Injury,
- Stroke / Transient Ischaemic Attack,
- Parkinson

A total of 218 (45%) patients receiving forensic services had at least one physical health co-morbidity based on the suite of Yes/No physical health questions as at the 2017 Census. This is higher than the 41% of patients reported in 2016. The figure is lower than the 58% for all adult patients, though forensic patients tend to be younger so this would be expected. See figure 28 for more details.

Figure 28: Number of patients (forensic services), by number of physical conditions (based on suite of Yes/No questions), March 2017

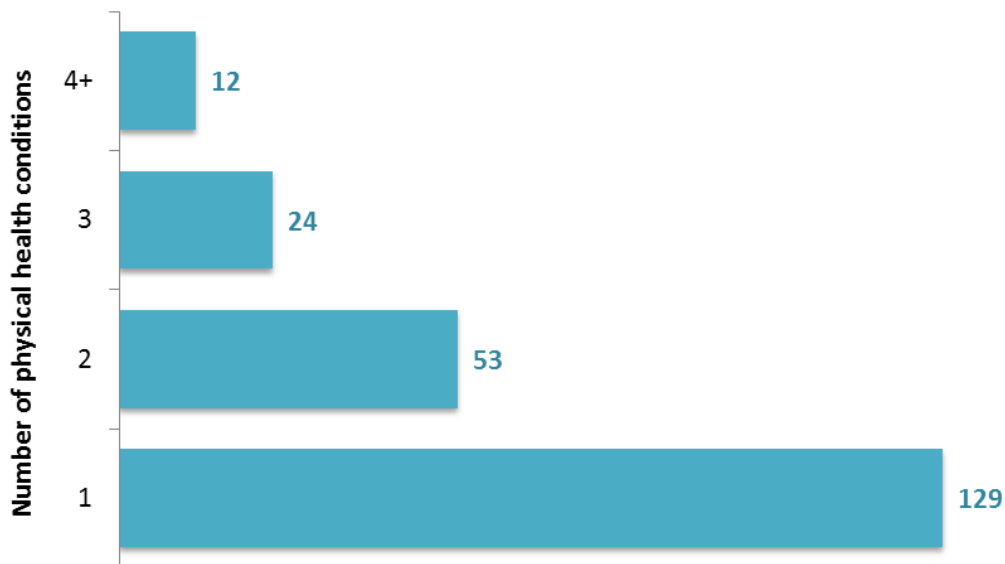
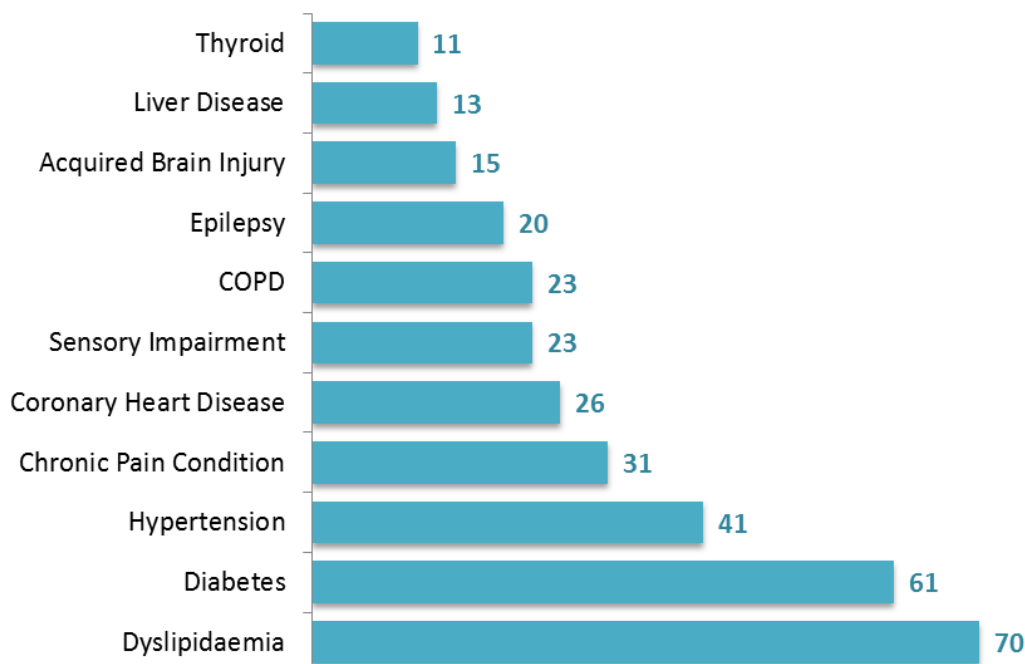


Figure 29 shows a breakdown of the number of patients receiving forensic services for selected physical conditions. The most common condition was dyslipidaemia; a total of 70 (14%) patients receiving forensic services had this condition. The second most prevalent was diabetes, with 13% of patients having this condition.

Figure 29: Number of patients (forensic services), by selected physical conditions, March 2017



* Patients may have more than one condition

Physical Health Check

The 2017 Census included for the first time questions related to physical health checks. These follow on from actions on mental health set out by the Chief Medical Officer ([http://www.sehd.scot.nhs.uk/cmo/CMO\(2015\)19.PDF](http://www.sehd.scot.nhs.uk/cmo/CMO(2015)19.PDF)). There were two questions;

- For patients admitted to a mental health bed between the 1st April 2016 and 30th March 2017: *Did the patient receive a general physical examination by a qualified clinician within a day of admission?*
- For patients admitted to a mental health bed prior to the 1st April 2016: *Has the patient had an annual (physical) check within the last year?* An annual health check should be both a physical assessment and delivery of health promotion activity.

There were 155 patients receiving forensic services who were admitted between 1st April 2016 and the 30th March 2017. Of these, 122 (79%) had a general physical examination within a day of admission. This is lower than the 89% for all adult patients, however more forensic patients declined an assessment. A total of 12 (8%) patients were not offered a general physical examination, higher than the 4% for all adult patients.

There were 329 patients receiving forensic services who were admitted prior to the 1st April 2016. Of these, 275 (84%) had received a physical health check within the last year. This is 2% higher than for all adult patients. A further 23 (7%) were offered but declined, again, higher than the 4% for all adult patients. A total of 15 (5%) patients were not offered an annual physical health check.

Overall in the 2017 Census, a total of 397 (82%) of patients received some form of physical health check, lower than the 87% for all patients.

Lifestyle factors

BMI (Body Mass Index)

BMI (Body Mass Index) was calculated for patients whom height and weight information was returned. Additional patients were excluded because height and weight were extreme outliers (<10 forensic patients). Of those patients included, a total of 225 (47%) patients receiving forensic services were obese, while 149 (31%) were overweight. The 78% of forensic patients overweight or obese is higher than the 58% reported for all adult patients.

Smoking, alcohol and other substance misuse

This section contains analysis of patients with alcohol dependence and / or substance misuse based on responses for a combination of questions. A minor methodological change was made in 2017 (see Section 6 for further detail).

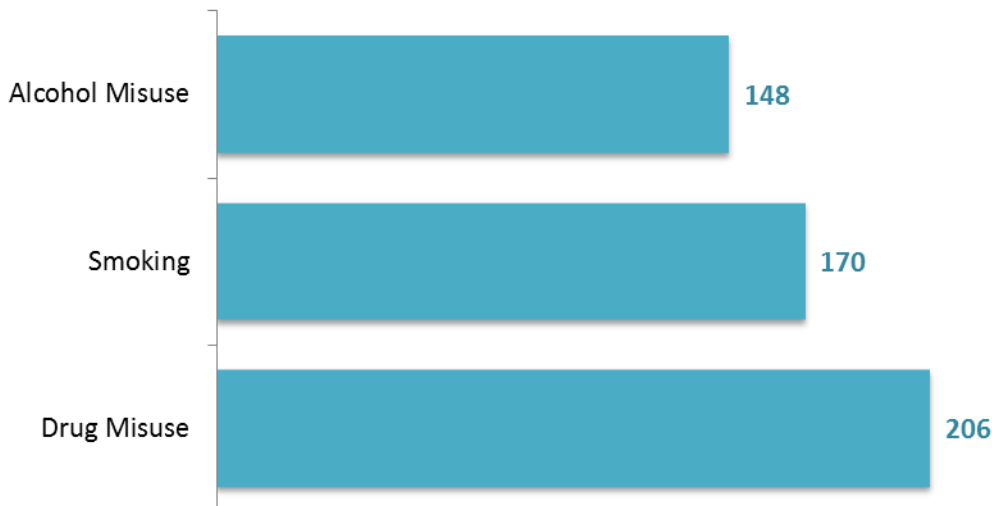
A total of 170 (35%) forensic patients smoked tobacco in the 12 weeks prior to the Census date. This is similar to the 33% for all adult patients and is up slightly on the 33% in 2016.

In the 2017 Census, 148 (31%) of forensic patients had a dependence on alcohol / harmfully used alcohol, of which 12% had an alcohol related ICD 10 code. The proportion

with a dependence on alcohol / harmfully used alcohol are similar to 2016 and continue to be much higher than for all patients (19%).

A total of 206 (43%) of forensic patients had abused substances (excluding alcohol) in the 2017 Census. Of these, 58 (28%) had a related ICD 10 code. The proportion who had abused substances (excluding alcohol) was similar to 2016 and continued to be much higher than for all patients (17%).

Figure 30: Number of patients (forensic services), smoking, drugs and alcohol, March 2017



Self-harm

Information on self-harm was returned for 356 (74%) of forensic patients. Of these, 52 (15%) had self-harmed in the week prior to admission. This is higher than the 11% reported for all adult patients, although it is lower than the 17% reported in 2016.

For those 52 patients, 36 (69%) had self-harmed by non-accidental injury.

Suicidal ideation

Information on suicidal ideation was returned for 355 (73%) of forensic patients. Of these, 14 (4%) had expressed suicidal ideation on admission to hospital. This is lower than the 7% reported in 2016 and lower than the 12% reported for all adult patients.

5. Out of Scotland NHS Placements

109 patients in the Census who were funded by NHS Scotland were receiving treatment out with NHS Scotland

At the time of the Census these patients had been in hospital an average of 2 years and 4 months

27 patients (25%) had a diagnosis for learning disability or autism

Patients classified in the Census as being “Outwith” NHS Scotland are every patient with a main diagnosis of a Mental Health condition, Learning Disability or Addiction who NHS Scotland funds, but are treated either out of Scotland (e.g. by NHS England) or out of NHS (e.g. in a private/voluntary/local authority care home or private hospital).

Some patients with highly complex, specialist needs are treated Outwith NHS Scotland facilities. The individual variability means that it is more cost effective to send patients to Out of NHS Scotland facilities than creating dedicated facilities in NHS Scotland. Each care package is individually and carefully considered by Boards. In total there were 109 patients treated outwith NHS Scotland. Of these 109 patients, 72 (66%) were treated in a non-NHS facility in Scotland, while 37 were treated elsewhere in the UK.

Table 12: Number of patients (Outwith NHS Scotland), by NHS Board funding, March 2017

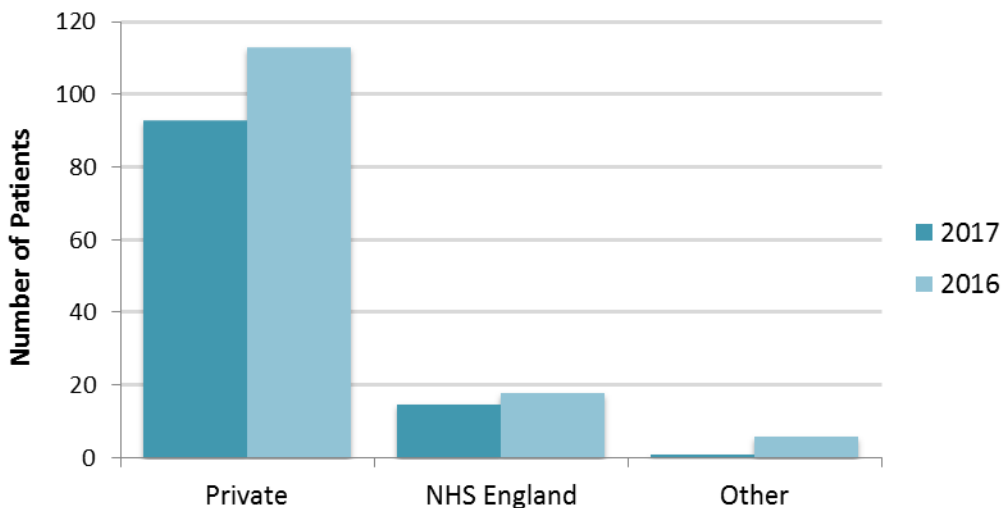
NHS Board responsible for funding	Patients treated Outwith NHS Scotland		
	October 2014	March 2016	March 2017
NHS Ayrshire & Arran	34	29	*
NHS Borders	*	*	0
NHS Dumfries & Galloway	10	*	*
NHS Fife	*	*	*
NHS Forth Valley	*	*	*
NHS Grampian	18	14	14
NHS Greater Glasgow & Clyde	11	*	*
NHS Highland	*	10	*
NHS Lanarkshire	*	10	14
NHS Lothian	20	25	24
NHS Orkney	*	0	*
NHS Shetland	*	0	*
NHS Tayside	16	13	11
NHS Western Isles	0	12	*
National Services Division	*	*	*
All	143	137	109

*Suppressed due to small numbers

Of the 109 patients treated outwith NHS Scotland, 93 (85%) were treated in Private facilities and 15 (14%) in NHS England and 1 in other facilities.

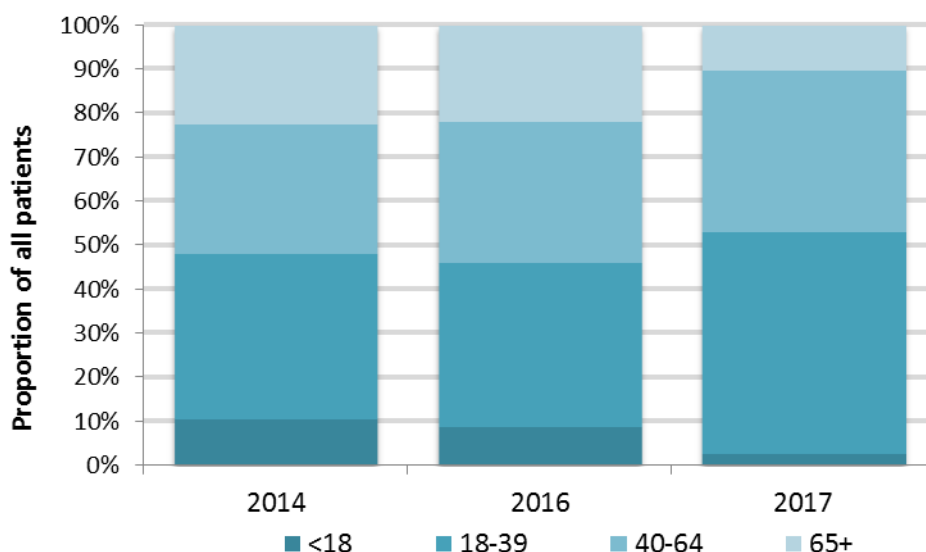
A reason for placement was provided for 100 (92%) outwith NHS Scotland patients. Of these, 76 (76%) patients were placed outwith NHS Scotland because 'facility able to meet the patient's needs does not exist within NHS Scotland and there is no alternative to admission'. A further 16 (16%) patients were placed outwith NHS Scotland because 'facility able to meet the patient's needs exists within NHS Scotland but there are no available beds and no alternative to admission'.

Figure 31: Number of patients (Outwith NHS Scotland), by sector and Census



Patients treated Outwith NHS Scotland tend to be younger on average than those treated in NHS Scotland facilities; 90% were aged under 65 (compared to 60% of NHS Scotland patients), while 53% were aged under 40 (compared to 24% of NHS Scotland patients). There was a similar split between male patients, 56 (51%), treated Outwith NHS Scotland and female patients, 53 (49%).

Figure 32: Number of patients (Outwith NHS Scotland), by age and Census



The average (median) number of days for the 109 patients treated outwith NHS Scotland was 853 (approx 2 years and 4 months), which is a decrease of approx 2 months on 2016,

however it is more than five times longer than that of those patients treated within NHS Scotland facilities.

Table 13: Average (median) days since admission (Outwith NHS Scotland), March 2017

Group	Average (median) number of days since admission	Approx. number of years / months
NHS Scotland patients treated outwith NHS Scotland	853	2 years, 4 months
All NHS Scotland patients (excluding 'outwith' patients)	156	5 months

Of the 109 patients treated Outwith NHS Scotland 82 (75%) had been in hospital for at least 1 year at the time of the Census date, while 30 patients (28%) had been in hospital for more than five years.

Figure 33: Number of patients (Outwith NHS Scotland), time since admission, by Census

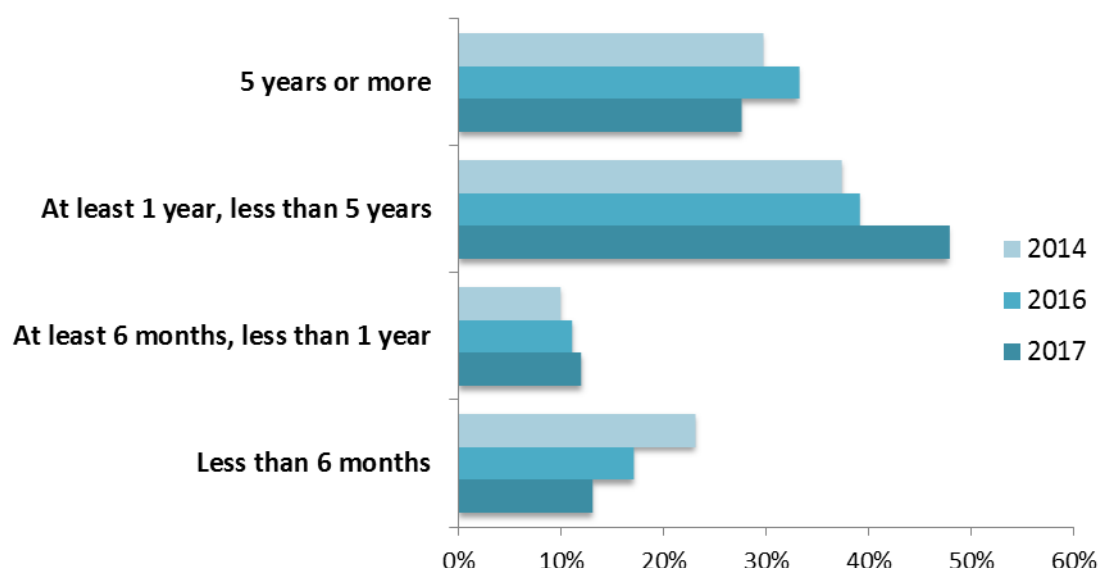
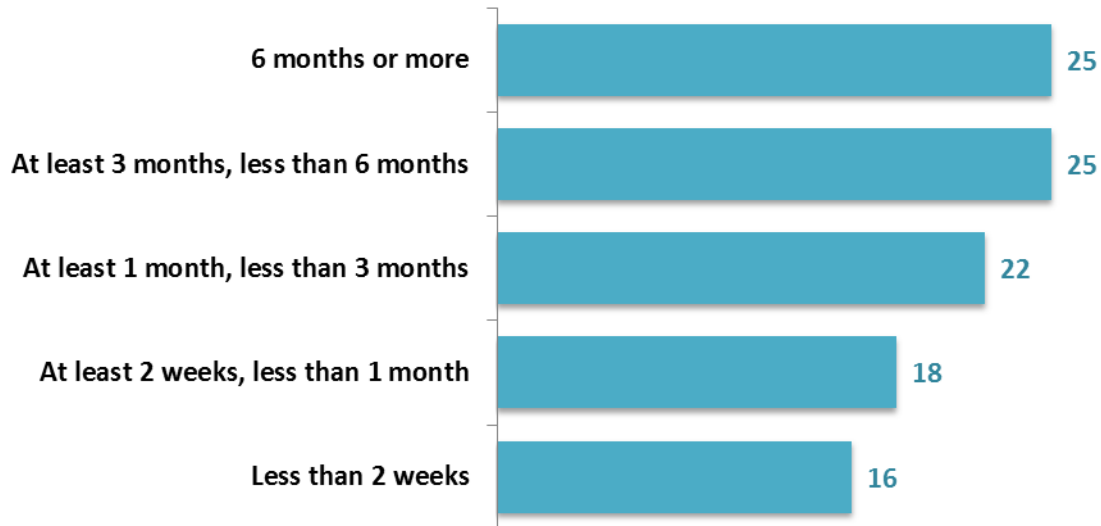


Figure 34 shows the length of time that has passed since the patients' last care plan review. This information was provided for 106 (97%) of patients. Of these, 16 patients (15%) treated outwith NHS Scotland had their last care plan review less than two weeks prior to the Census, while 25 (24%) had their last care plan review at least 6 months prior to the Census. A further 11 (10%) patients last had a care review over one year prior to the Census.

Figure 34: Number of patients (Outwith NHS Scotland), by time since care plan, March 2017



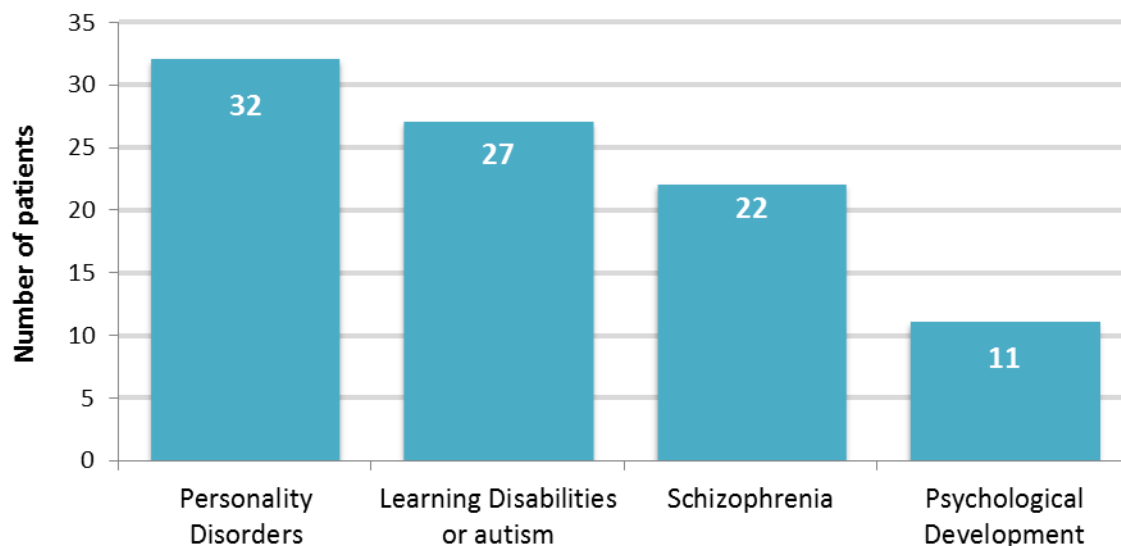
* Date of last care plan review was not available for 3 patients

Of the 109 patients treated outwith NHS Scotland:

- 51 patients (47%) were receiving Hospital Based Complex Clinical Care
- 38 patients (35%) were under Forensic Services
- No patients were flagged as a delayed discharge (this information was not returned for a small number of patients).

A total of 32 (29%) of 109 patients had a diagnosis, either primary or secondary, for a Personality Disorder. There were 27 (25%) patients with a Learning Disability or Autism, while 22 (20%) had Schizophrenia and 11 (10%) had a diagnosis of Psychological Development.

Figure 35: Number of patients (Outwith NHS Scotland), mental health diagnosis, March 2017



* Patients can have multiple conditions

Finally, data is provided, where possible, on anticipated discharge/transfer and date of discharge/transfer. A total of 20 (18%) patients are anticipated to return to NHS Scotland. Of these, the majority are expected to return within one year.

6. Methodology & further information

Time period and scope

The Inpatient Census was carried out by the Scottish Government and NHS Boards as at midnight, 30th March 2017. This is the third time the Census has been undertaken.

The Census was conducted in 3 parts and covered:

- every patient occupying a psychiatric, addiction or learning disability inpatient bed in an NHS Scotland facility on the Census date (midnight at the end of 30th March 2017) (Part 1).
- every mental health, addiction or learning disability patient whose care is funded by NHS Scotland, but is being treated in a facility that is out with NHS Scotland (e.g. in a Local Authority care home, in a private hospital, in a NHS England facility), on the Census date (midnight at the end of 30th March 2017) (Part 2).
- every patient who was in receipt of Hospital Based Complex Clinical Care (HBCCC) in general acute inpatient beds on the Census date (midnight at the end of 30th March 2017) (Part 3).

The Census guidance notes are available here:

<http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2017/Guidance17>

This report contains analysis from Parts 1 and 2 of the Census.

A separate report is planned for October 2017 covering all Hospital Based Complex Clinical Care patients from Parts 1, 2 and 3.

Data completeness

NHS Scotland facilities (Part 1)

All 12 NHS Scotland territorial boards which have psychiatric, addiction or learning disability inpatient beds provided a return.

The State Hospital (Special NHS Board) provided a return.

Data completeness for individual Census questions varied. Where there was missing data, this has been footnoted against the corresponding table or displayed in the chart.

Patients treated out with NHS Scotland (Part 2)

All NHS Scotland territorial boards which have mental health, addiction or learning disability patients whose care is funded by NHS Scotland, but is being treated in a facility that is out with NHS Scotland provided a return.

Data completeness for individual Census questions varied. Where there was missing data, this has been footnoted against the corresponding table or displayed in the chart.

Hospital Based Complex Clinical Care in general acute beds (Part 3)

Data completeness for the Hospital Based Complex Clinical Care Census will be reported separately in the Hospital Based Complex Clinical Care Census publication (due to be released October 2017).

Data collection

The Scottish Government's Scotxed Unit provide data collection and validation support for a number of statistical returns across Education, Health, Social Care, Social Work, Transport, Housing, Communities, Finance, Justice, Environment and some 3rd Sector. The Scotxed Unit provided secure data collection software (procxed.net) and first stage data validation checks. Further information about the data collection software can be found in the Privacy Impact Assessment which is available here:

<http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2017>

Health & Social Care Analysis Division undertook 2nd stage validation checks.

The data collection, analysis and report has been overseen and produced by statisticians. All statistics branches in the Scottish Government are part of the Government Statistical Service (GSS) which comprises the statistics divisions of all major departments in the UK, Scotland and Wales plus the [Office for National Statistics](#), which has a coordinating role.

Data confidentiality

A Privacy Impact Assessment was undertaken prior to the Census which outlines how patient confidentiality is maintained. The Privacy Impact Assessment is available here:

<http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2017>

In addition, statistical disclosure control has been applied to the analysis. **Statistical Disclosure Control** (SDC) covers a range of ways of changing data which are used to control the risk of an intruder finding out confidential information about a person or unit (such as a household or business). This publication has used the following methods where there are under 10 patients in a particular category:

- **Suppression** of possibly disclosive cells (e.g. where the value is small) which means that the value for that cell in the table is not given and secondary suppression of cells which means at least one other value in the row or column is also not given to ensure that disclosive cells cannot be deduced through subtraction;
- **Table redesign and recoding**, where cells are grouped together to protect small value cells.

Further information about Statistical Disclosure Control is available here:

<http://www.gov.scot/Topics/Statistics/About/Methodology/Glossary>

Health Conditions

The International Classification of Diseases (10th Revision)¹ has been used in the analysis for specific health conditions. The health condition and relevant ICD 10 code can be found in the following table:

Selected health conditions	ICD 10 Codes
Dementia	F00 – F03
Alcohol misuse	F10
Drug misuse	F11 – F19
Schizophrenia	F20
Schizotypal and delusional disorders	F21 – F25, F28 – F29
Manic episode	F30
Bipolar affective disorder	F31
Depression	F32 – F33
Persistent mood (affective) disorders	F34
Other mood (affective) disorders	F38 – F39
Neurotic, stress-related and somatoform	F40 – F45, F48
Behavioral syndromes	F50 – F55, F59
Personality Disorders	F60 – F66 and F68 – F69
Learning Disabilities	F70 – F73 and F78 – F79
Behavioral and emotional disorders with onset usually occurring in childhood and adolescence	F90 – F95 and F98

¹ <http://www.who.int/classifications/icd/en/>

Autism

For the purpose of this report, the autism cohort is defined by the patient meeting at least one of the following criteria:

Diagnosis of Autism	ICD 10 Code F84.0 or F84.1
NHS Boards answered Yes to the following health condition question: Autistic Spectrum Disorder	1 - Yes 0 - No

Alcohol misuse cohort

For the purpose of this report, the alcohol misuse cohort is defined by the patient meeting at least one of the following criteria:

Diagnosis of Alcohol Misuse	ICD 10 Code F10
NHS Boards answered either 1 or 3 to the following question: Was there a history of alcohol dependence or substance abuse in the four weeks prior to admission to hospital/care home?	1 - Yes – alcohol dependence or harmful use of alcohol only 2 - Yes – substance abuse (excluding alcohol) 3 - Yes – both alcohol dependence and other substance abuse

The above definition is applicable for patients treated within NHS Scotland facilities only.

Drugs misuse cohort

For the purpose of this report, the drug misuse cohort is defined by the patient meeting at least one of the following criteria:

Diagnosis of Drug Misuse	ICD 10 Code F11 – F19
NHS Boards answered either '2' or '3' to the following question: Was there a history of alcohol dependence or substance abuse in the four weeks prior to admission to hospital/care home?	1 - Yes – alcohol dependence or harmful use of alcohol only 2 - Yes – substance abuse (excluding alcohol) 3 - Yes – both alcohol dependence and other substance abuse

The above definition is applicable for patients treated within NHS Scotland facilities only.

A question on non-prescribed drug use during hospital stay in the 2016 Census that contributed to the drug misuse count was not asked in 2017 in order for questions on physical health checks to be included. However, only a small number of patients using non-prescribed drugs during hospital stay had no prior substance use in the 4 weeks before admission. Therefore, its exclusion had minimal impact on totals.

Forensic patients

Forensic patients were identified if NHS Boards indicated 'yes' to the following Census question: is the patient being managed primarily by forensic services?

Access to the data for further research

To enable further research and statistical analysis, extracts of the Inpatient Census data may be made available for approved researchers from late 2017.

Academic researchers must initially apply to the 'Public Benefit and Privacy Panel for Health and Social Care'² to gain access to the Inpatient Census data. If the 'Public Benefit and Privacy Panel for Health and Social Care' approve an application then a copy of the original application form and a copy of the approval letter should be emailed to the following address SWStat@gov.scot for approval by the Scottish Government (Health & Social Care Analysis Division and the Principal Medical Officer for Mental Health).

NHS Boards will have a version of the Inpatient Census dataset which contains information about patients for whom they are responsible for providing treatment for, or are responsible for funding. NHS boards will have their own arrangements in place for researchers to access health data. All Boards have a Caldicott Guardian who is responsible for assuring confidentiality and enabling appropriate data sharing, and a director responsible for research and development.

² <http://www.informationgovernance.scot.nhs.uk/>

7. Other sources of mental health, addiction and learning disability statistics

NHS National Services Scotland, ISD Scotland

SMR04 - mental health (psychiatric) hospital inpatients and day cases

Information on mental health (psychiatric) hospital inpatients and day cases is collected by the Information Services Division (ISD) of NHS National Services Scotland in Scottish Morbidity Record 04 (SMR04). An SMR04 record should be submitted for every episode of inpatient or day case care in a mental health specialty in a psychiatric hospital or unit, or in a facility treating people with learning disabilities. The Scottish Government (Health & Social Care Analysis Division) and ISD worked together to use the information collected in SMR04 to help quality assure the results of the bed Census.

SMR01 – inpatients and day cases in acute specialties

In addition to the SMR04 recording scheme for inpatients and day cases cared for in mental health specialties, activity for patients with mental and behavioural disorders cared for in acute (general hospital) specialties is recorded on the SMR01 scheme.

<http://www.isdscotland.org/Health-Topics/index.asp>

The March 2017 report; Hospital inpatient care of people with mental health problems in Scotland: Trends up to 31 March 2016, presents information on patients with mental health problems or learning disability who have been cared for as inpatients or day cases in both psychiatric and general acute specialties in Scottish hospitals. It also includes records from certain care homes contracted by NHS Boards to provide this care.

SMR00 and ISD(S)1 – outpatient attendances

Psychiatric outpatient attendances are recorded on the SMR00 (patient level information on outpatient appointment/attendance record) and ISD(S)1 (aggregated summary statistics on activity in hospitals and other health care settings in Scotland) schemes. Outpatient information can be found on the ISD website at Hospital care – Outpatient activity. Diagnostic information is not available from ISD(S)1 or from SMR00.

<http://www.isdscotland.org/Health-Topics/index.asp>

Other ISD Scotland sources and information

Information on the following topics which include mental health data is also available on the Mental Health section of the ISD website: <http://www.isdscotland.org/Health-Topics/index.asp>

- Child health
- Community Prescriptions
- General Practice
- Health and social community care
- Psychiatric bed provision

- Scottish Patients at Risk of Readmission and Admission Mental Disorder (SPARRA MD) report
- Substance misuse.

In addition, the following are available under Mental health – Related publications:
Adult mental health benchmarking

- Alcohol related discharges from psychiatric hospitals
- Child and adolescent (CAMHS) benchmarking
- Child and Adolescent Mental Health Services (CAMHS) waiting times
- Child and Adolescent Mental Health Services (CAMHS) workforce
- Dementia
- Electroconvulsive therapy (ECT)
- Medicines for mental health
- Psychological therapies waiting times
- Psychology workforce.

Regarding data on community mental health, the Community Mental Health Activity Dataset went live on 1 April 2016. Please see here for more information:

<http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Community-Health-Activity-Data-Project/community-mental-health/>.

ScotSID - suicide

The Scottish Suicide Information Database provides a central repository for information on all recent probable suicide deaths in Scotland, and links these deaths to records of prior health service contact including non-psychiatric inpatients (SMR01), psychiatric inpatients (SMR04) and psychiatric outpatients (part of SMR00).

ScotPHO

The Scottish Public Health Observatory website includes a Mental health topic with extensive information on the background and policy context and data on mental wellbeing and mental health problems for adults and children, specific conditions, vulnerable groups, deprivation, and international comparisons, etc.

The ScotPHO website also includes a Suicide topic which includes the background and policy context, data on time trends and patterns by different geographies and deprivation levels, as well as UK and international comparisons.

Health & Social Care Analysis (HSCA), Scottish Government

Scottish Health Survey annual report

The Scottish Health Survey report includes mental health and wellbeing analyses on an annual basis.

<http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey>

Scottish Health Survey Topic Report: Mental Health and Wellbeing

This report, published in January 2015, explores factors associated with mental wellbeing and mental health among adults in Scotland using data from the Scottish Health Survey. Analyses are based on survey years 2012 to 2013.

<http://www.gov.scot/Publications/2015/01/4163/0>

Social Care Survey

HSCA collects data annually from local authorities on people who are in receipt of social care services e.g. personal care, Self-directed Support, Community Alarms, Telecare, Meals and Housing Support. The data collection includes data on people with dementia, mental health problems, learning disabilities and addictions (to name a few of the client groups). In the 2015 survey a new question was added to include data on all those clients who during the survey year as a result of an assessment has an assigned social worker or a support worker who is provided or funded by the local authority. This includes: Community Care Social Work, Mental Health Social Work and Substance Misuse Social Work.

The latest publication can be found here:

<http://www.gov.scot/Publications/2016/11/8311>

Dataset guidance notes are available here:

<http://www.gov.scot/Topics/Statistics/Browse/Health/SocialCareSurvey>

Inpatient Experience Survey

The Scottish Inpatient Experience Survey is jointly supported by Scottish Government, Information Services Division and NHS Boards. It is one of a suite of national surveys which are part of the Scottish Care Experience Survey Programme. The survey aims to provide local and national information on the quality of health and care services from the perspective of those using them. Volume 3 contains some information on mental health;

The 2016 publication can be found here:

<http://www.gov.scot/Publications/2017/04/3075>

Scottish Commission for Learning Disabilities (SCLD) and Health & Social Care Analysis Division (Scottish Government)

Scottish Learning Disabilities Statistics

Every year, all local authorities in Scotland collect information on the numbers of people with learning disabilities and autism spectrum disorders in their area and send this information to the Scottish Consortium for Learning Disabilities. Information is collected on everyone who is known to the local authority - not just the people who are using services. A range of data is collected, topics include: housing, care, employment, and education.

The latest publication can be found here:

<https://www.sclد.org.uk/evidence-and-research/2015-report/>

The full dataset guidance notes are available here:
<https://www.sclد.org.uk/evidence-and-research/data-guidance/>

Health & Social Care Analysis Division (Scottish Government), Care Inspectorate and ISD Scotland

Scottish Care Home Census

This Census was first issued by the Scottish Government in March 2003 and replaced two previous surveys. It combined the former 'Residential Care Home Census - R1' (run by the Scottish Government) and the 'Private Nursing Homes Census' (run by ISD Scotland). From 2010, the Census has been run in collaboration between Health & Social Care Analysis Division, Care Inspectorate and ISD Scotland.

There are three sectors responsible for running care homes: local authority/NHS, private and voluntary sector. The Census covers all adult care homes, which are registered with the Care Inspectorate, from these three sectors. This includes care homes for older people, care homes for people with learning disabilities, care homes for people with addictions and care homes for people with mental health problems.

The latest publication can be found here:
<http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Census/>

The guidance notes can be found here:
<http://www.gov.scot/Topics/Statistics/Browse/Health/ScottishCareHomeCensusB>

Mental Welfare Commission for Scotland

The Mental Welfare Commission for Scotland aims to ensure that care, treatment and support are lawful and respect the rights and promote the welfare of individuals with mental illness, learning disability and related conditions.

The Commission produces annual statistical monitoring reports based on an independent overview of the operation of the Mental Health (Care & Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. This is a legal requirement and is embedded in legislation.

<http://www.mwcscot.org.uk/publications/statistical-monitoring-reports/>

The Commission receives notifications of most interventions under the Mental Health (Care & Treatment) (Scotland) Act 2003. It uses these to report on how the Act is used and to monitor trends over time and geographical variations. A range of data is held, including emergency detentions and short term detentions under the Act, for which certificates are issued. These detentions include cases of formal admission to hospital, about which each NHS Board notifies the Commission.

Differences between SMR04, Census and Mental Welfare Commission for Scotland data

Formal admission records on the SMR04 and the Census, mental health inpatient record scheme will overlap with the Commission's records on emergency and short term detention certificates which relate to hospital care. However most SMR04 records relate to informal admissions, which the Commission does not routinely record the Commission's records include those relating to formal community-based care as well as hospital-based care. SMR04 and the Census is purely for hospital care.

It is therefore not advisable to try and compare the SMR04 and the Census with the Mental Welfare Commission for Scotland's data.

Scotland Census 2011, National Records of Scotland

The Scotland Census included a question on the number of people who consider themselves to have a 'learning disability', 'development disorder' or a 'mental health condition' who live in the household in 2011.

Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?

(Selected items from list)

- Learning disability (for example, Down's Syndrome)
- Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome)
- Mental health condition

Full questionnaire is available at the following link:

<http://www.scotlandsCensus.gov.uk/glossary/Census-questionnaire-2011>

Census Publications:

<http://www.scotlandsCensus.gov.uk/en/Censusresults/>

Health and Social Care Information Centre – Mental Health Data (England)

The Health and Social Care Information Centre (HSCIC) publishes the following mental health data for England:

- The Mental Health Bulletin, e.g. [the Mental Health Bulletin, Annual Report - 2015-16](#), which contains annual data on patients using adult secondary mental health and learning disability services. This contains information from the Mental Health Minimum Dataset (MHMDS) and the Mental Health and Learning Disabilities Dataset (MHLDDS).
- The National Statistics report on uses of the Mental Health Act 1983 and detained patients, eg [Inpatients Formally Detained in Hospitals Under the Mental Health Act 1983 and Patients Subject to Supervised Community Treatment, England - 2015-2016, Annual figures](#).
- Routine statistics on hospital discharges from the Hospital Episode Statistics database: <http://digital.nhs.uk/hes>.

Health and Social Care Information Centre - Learning Disability Census (England)

Data were collected via the Health and Social Care Information Centre (HSCIC) on behalf of the Department of Health, the Care Quality Commission, Public Health England and NHS England.

The Learning Disability Census provides an individual record-level snapshot of inpatients with learning disabilities, autistic spectrum disorder and/or behaviour that challenges, and the services they receive, for patients who were inpatients in NHS and independent sector services at midnight on 30 September 2015. Previous Censuses were carried out in 2013 and 2014.

The principal aim of the Learning Disability Census is to deliver action 17 in 'Transforming Care: A national response to Winterbourne View Hospital - "an audit of current services for people with challenging behaviour to take a snapshot of provision, numbers of out of area placements and lengths of stay".

<http://digital.nhs.uk/catalogue/PUB19428>

Annex A. NHS Scotland facilities containing wards covered by the Census

* Some data on number of patients has been suppressed due to small numbers at Hospital level.

* Some wards within hospitals have recorded a higher number of patients than available beds. This can be for a variety of reasons:

- a patient could be "on pass" and not staying overnight at the hospital
- a ward may temporarily borrow an extra bed from another ward to meet demand
- a ward may temporarily house patients from another ward due to renovations being carried out in that ward

All figures are for the March 2017 Census.

NHS Board	Hospital	Patients	Available beds
NHS Ayrshire & Arran	Ailsa Hospital	64	88
	Arrol Park Resource Centre	13	19
	East Ayrshire Community Hospital	13	20
	Woodland View	102	146
NHS Borders	Galavale Hospital	*	12
	Borders General Hospital	30	39
	Melburn Lodge	*	12
NHS Dumfries & Galloway	Midpark Hospital	55	85
NHS Fife	Whytemans Brae Hospital	28	29
	Stratheden Hospital	117	149
	Queen Margaret Hospital	75	78
	Lynebank Hospital	33	33
NHS Forth Valley	Falkirk Community Hospital	21	21
	Bo'ness Hospital	15	16
	Bellsdyke Hospital	47	56
	Stirling Community Hospital	11	18
	Lochview Hospital	20	26
	Clackmannanshire Community Healthcare Centre	17	20
	Forth Valley Royal Hospital	83	94
NHS Grampian	Bennachie View	*	10
	Glen O' Dee Hospital	12	12
	Royal Cornhill Hospital	226	267
	Fraserburgh Hospital	*	12
	Seafeld Hospital	*	10
	Rehabilitation Hospital	*	10
	Pluscarden Clinic	15	16
	375 Great Western Lodge	*	*
Elmwood	*	*	
NHS Greater Glasgow & Clyde	Dumbarton Joint Hospital	11	12
	Vale of Leven Hospital	13	18
	Ravenscraig Hospital	41	42
	Inverclyde Royal Hospital	25	28
	Dykebar Hospital	72	76

	Royal Alexandra Hospital	40	40
	Larkfield Unit	16	20
	Blythswood House	15	15
	Parkhead Hospital	48	49
	Stobhill Hospital	125	151
	Leverndale Hospital	241	251
	Darnley Court Nursing Home	26	28
	Gartnavel Royal Hospital	170	194
	Royal Hospital for Sick Children	*	*
	Birdston Nursing Home	39	52
	Waterloo Close	*	*
	Netherton	*	*
	Rowanbank	67	74
	Skye House	17	24
	NH Rowantree Partnership	21	36
NHS Highland	Argyll & Bute Hospital	10	21
	Migdale Hospital	*	*
	New Craigs Hospital Inverness	132	135
	Mid-Argyll Community Hospital	*	*
NHS Lanarkshire	Coathill Hospital	12	12
	Monklands Hospital	24	24
	Cumbernauld Care Home	24	52
	Cleland Hospital	25	30
	Hatton Lea Care Home	43	90
	Kirklands Hospital	12	12
	Hairmyres Hospital	45	49
	Udston Hospital	27	43
	Caird House	27	27
	Wishaw General Hospital	62	72
NHS Lothian	Herdmanflat Hospital	15	16
	Royal Edinburgh Hospital	291	302
	William Fraser Unit	12	12
	The Islay Centre	12	11
	Tippethill Hospital	25	30
	St John's Hospital	65	78
	Ferryfield House	28	30
	Primrose Lodge	*	*
	Glen Lomond	*	*
	Camus Tigh	*	*
	Craigshill Care Home	29	29
	Ellen's Glen House	29	30
	Findlay House	25	27
	Midlothian Community Hospital	43	44
	Murraypark Nursing Home	15	18
NHS Tayside	Strathmartine Hospital	23	24
	Dudhope House	*	*
	Discovery Unit, Clement Park Care Home	*	*
	Murray Royal Hospital	127	163
	Stracathro Hospital	22	27
	Whitehills Hospital	*	14
	Carseview Centre	71	80
	Kingsway Care Centre	49	55
NHS Western Isles	Western Isles Hospital	14	17
State Hospital	State Hospital, Carstairs	111	132

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Health and Social Care Analysis (HSCA) is one of a number of Analytical Services Divisions in the Scottish Government. HSCA's main objective is to continue to build the statistical, economic and research evidence base for Health and Care in Scotland, and to provide analytical support, briefing and advice to support policy development and service planning.

For general enquiries about Scottish Government statistics please contact:
Office of the Chief Statistician, Telephone: 0131 244 0442,
e-mail: statistics.enquiries@scotland.gsi.gov.uk

How to access background or source data

The data collected for this statistical bulletin may be made available on request, subject to consideration of legal and ethical factors. Please contact swstat@scotland.gsi.gov.uk for further information.

Complaints and suggestions

If you are not satisfied with our service or have any comments or suggestions, please write to the Chief Statistician, 3WR, St Andrew's House, Edinburgh, EH1 3DG, Telephone: (0131) 244 0302, e-mail statistics.enquiries@scotland.gsi.gov.uk.

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