



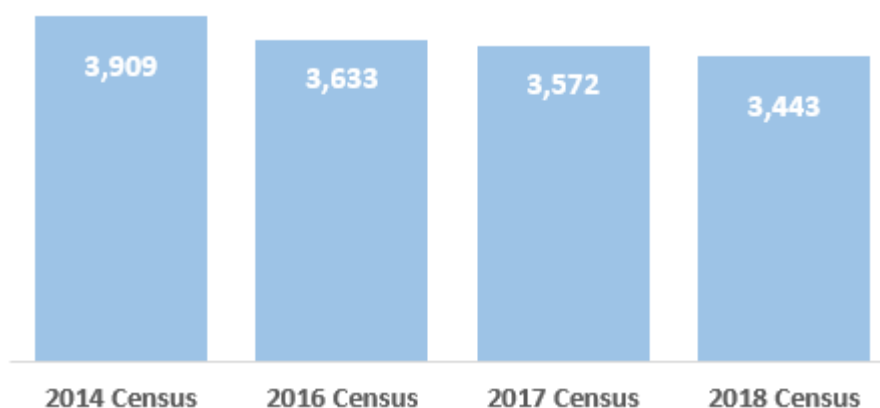
## HEALTH AND SOCIAL CARE

### Executive summary

This report presents an overview of the results of the fourth '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, 28 March 2018 (please note: NHS Greater Glasgow & Clyde carried out their Census at midnight, 30 May 2018).

The report enhances the Scottish Government's and NHS Scotland's understanding of mental health, addiction and learning disability services, and 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



Some key points from this report include:

- There were **3,443 patients** occupying a psychiatric, addiction or learning disability inpatient bed in an NHS Scotland facility at 2018 Census, a 4% decrease on 2017.
- The most common mental health diagnosis in 2018 amongst adult inpatients was schizophrenia.
- Of the 3,443 patients, **58% were Male**, 42% were female.
- The patients in the Census were **mostly from older age groups**, 24% were aged 18-39, 35% were aged 40-64 and 40% aged 65+.

- There were **51 patients aged under 18** occupying the 54 available CAMHS beds at the 2018 Census. In addition, 6 patients under 18 were staying in other wards.
- Patients were **most likely to be in an Acute Ward** (33% of all patients).
- As at the 2018 Census, there were 4,075 psychiatric, addiction or learning disability inpatient beds available in NHS Scotland, compared to 4,205 in 2017. **The overall occupancy rate in Scotland was 84%**.
- There were **39 patients “boarding” from another hospital**. This is a hospital out with their local catchment area. Of these, 10 patients were boarding from a different health board.
- There were **475 patients primarily managed by forensic services** in the 2018 Census. This compares with 484 in 2017. Forensic psychiatry is a specialised branch of clinical psychiatry which relates to mentally disordered offenders and others with similar problems.
- Of the 3,385 patients aged 18+ at the Census, **278 patients (8%) had a diagnosis for either a learning disability or autism**. 220 patients had a diagnosis for a learning disability, 132 patients had a diagnosis for autism (74 patients had a diagnosis for both).
- Of the 3,443 patients occupying a psychiatric, addiction or learning disability inpatient bed at the 2018 Census, **731 received Hospital Based Complex Clinical Care (HBCCC)**. This is 21% of all patients. *HBCCC by definition does not include Delayed Discharge patients.*
- There were **258 patients who were a delayed discharge** at the Census, 8% of all patient for which this information was known (data was incomplete for 50 patients). Delayed discharge patients are clinically ready for discharge but cannot leave hospital because the necessary care, support or accommodation is not yet available.
- Most patients (60%) aged 18+ had at least **one long term physical health co-morbidity**.
- **1,875 adult patients were either Overweight or Obese** (excluding patients in Eating Disorder wards). This is 58% for whom BMI was known.
- **93% of adult patients** admitted in the last year had a general physical exam within a day of admission and **91%** of those admitted over a year ago had an annual physical exam.
- There were an additional **197 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 109 patients at the 2017 Census.
- Length of stay varied greatly by ward type. Patients in **acute wards had an average (median) stay of 36 days**, while patients in **forensic (learning disability) wards had an average stay of over 3 years**.

## **Inpatient Census, 2018**

### **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.

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## Introduction

This report presents an overview of the results of the fourth '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, 28 March 2018 (please note: NHS Greater Glasgow & Clyde carried out their Census at midnight, 30 May 2018). 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 also enhances the Scottish Government's and NHS Scotland's understanding of mental health, addiction and learning disability services more generally and 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 2018 Census is similar in nature to the 2016 and 2017 Censuses.

### **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 late October 2018 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 additional sections focusing on Forensic Services and detailed ward type breakdowns.

The underlying data used for this report 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 is also available at the following link:

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

Staff in NHS Boards can also 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' own health board. Access is granted by a nominated NHS Board authoriser. For more details please contact [swstat@gov.scot](mailto:swstat@gov.scot).

## **Future plans for the Census**

A repeat of the Census is intended to be carried out at the end of March 2019, and any methodological changes will be informed by this year's Census.

## 1. Overview of patients being treated in NHS Scotland facilities

**3,443 mental health, addiction and learning disability inpatients in NHS Scotland at the 2018 Census**

**58% of patients were male, higher than the general population (49%)**

**The bed occupancy rate in NHS Scotland was 84% at the 2018 Census though this ranged from 55 - 100% depending on ward type**

### Number of patients and available beds, by NHS Board and ward type

There were 3,443 inpatients being treated in NHS Scotland facilities at the 2018 Census, a 4% decrease compared with the 2017 Census. Table 1 shows the number of mental health, learning disability and addiction inpatients being treated in each NHS Board across each Census carried out to date. The number of inpatients has decreased each Census, with a 12% decrease from the first Census in 2014 to the most recent in 2018.

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 their behalf.

**Table 1: Number of patients, by NHS Board and Census**

NHS Board of treatment	2014 Census	2016 Census	2017 Census	2018 Census
NHS Ayrshire & Arran	198	184	192	201
NHS Borders	59	45	50	53
NHS Dumfries & Galloway	77	49	55	55
NHS Fife	256	184	253	238
NHS Forth Valley	217	206	214	210
NHS Grampian	339	319	297	291
NHS Greater Glasgow & Clyde	1,105	1,111	1,002	937
NHS Highland	169	173	160	141
NHS Lanarkshire	346	312	301	269
NHS Lothian	670	596	611	603
NHS Tayside	334	322	312	325
NHS Western Isles	18	15	14	12
State Hospital	121	117	111	108
<b>Scotland</b>	<b>3,909</b>	<b>3,633</b>	<b>3,572</b>	<b>3,443</b>



There were 4,075 available mental health, addiction and learning disability beds in Scotland at the 2018 Census, a 3% decrease on available beds at the 2017 Census. The number of available beds has been decreasing each Census, with a 10% decrease from the 2014 Census to the 2018.

**Table 2: Number of available beds, by NHS Board and Census**

NHS Board of treatment	2014 Census	2016 Census	2017 Census	2018 Census
NHS Ayrshire & Arran	299	265	273	264
NHS Borders	65	57	63	63
NHS Dumfries & Galloway	107	85	85	85
NHS Fife	346	252	289	286
NHS Forth Valley	240	249	251	248
NHS Grampian	383	367	353	351
NHS Greater Glasgow & Clyde	1,176	1,154	1,128	1,061
NHS Highland	195	189	174	173
NHS Lanarkshire	450	440	411	393
NHS Lothian	711	645	649	639
NHS Tayside	409	402	380	379
NHS Western Isles	19	17	17	13
State Hospital	132	132	132	120
<b>Scotland</b>	<b>4,532</b>	<b>4,254</b>	<b>4,205</b>	<b>4,075</b>

The decrease in available mental health beds is a trend observed across other countries in Europe. According to Eurostat online data, the number of psychiatric care beds in the European Union has decreased from 73.4 per 100,000 population in 2010 to 72.0 in 2015. A decrease has occurred in 21 out of 28 European Union countries in this time period. The number of patients and beds per population in Scotland for each Census is presented in table 3 below.

**Table 3: Available beds and patients per 100,000 population, by Census**

Measure	2014 Census	2016 Census	2017 Census	2018 Census
Available Beds per 100,000 pop	84.7	78.7	77.5	75.1
Inpatients per 100,000 pop	73.1	67.2	65.8	63.5

The decline in available beds is observed in most ward types, though there are exceptions. The biggest decreases have been in addiction, continuing care/long stay and acute wards.

Table 4 shows the occupancy rates for different ward types across each Census. Due to definitional changes, a comparison with 2014 is not available. The majority of available beds are in acute wards, where occupancy was 86% at the 2018 Census.

Section 5 of this report presents statistics in more depth regarding services and patients by different ward types.

**Table 4: Available beds & occupancy rates, by ward type and Census**

Ward Type	2016 Census		2017 Census		2018 Census	
	No. Beds	Occupancy	No. Beds	Occupancy	No. Beds	Occupancy
Acute	1,543	87%	1,525	88%	1,331	86%
Intensive Psychiatric Care	133	80%	139	76%	144	87%
Rehabilitation (non-addict)	371	89%	318	81%	311	85%
Addiction Wards <sup>1</sup>	54	76%	72	82%	40	83%
Continuing care/long stay	490	73%	500	74%	402	68%
Perinatal	12	100%	9	90%	12	100%
Forensic (non-LD)	382	90%	391	88%	410	90%
Forensic (LD)	80	88%	82	91%	79	85%
Dementia Wards <sup>2</sup>	818	86%	795	86%	814	87%
Young People/Children <sup>3</sup>	50	96%	54	70%	54	98%
Learning Disability	177	90%	179	90%	170	87%
Eating Disorder	22	82%	22	95%	22	55%
Admission & Assessment					173	89%
Other	134	84%	128	84%	113	76%
<b>Scotland</b>	<b>4,254</b>	<b>85%</b>	<b>4,205</b>	<b>85%</b>	<b>4,075</b>	<b>84%</b>

<sup>1</sup> Addiction wards are the combination of addiction rehabilitation and addiction detox wards.

<sup>2</sup> Dementia wards are the combination of dementia assessment and dementia care & treatment wards.

<sup>3</sup> Young People/Children wards are the combination of Young people's units and children's units.

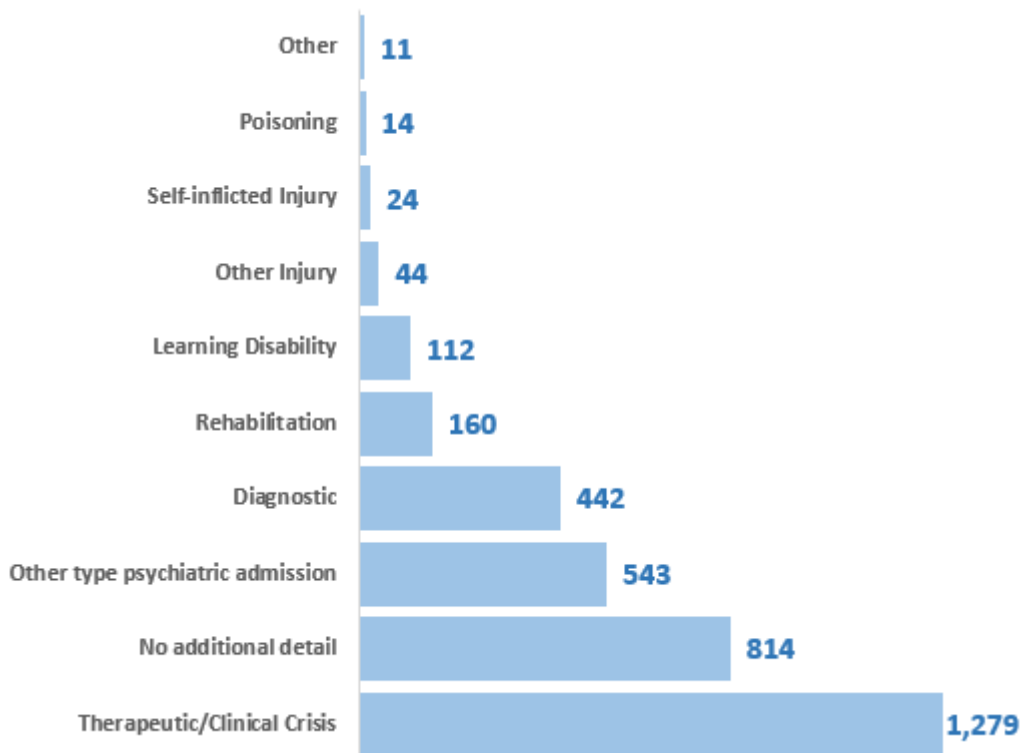
Note that hospitals in highly populated areas (e.g. NHS Greater Glasgow & Clyde and NHS Lothian) tend to have higher bed occupancy rates than rural areas. This is because it is easier for hospitals in close proximity to each other to move patients between facilities to maximise efficiency, whereas it 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.

### Reason for admission and admission from

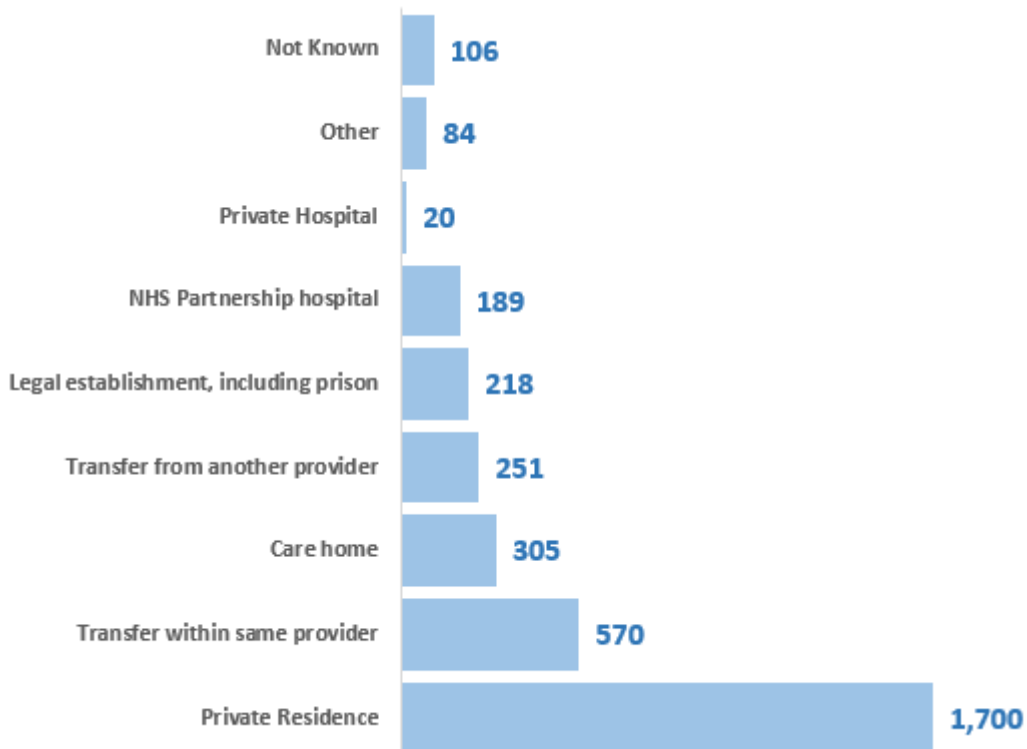
The reason for admission for 1,279 (37%) patients was "Therapeutic/Clinical Crisis", while a further 442 (13%) of patients were admitted for "Diagnostic" reasons. Figure 1 shows a full breakdown of the different reasons for admission to the mental health and learning disability bed.

**Figure 1: Number of patients, by reason for admission, 2018 Census**



The majority of patients, 1,700 (49%), in the 2018 Census were admitted from a private residence, while a further 570 (17%) were admitted by transfer from the same NHS Board. There were 251 (7%) of patients who were admitted by transfer from another NHS Board. Figure 2 shows a full breakdown of where patients were admitted from.

**Figure 2: Number of patients, by where admitted from, 2018 Census**



## Length of Stay

The average (median) length of stay in a facility can have a large impact on the service provision of a ward. In those wards where patients have a long length of stay, there are less beds available for new patients coming in. The overall trend for length of stay has been decreasing in Scotland, with patients staying on average 24 days less in 2018 compared to 2014.

**Table 5: Average (median) length of stay, by Census**

Measure	2014 Census	2016 Census	2017 Census	2018 Census
Average (Median) Days	160	147	156	136
Average (Median) Banded	5.2 months	4.8 months	5.1 months	4.5 months

## Boarding from another hospital

If a patient is “boarding” from another hospital, then they are staying in a hospital outwith their local catchment area. This could be because there were no beds available in a closer hospital or that their local hospital did not have the required services for the appropriate treatment of the patient.

A total of 39 patients were boarding in from another hospital at the 2018 Census. Of these, 29 (74%) were boarding to another hospital in the same NHS Board as their local catchment area. It should be noted even in cases where a patient is being treated in the same NHS Board, this can still involve large distances between the patient’s home and the hospital of treatment.

**Table 6: Number of patients “boarding” from another hospital, by Census**

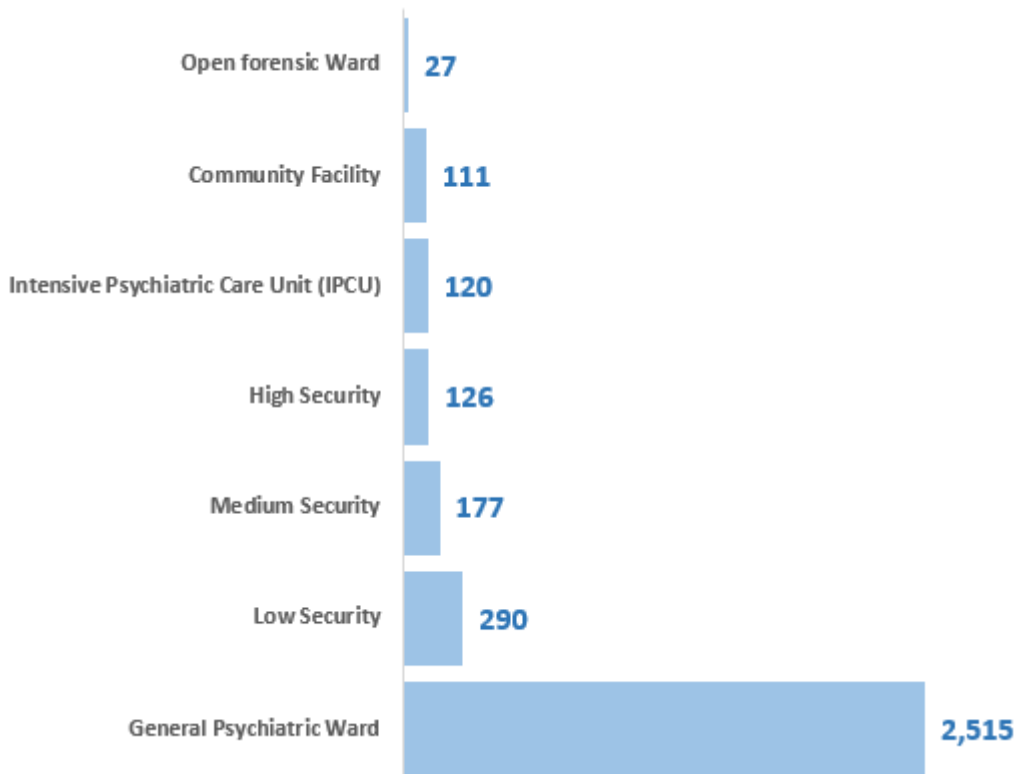
Measure	2016 Census	2017 Census	2018 Census
Number of patients “boarding”	55	38	39
Number of patients “boarding” same NHS HB	45	30	29

## Ward Security Levels

Different wards have different levels of security. This can vary the level of unrestricted communication patients are allowed or restrict visitors and the movements of patients. The majority, 2,515 (73%) of patients in the 2018 Census were in a “General Psychiatric Ward”. There were 177 (5%) patients in a medium security ward and 126 (4%) in high security. The figures are similar to those observed in previous years.

There were 228 patients accepted for treatment in wards with a different level of security. Of these the majority (43%) were accepted for treatment in a low security ward, while 71 (31%) patients were accepted for treatment in a medium security ward.

**Figure 3: Number of patients, by ward security level, 2018 Census**



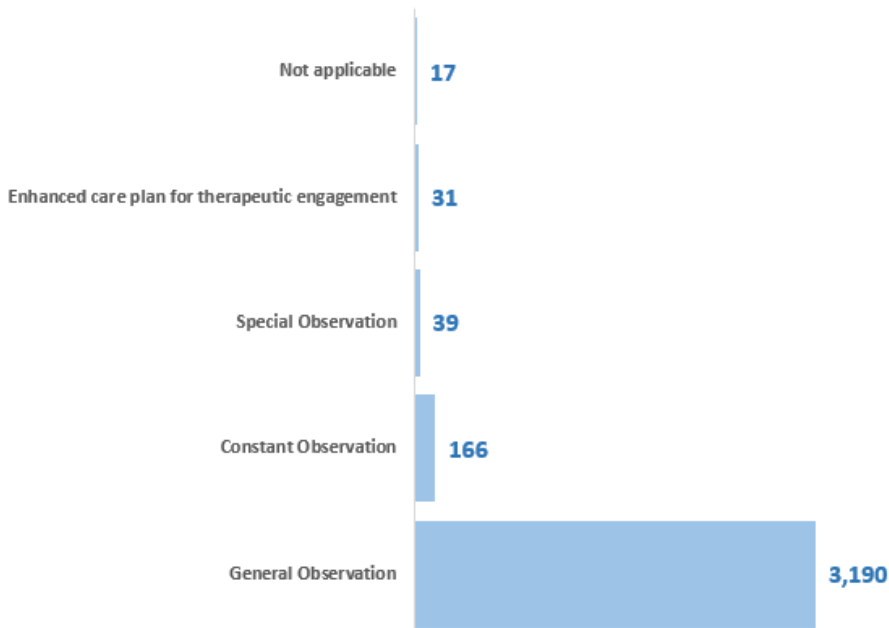
### Observation level

As well as wards varying by security levels, individuals patients will also receive varying levels of observation depending on their individual level needs. This can impact on staff resources within a ward. 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.

The majority of patients, 3,190 (93%), were under general observation during the 2018 Census. Figure 4 shows the breakdown by observation level.

**Figure 4: Number of patients, by observation level, 2018 Census**

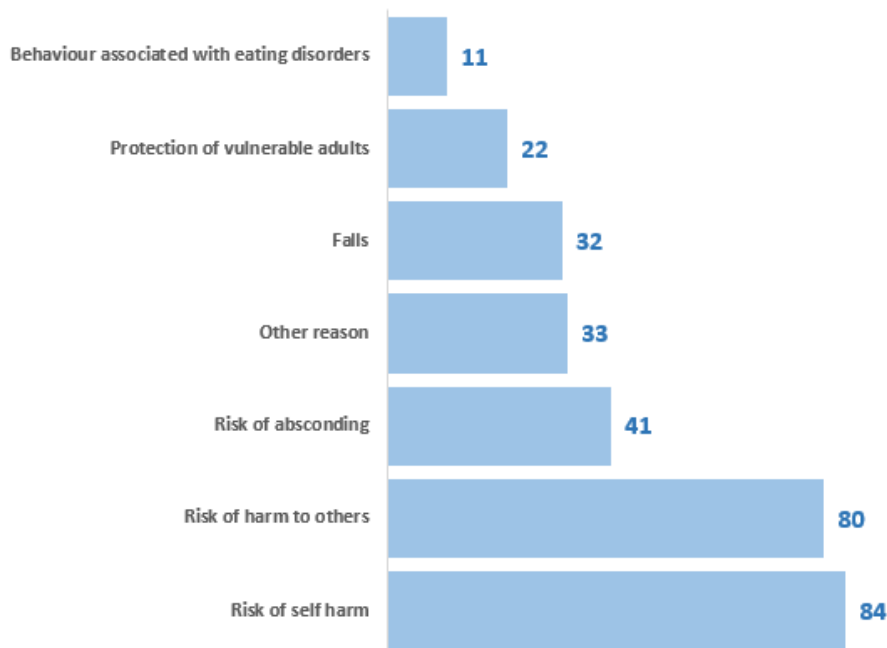


\* Not applicable can relate to either patients being treated in care homes where an observation level may not apply, or patients on pass

For patients under Constant, Special or Enhanced Observation, further information on the number of staff involved in the observation was collected. Of the 236 patients under one of these observation levels, 47 (19%) had at least two members of staff involved.

The most common reason for a patient being on a Constant, Special or Enhanced Observation level was due to “risk of self-harm” (36%), followed by “risk of harm to others” (34%) and “risk of absconding” (17%). It should be noted that patients can be under observation for more than one reason, for example a patient may be under observation because they are a risk to themselves and others.

**Figure 5: Number of patients, by reason for observation level, 2018 Census**



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

\*\* Some reasons have been aggregated into “Other reason” due to small numbers

## Status

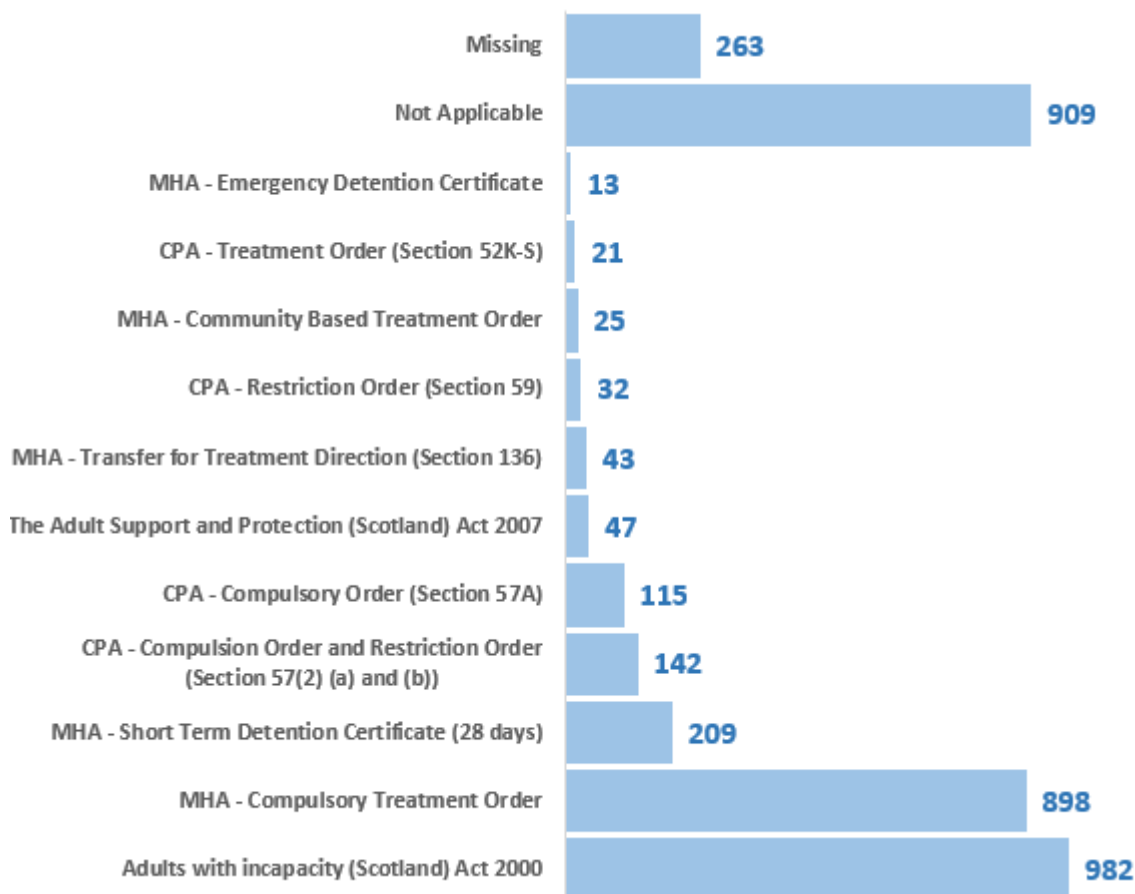
Patients who have been detained under the provisions of the Mental Health (Care and Treatment) (Scotland) Act of 2003 are defined as having “Formal” status. “Informal” refers to voluntary Mental Health admissions.

There were 1,644 (48%) patients admitted with a “Formal” status in the 2018 Census, while at the time of the Census this had increased to 1,692 (49%) patients. The proportion of patients held under a “Formal” status at the Census point has been increasing annually, from 44% of patients in 2016 to 49% in 2018.

## Other Legislation

NHS Boards returned data on a range of legislation for which patients were subject to at the 2018 Census. A total of 982 (29%) patients were subject to the Adults with incapacity (Scotland) Act 2000, while 898 (26%) patients were subject to the Mental Health Act (Compulsory Treatment Order). Data was missing for 263 patients.

**Figure 6: Number of patients, subject to legislation, 2018 Census**



\* MHA – Mental Health Act, CPA – Criminal Procedure Act

\*\* Patients can be subject to more than one piece of legislation

\*\*\* Some data has been excluded for disclosure control

## 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. Under the definition of HBCCC, a patient cannot be a delayed discharge.

At the 2018 Census there were 731 (21%) patients receiving HBCCC who were occupying a mental health or learning disability inpatient bed, with 71% of these patients being treated in NHS Greater Glasgow & Clyde or NHS Lothian.

A separate, more detailed report on HBCCC will be published by the Scottish Government in late October 2018. 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

Timely discharge from hospital is an important indicator of quality and is a marker for person-centred, effective, integrated and harm free care. A delayed discharge occurs when a hospital patient who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond the date they are ready for discharge.

At the 2018 Census, 258 patients were a delayed discharge. This is 8% of patients for which this information is known (information was not returned for 50 patients), the same proportion as 2017.

## 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 2018 Census there were 95 patients (3%) on pass for at least that overnight period. Of those patients, 76 (80%) were on pass to home, while 13 (14%) were on pass to another part of the healthcare system.

## Demographics

The majority of patients in the 2018 Census were male (58%). This is the same pattern observed in previous years and shows males continue to be over-represented in mental health and learning disability beds compared to the proportion of males in the general population. This gender split however is similar to that reported in the 2017 Learning Disability where 59% of adults with a learning disability, known to Local Authorities, were male.

**Table 7: Number of patients, by gender and Census**

Gender	2014 Census		2016 Census		2017 Census		2018 Census		General Pop 2017
Male	2,270	58%	2,092	58%	2,096	59%	1,993	58%	49%
Female	1,639	42%	1,541	42%	1,474	41%	1,448	42%	51%
<b>All</b>	<b>3,909</b>	<b>100%</b>	<b>3,633</b>	<b>100%</b>	<b>3,572</b>	<b>100%</b>	<b>3,441</b>	<b>100%</b>	<b>100%</b>

\* 2 patients with unknown gender in 2018



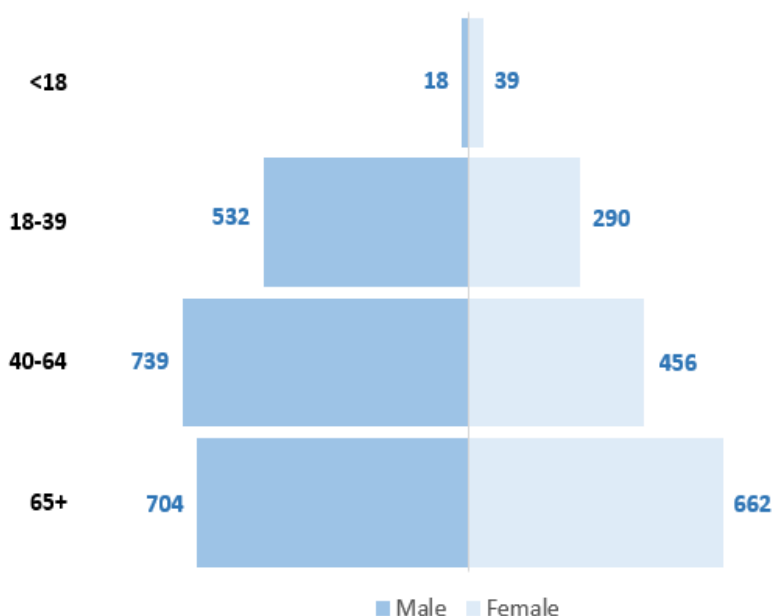
Gender split is strongly linked to age. For patients aged under 18, only 32% were male, while this was the case for 65% of 18-39 and 62% of 40-64 year olds. For older patients (65+), the split between males and females becomes more even (52% male versus 48% female). The general age split has remained largely unchanged across each Census. Older age groups make up the majority of patients, with an average (median and mean) age of 56.

**Table 8: Number of patients, by age group and Census**

Age group	2014 Census		2016 Census		2017 Census		2018 Census		General Pop 2017
Under 18	50	1%	55	2%	36	1%	57	2%	19%
18-39	842	22%	806	22%	836	23%	822	24%	29%
40-64	1,369	35%	1,267	35%	1,259	35%	1,197	35%	34%
65+	1,648	42%	1,505	41%	1,440	40%	1,366	40%	19%
<b>All</b>	<b>3,909</b>	<b>100%</b>	<b>3,633</b>	<b>100%</b>	<b>3,571</b>	<b>100%</b>	<b>3,442</b>	<b>100%</b>	<b>100%</b>

\* 1 patient with unknown date of birth in 2017 and 2018

**Figure 7: Number of patients, by age and gender, 2018 Census**



A total of 3,182 (92%) patients identified as being white in the 2018 Census with the majority describing themselves as White Scottish. This is a 2 percentage point decrease on the 2017 Census and is 4% lower than the general population figure reported in Scotland's Census 2011, though Scotland's population will have changed in the 7 years since.

**Table 9: Number of patients, by ethnicity and Census**

Patients by ethnicity	Census 2017		Census 2018	
	Number	Percentage	Number	Percentage
White Scottish	2,880	81%	2,674	78%
Other White	474	13%	508	15%
Asian, Asian Scottish or Asian British	48	1%	58	2%
African, African Scottish or African British	19	1%	21	1%
Other/multiple ethnic groups	29	1%	31	1%
Refused/Not Known	122	3%	151	4%
<b>All</b>	<b>3,572</b>	<b>100%</b>	<b>3,443</b>	<b>100%</b>

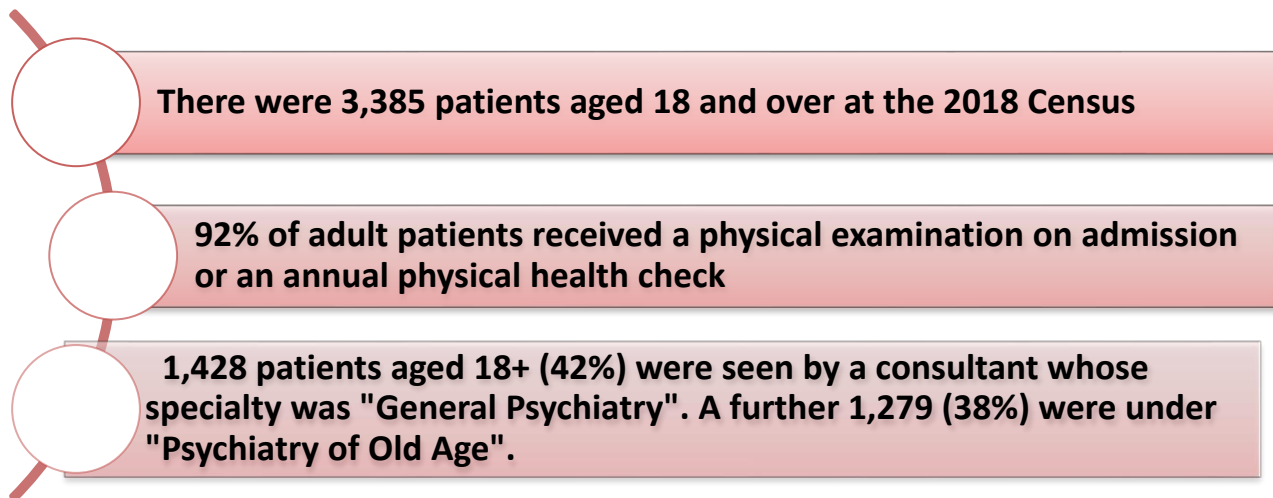
Almost half (48%) of the patients in the 2018 Census have never been married, while 20% were currently married and a further 13% were widowed. This varied by age. Of those people who were married, 73% were aged 65 and over, while only 5% of married people were aged under 40.

The majority of patients (82%) did not have any dependents, while 5% had a working age adult (16-64 years old) dependent and 4% had a child(ren) aged 5-15 years old dependent.

The majority of patients were unemployed (45%) while 39% were retired. There were 132 patients (4%) who were employed, while 4% of patients were not allowed to work. In addition, 42 (1%) patients were students.

There were 1,290 (37%) of patients whose living circumstances at the Census were described as "Hospital or other medical establishment". A further 714 (21%) patients were "Local Authority Tenants". Only 454 (13%) of patients in the 2018 Census owned their own home.

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

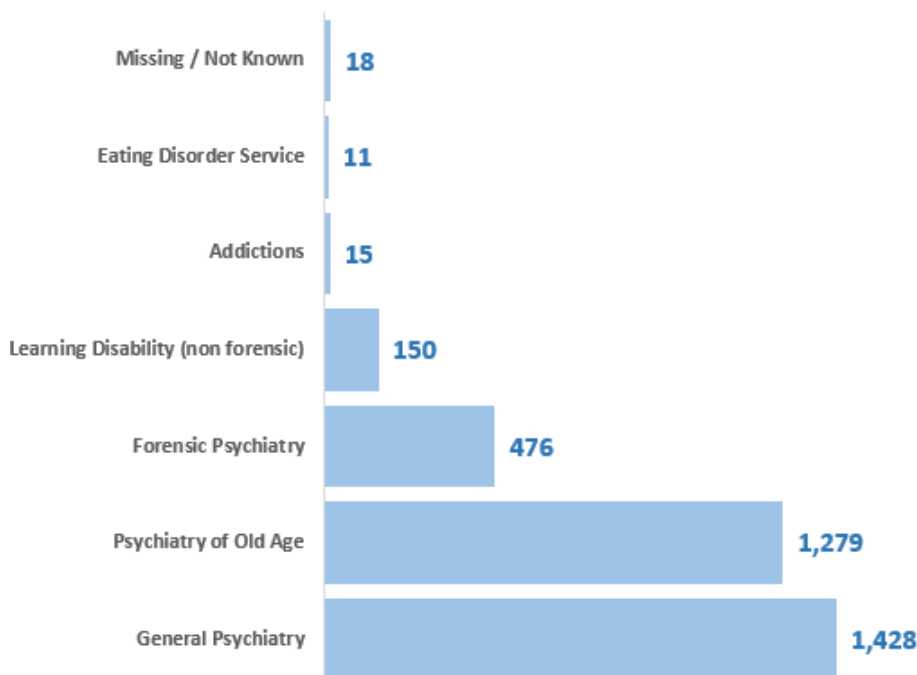


This section focuses on adult patients, those aged 18+ at the time of the Census. For the 2018 Census, this covers 3,385 patients. This is a 4% decrease on the number of adult patients in 2017 (3,535).

### Specialty of Consultant

NHS Boards were asked to record the specialty of every consultant who was responsible for overseeing the treatment of a patient in the Census. A total of 1,428 (42%) patients aged 18+ were seen by a consultant whose speciality was "General Psychiatry", the same proportion as 2017. A further 1,279 (38%) patients aged 18+ came under "Psychiatry of Old Age". Again, this is the same proportion as 2017.

Figure 8: Number of patients, by consultant speciality, 2018 Census, adults aged 18+



\* Some specialities are not included due to small numbers

## Length of stay in hospital

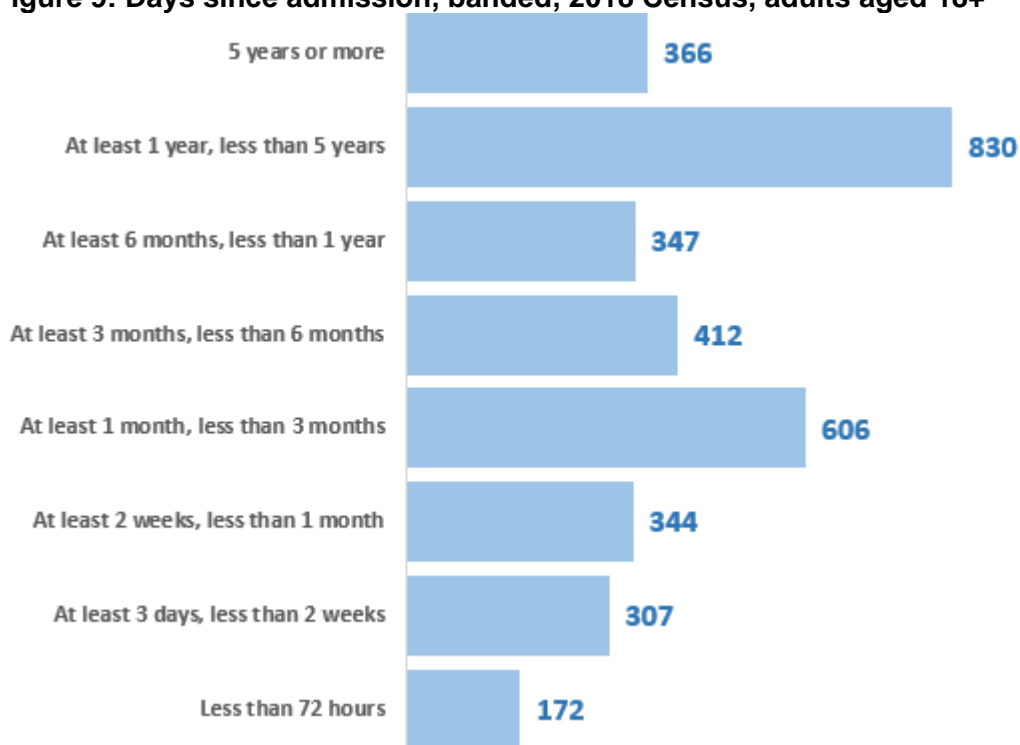
There has been a decrease in the “days since admission” from the 2017 to 2018 Census for adults aged 18+. The average (median) length of time was around 4.5 months in 2018, down from around 5 months in previous years.

**Table 10: Average (median) length of stay, by Census, adults aged 18+**

Length of Stay	2014 Census	2016 Census	2017 Census	2018 Census
Average (Median) Days	163	150	161	140
Average (Median) Banded	~ 5 months	~ 5 months	~ 5 months	~ 4.5 months

There was a wide spread in the length of time a patient aged 18+ has spent in hospital. One in four patients have spent between 1 and 5 years in hospital, while around one in ten have spent over 5 years. One in twenty patients have spent less than 72 hours in hospital.

**Figure 9: Days since admission, banded, 2018 Census, adults aged 18+**



\* 1 patient with error for date of admission

## 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.

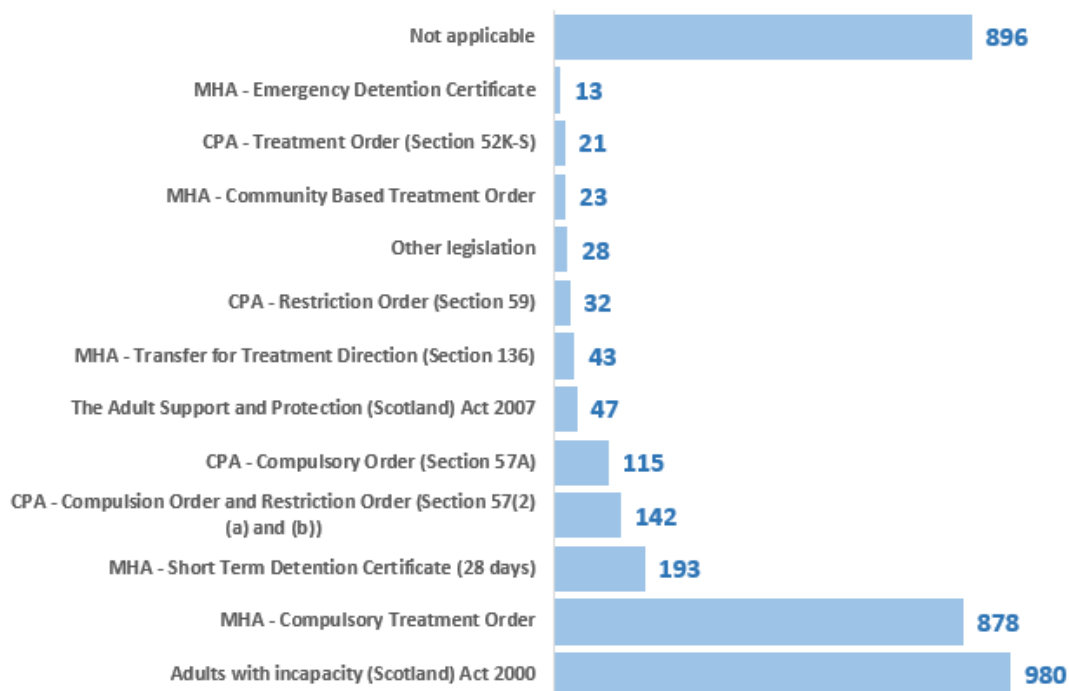
Of those adult patients in the 2018 Census, 1,611 (48%) were admitted with “Formal” status. This increased to 1,653 (49%) of adult patients at the time of the Census.

## Other Legislation

NHS Boards returned data on a range of legislation for which patients were subject to at the 2018 Census. A total of 980 patients aged 18+ were subject to the Adults with

incapacity (Scotland) Act 2000. A further 878 patients (35% of those applicable) were subject to the Mental Health Act (Compulsory Treatment Order).

**Figure 10: Number of patients, subject to legislation, 2018 Census, adults aged 18+**



\* MHA – Mental Health Act, CPA – Criminal Procedure Act

\*\* Patients can be subject to more than one piece of legislation

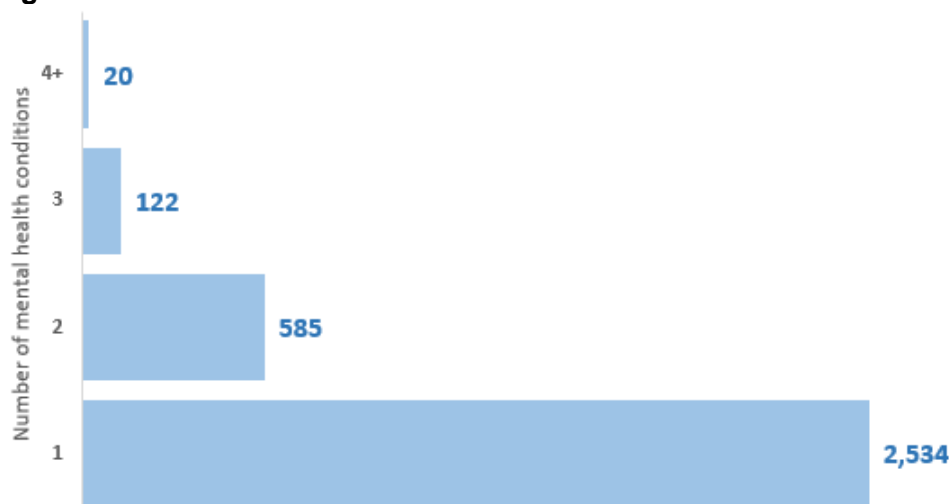
\*\*\* Some data has been excluded for disclosure control

## Health and Wellbeing

### Mental health morbidities

NHS Boards returned diagnosis codes (ICD 10) for any mental health condition for which patients in the 2018 Census had a diagnosis. A total of 2,534 (78%) patients aged 18+ with a known diagnosis (unknown for 124 patients) had only one mental health condition recorded, while 727 (22%) had a diagnosis for 2 or more condition.

**Figure 11: Number of patients, by number of mental health conditions), 2018 Census, adults aged 18+**

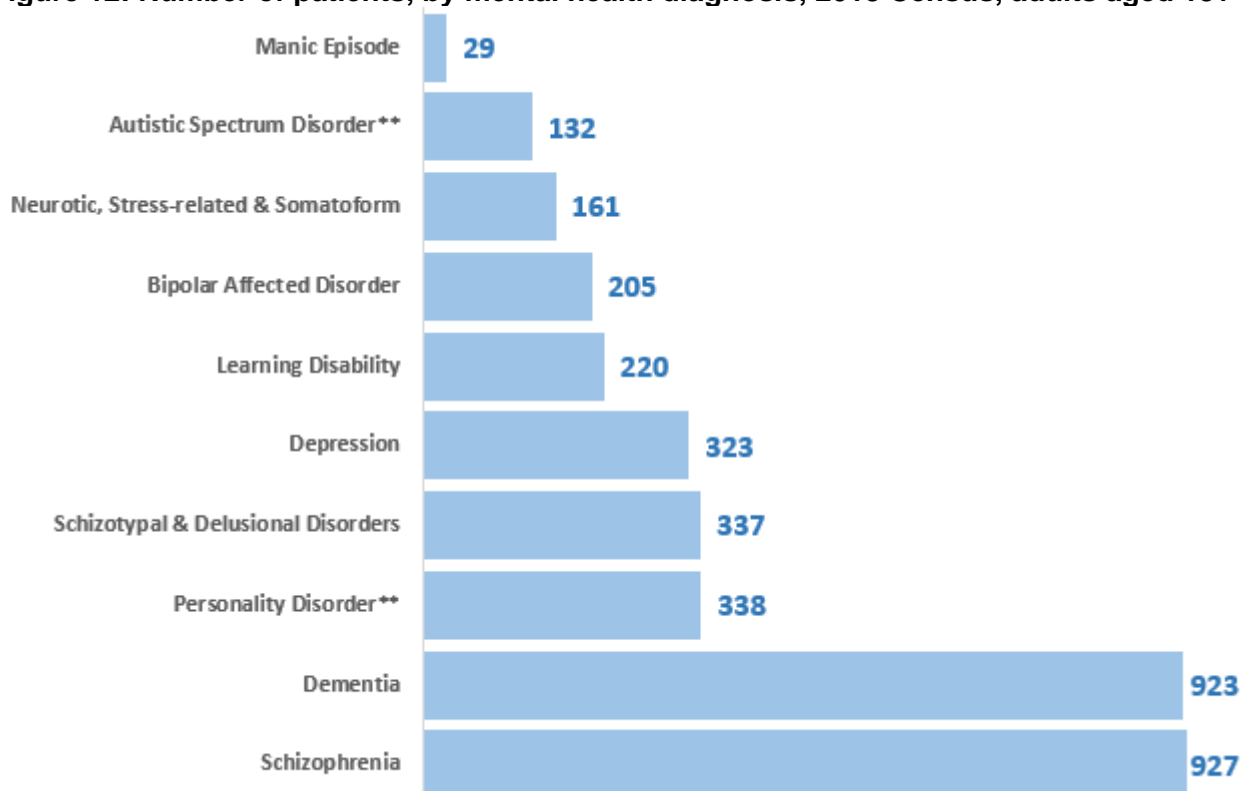


\* No diagnosis yet or unknown diagnosis for 124 patients

Figure 12 presents the most commonly diagnosed mental health morbidities, as at the 2018 Census, for adults aged 18+. These include primary as well as secondary diagnoses. In addition, separate questions on autistic spectrum disorder and personality disorders allowed for cross-comparison with diagnosis codes to pick up any patients missing relevant codes.

Schizophrenia was the most common diagnosis with 927 patients (27% of all adult patients) having this diagnosis. This was followed by dementia, where 923 patients (27% of all adult patients) had this diagnosis. Patients with a personality disorder accounted for 10% of the 2018 Census. Patients may have more than one diagnosis.

**Figure 12: Number of patients, by mental health diagnosis, 2018 Census, adults aged 18+**



\* 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.

\*\*\*\* Some diagnoses may not be included due to small numbers.

## Learning Disabilities and Autism

Of the 3,385 patients aged 18+ at the 2018 Census, 278 (8%) patients had a diagnosis for either a learning disability or autism, with 220 (6%) patients having a diagnosis for a learning disability and 132 (4%) patients having a diagnosis for autism (74 patients had a diagnosis for both).

## Physical health co-morbidities

The Mental Health Strategy 2017 – 2027 emphasises 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

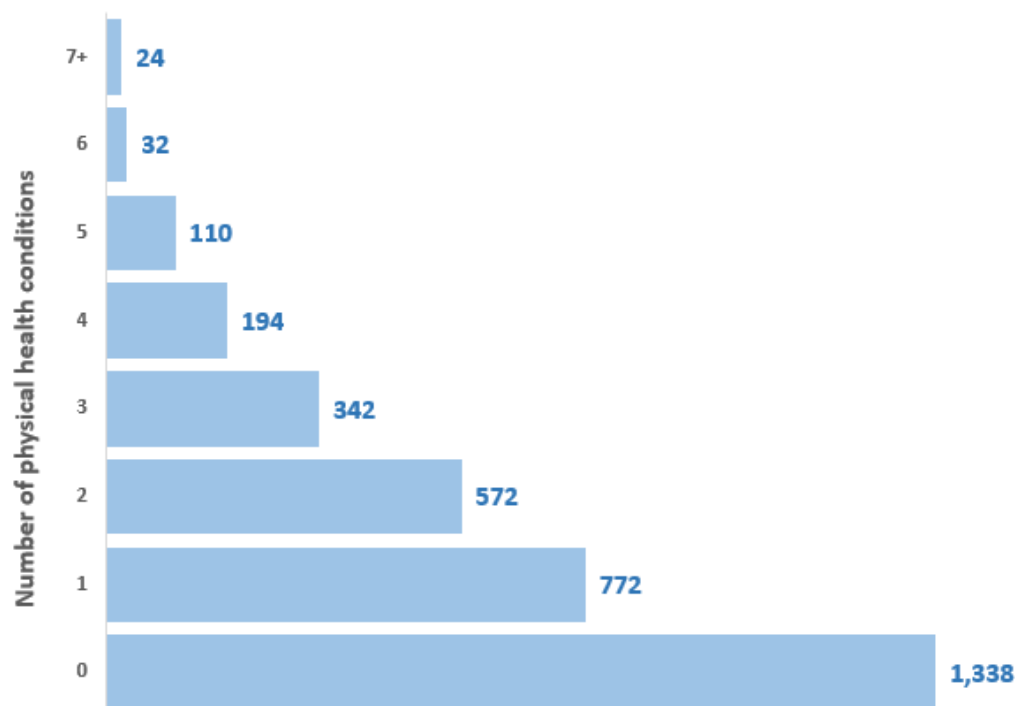
are working towards routinely recording physical health conditions under the [International Classification of Diseases](#). The 2016 Census included a suite of Yes/No physical health questions and these were retained for the 2018 Census. Physical health information was returned for all except one adult 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 2,046 patients aged 18+ (60%) had at least one physical health co-morbidity based on the suite of Yes/No physical health questions at the 2018 Census. This is higher than the 58% figure reported in 2017 and 53% in 2016.

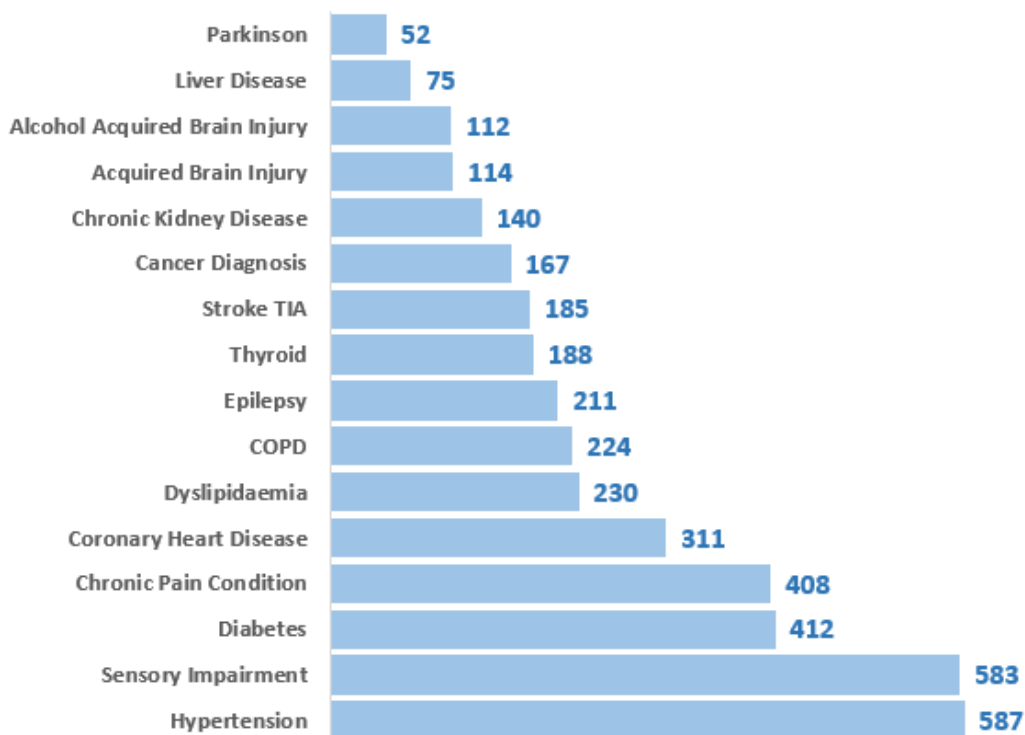
**Figure 13: Number of patients, by number of physical conditions, 2018 Census, adults aged 18+**



\* 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 2018 Census, 17% had hypertension, with 81% of these patients being on anti-hypertensive medicines. The same proportion of patients had a sensory impairment (17%), while 12% of patients had diabetes and 12% had a chronic pain condition.

**Figure 14: Number of patients, by physical condition, 2018 Census, adults aged 18+**



\* Patients can have more than one physical condition

## Physical Health Check

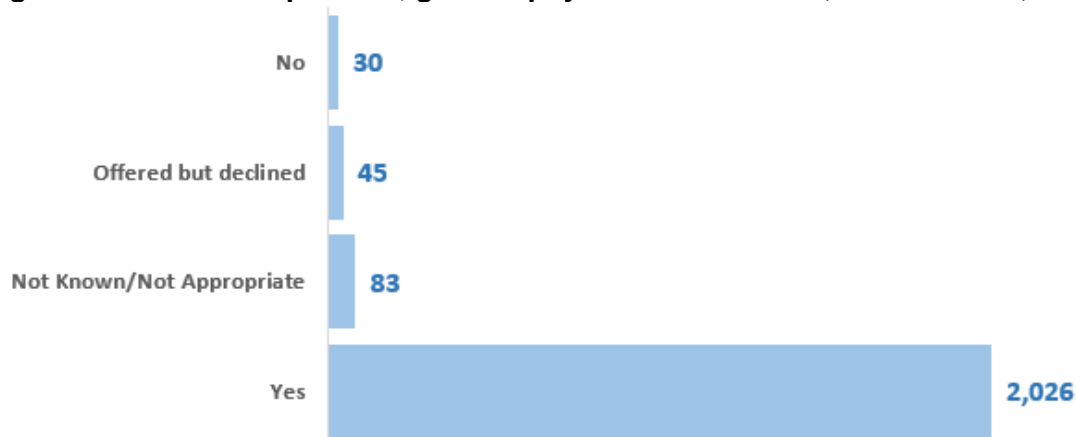
The 2017 Census included, for the first time, questions related to physical health checks. These follow on from actions on mental health set out by the Chief Medical Officer ([http://www.sehd.scot.nhs.uk/cmo/CMO\(2015\)19.PDF](http://www.sehd.scot.nhs.uk/cmo/CMO(2015)19.PDF)). There were two questions;

- For patients admitted to a mental health bed within the last year: *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 over one year ago: *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.*

Of the 2,184 patients aged 18+ for whom data on a general physical examination was returned, 2,026 (93%) received a general physical examination within a day of admission. This is higher than the 89% reported in 2017. A further 45 (2%) of patients were offered an examination but declined.

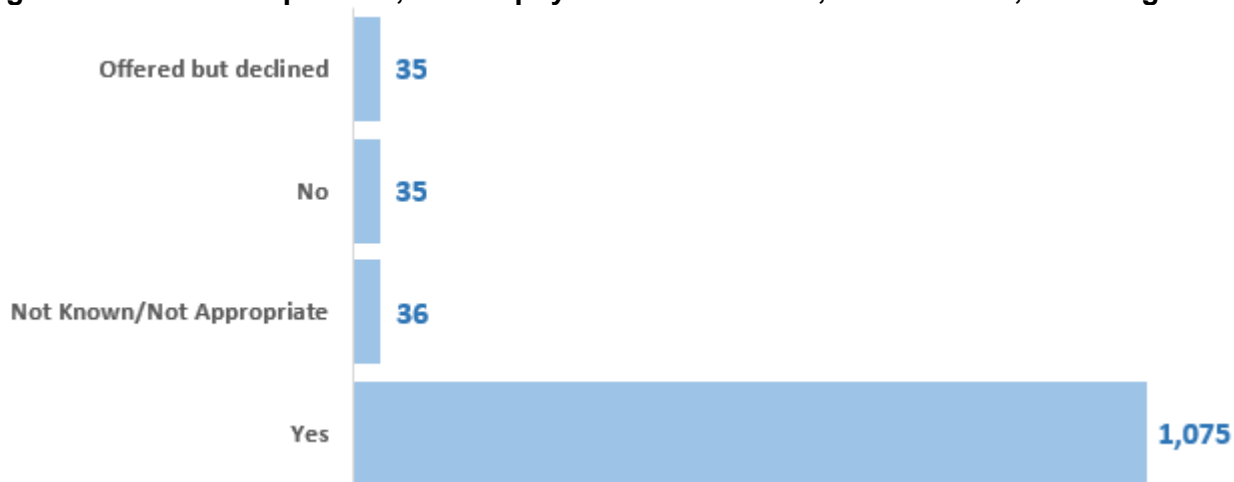


**Figure 15: Number of patients, general physical examination, 2018 Census, adults aged 18+**



Of the 1,181 patients aged 18+ for whom data on an annual physical examination was returned, 1,075 (91%) received a health check within the last year. This is higher than the 82% reported in 2017. A further 35 (3%) of patients were offered but declined.

**Figure 16: Number of patients, annual physical health check, 2018 Census, adults aged 18+**



Overall in the 2018 Census, a total of 3,121 (92%) of adult patients received some form of physical health check, a percentage point increase of 5% on 2017. A further 80 (2%) were offered but declined a physical health check.

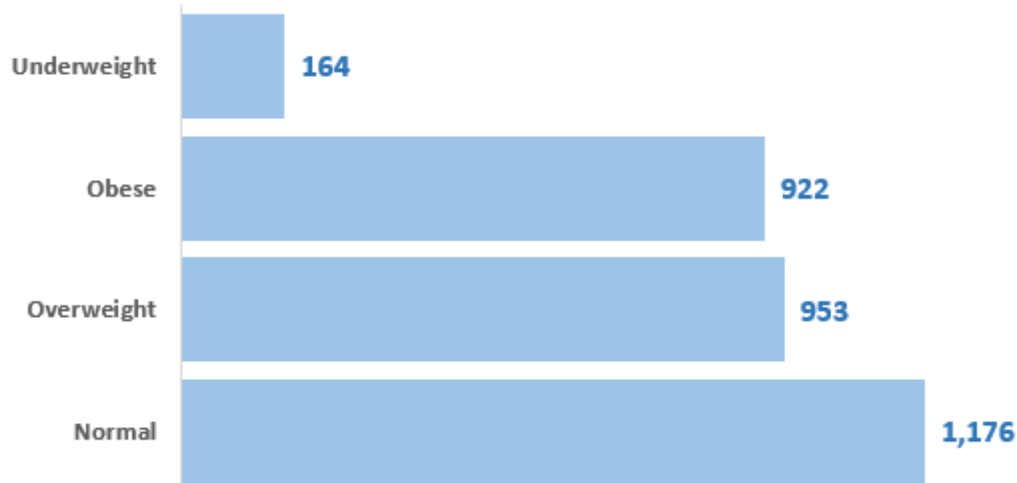
## Lifestyle factors

### BMI (Body Mass Index)

BMI (Body Mass Index) was calculated for patients whom height and weight information was returned. Please note the following statistics exclude patients in eating disorder wards.

A total of 158 (5%) patients were excluded because height and weight information was either not provided or were extreme outliers. Of the rest, 1,176 (35%) patients had a normal BMI, while 56% were overweight or obese.

**Figure 17: Number of patients, by BMI Index, 2018 Census, adults aged 18+**



### Smoking, alcohol and drug misuse

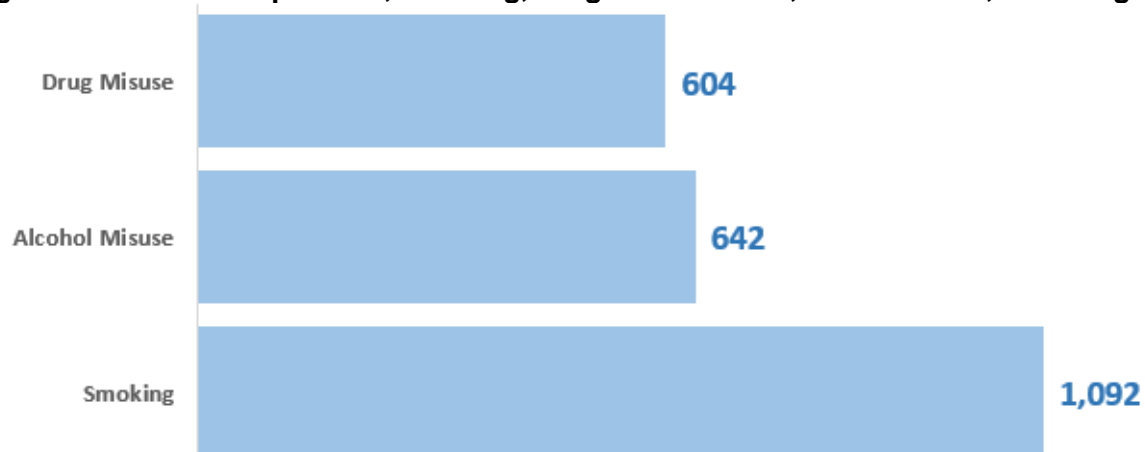
The 2018 Census included a number of questions around alcohol and other substance misuse. It is known that not all patients with alcohol dependence or substance abuse will have a formal (ICD 10) diagnosis. This section contains analysis of patients with alcohol dependence and/or substance misuse based on responses for a combination of questions. A minor methodological change was made in 2017 (see Section 7 for further detail).

A total of 1,092 (32%) patients aged 18+ smoked tobacco in the 12 weeks prior to the Census date. In 2017 this was 33% and in 2016, 35%, showing a gradual decrease over time.

In the 2018 Census, 642 (19%) of patients aged 18+ had a history of alcohol dependence in the four weeks prior to admission, of which 130 (20%) had an alcohol related diagnosis based on ICD 10 codes. In 2016 and 2017, the proportion of patients with a history of alcohol dependence in the four weeks prior to admission was also 19%.

A total of 604 (18%) of patients aged 18+ had abused substances (excluding alcohol) in the four weeks prior to admission. Of these, 106 (18%) had a diagnosis of drug misuse based on ICD 10 codes. The proportion of adult patients who had abused substances (excluding alcohol) in the four weeks prior to admission was similar in 2016 and 2017.

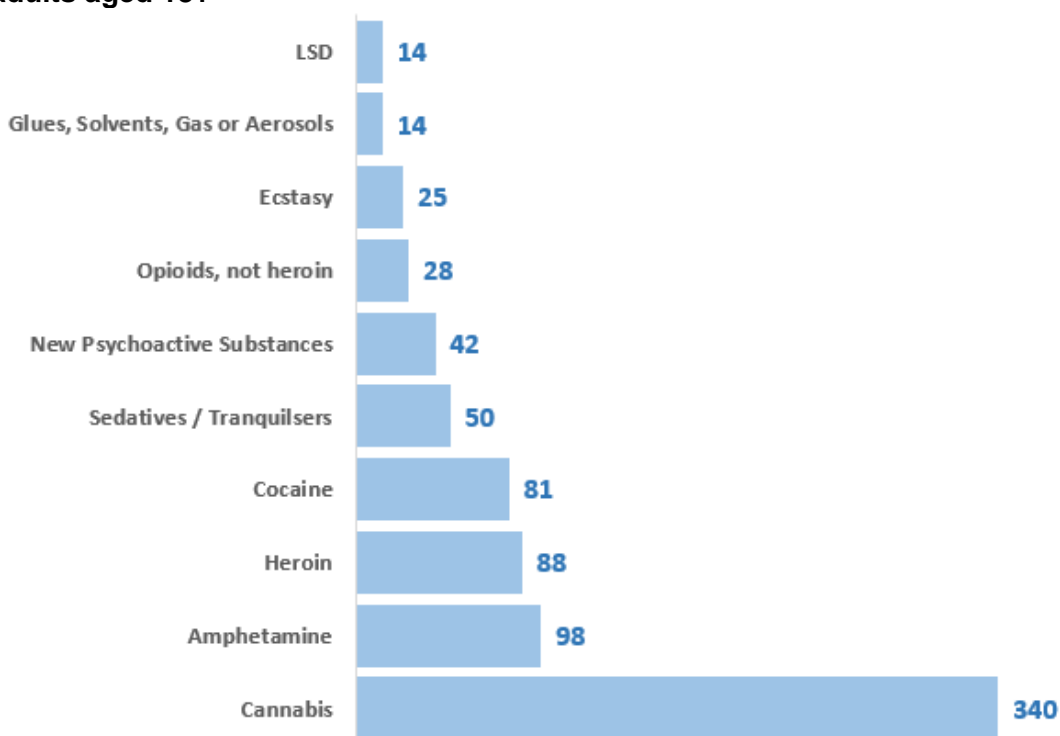
**Figure 18: Number of patients, smoking, drugs and alcohol, 2018 Census, adults aged 18+**



## Substances used prior to admission

NHS Boards returned data on substances used by patients in the four weeks prior to admission. For patients with a record of substance abuse (excluding alcohol) in the four weeks prior to admission (604 patients), cannabis was the most prevalent with 340 (56%) recorded as having used it. Amphetamine was the second most prevalent, with 98 (16%) of patients recorded as having used it, followed by heroin, 88 (15%).

**Figure 19: Number of patients, substances used 4 weeks prior to admission, 2018 Census, adults aged 18+**



\* Patients can be in more than one category

\*\* Does not include all substances

Of the 604 patients with a record of substance abuse (excluding alcohol) in the four weeks prior to admission, 334 (55%) patients used only one substance, while 164 (27%) used two or more. Detailed information on substances used was not returned for 106 (18%) patients.

**Table 11: Number of patients, by number of substances used and Census, adults aged 18+**

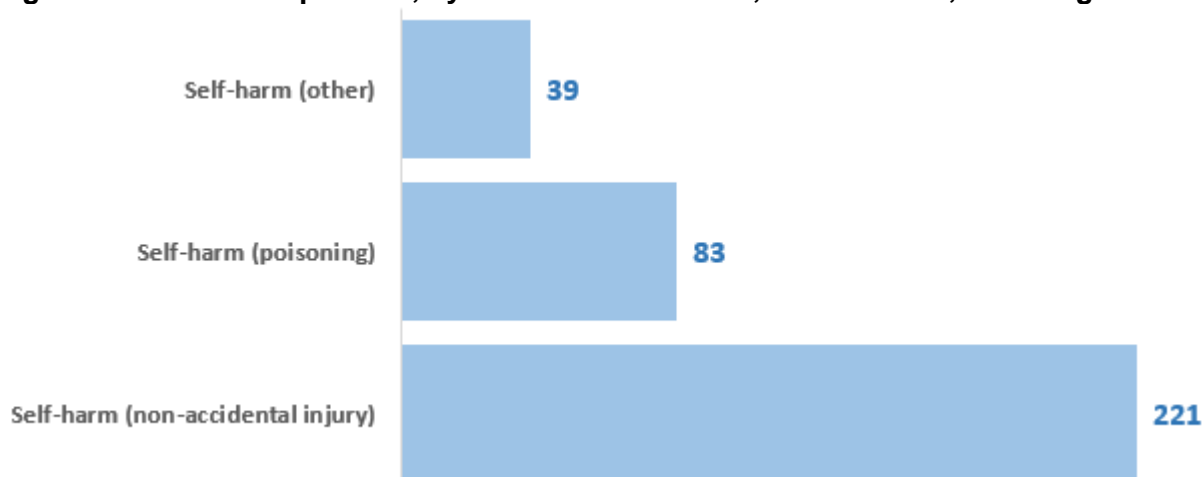
Number of substances used per patient in 4 weeks prior to admission	2016 Census		2017 Census		2018 Census	
	Number	Percentage	Number	Percentage	Number	Percentage
One	291	57%	316	59%	334	55%
Two	79	15%	70	13%	92	15%
Three	41	8%	34	6%	34	6%
Four	19	4%	16	3%	22	4%
Five or more	13	3%	24	4%	16	3%
Not known	72	14%	79	15%	106	18%

Of the patients with recorded substance abuse in 4 weeks prior to admission, 361 (60%) used smoke or nasal as the main route of substance abuse, 181 (30%) oral and 51 (8%) injected (patients can use more than one route).

## Self-harm

NHS Boards returned information on whether patients self-harmed in the week prior to admission. In the 2018 Census, this was known for 3,113 (92%) of adult patients. Of these, 331 (11%) self-harmed in the week prior to admission. A total of 221 (67%) of these patients self-harmed by non-accidental injury.

**Figure 20: Number of patients, by method of self-harm, 2018 Census, adults aged 18+**



*\* Patients can be in multiple categories*

There were no gender differences for those adults self-harming in the week prior to admission, 51% male V 49% female. Almost half (48%) of those self-harming were aged between 18-39, while 13% were aged 65 and over.

## Suicidal ideation

NHS Boards returned information on whether patients were expressing suicidal ideation on admission. This information was returned for 3,229 (95%) of patients. Of these, 447 (14%) expressed suicidal ideation on admission.

There were slightly more females expressing suicidal ideation on admission (56%) compared to males, while 39% were aged between 18-39, and 39% aged between 40-64.

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



**57 patients in the 2018 Census were aged under 18**

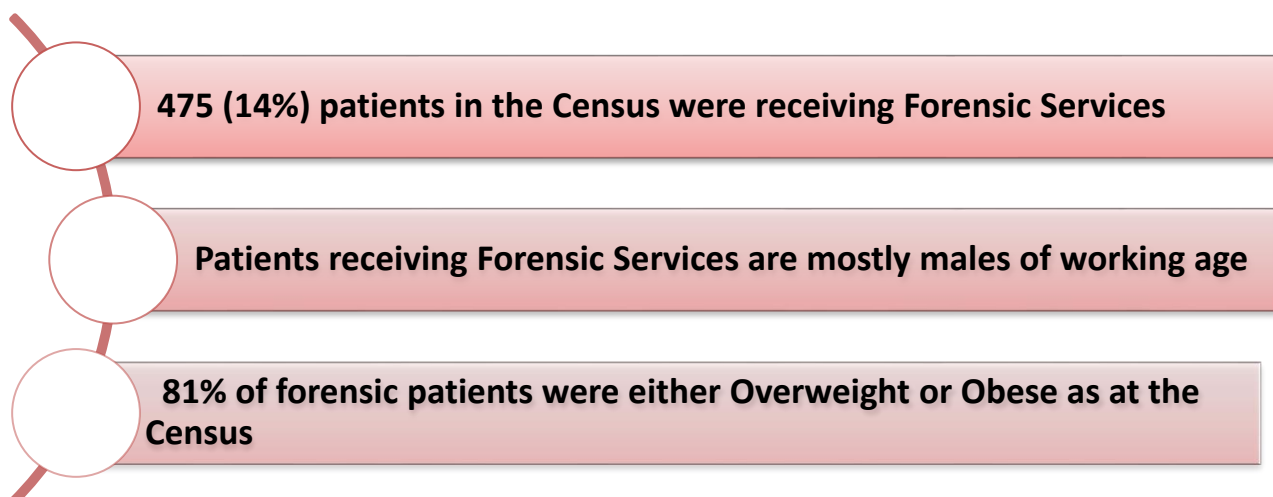
**20 patients were aged 15 or under, 37 were aged 16 to 17**

**51 out of 57 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 so information is presented at a high level only.

- There were 57 mental health, addiction or learning disability inpatients aged under 18 at the 2018 Census. This compares with 37 in 2017, 55 in 2016 and 50 in 2014.
- These patients were mostly treated in Regional Services located in NHS Greater Glasgow & Clyde, NHS Lothian and NHS Tayside.
- 38 (67%) patients aged under 18 were referred by a Community Mental Health Service. Most admissions, 34 (60%), were for the reason "Therapeutic/Clinical Crisis".
- There were 51 patients treated in a Children's or Young People's Unit. There were 54 available beds for these wards at the 2018 Census.
- 20 (35%) patients were aged 15 or under, while 37 (65%) were aged 16 to 17.
- 89% 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 62 days. This is 16 days longer than reported in 2017.
- 39 patients aged under 18 (68%) had "formal" status at the Census. 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.
- 21 (37%) patients aged under 18 had an autistic spectrum disorder, while 16 (28%) 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 475 patients primarily managed by Forensic Services in the 2018 Census. This is a decrease on the 484 patients reported in 2017.

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 12: Number of patients, by NHS Board and Census, forensic services**

NHS Board of Treatment	2014 Census	2016 Census	2017 Census	2018 Census
NHS Ayrshire & Arran	*	*	16	18
NHS Borders	0	*	0	0
NHS Dumfries & Galloway	0	*	0	*
NHS Fife	31	34	39	35
NHS Forth Valley	20	*	*	*
NHS Grampian	42	42	40	41
NHS Greater Glasgow & Clyde	128	122	119	123
NHS Highland	*	*	*	*
NHS Lanarkshire	19	15	20	25
NHS Lothian	65	47	56	51
NHS Tayside	65	55	64	62
NHS Western Isles	0	0	0	0
State Hospital	121	117	111	108
<b>Scotland</b>	<b>507</b>	<b>458</b>	<b>484</b>	<b>475</b>

\* Suppressed due to small numbers

## Age and Gender

The majority of patients receiving forensic services are working age males. Male patients made up 93% of all forensic services patients in the 2018 Census, similar to previous years. Of the females in forensic services, almost all were aged between 18 – 64.

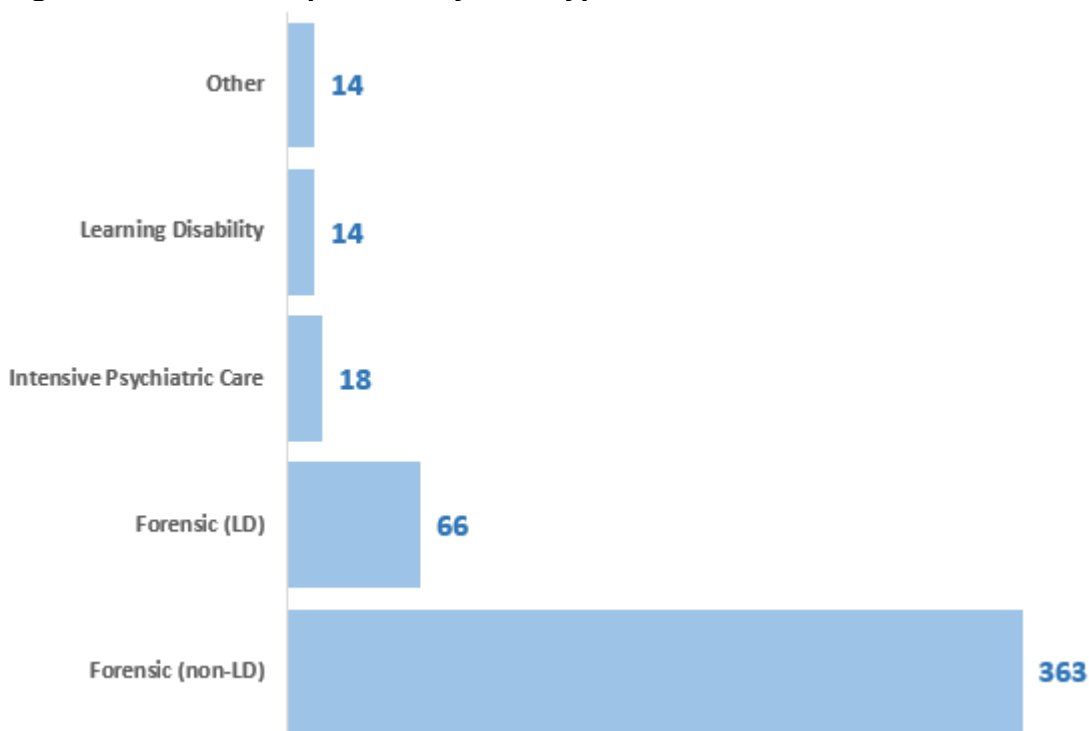
**Figure 21: Proportion of patients, tree map, age and gender, 2018 Census, forensic services**



## Ward Type

Most patients receiving forensic services were treated in a forensic ward, 429 (90%) patients. Of these, 66 were in a learning disability ward. A further 18 (4%) patients were in an intensive psychiatric care unit.

**Figure 22: Number of patients, by ward type, 2018 Census, forensic services**

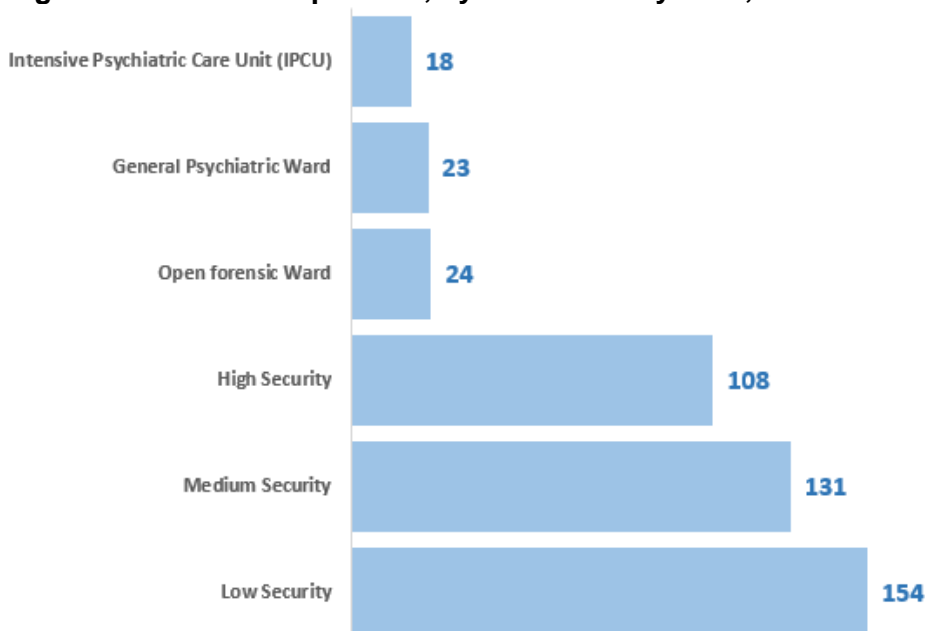


\* Other includes wards where numbers were too small to present alone

## Ward Security Level

There were 154 (32%) patients receiving forensic services in a low security ward in the 2018 Census. A further 131 (28%) were in a medium security ward, while 108 (23%) were in a high security ward. Only 5% were in a general psychiatric ward, compared with 73% in all mental health, addiction or learning disability patients.

**Figure 23: Number of patients, by ward security level, 2018 Census, forensic services**



\* Some data has been excluded due to small numbers

## Specialty of Consultant

A total of 450 patients receiving forensic services were seen by a forensic psychiatrist. This is 95% of forensic services patients for whom this information was returned. There were 14 (3%) patients being seen by a consultant whose specialty was learning disabilities, while the remaining 11 (2%) patients were seen by a consultant whose specialty was general psychiatry.

## Length of stay in hospital

Of the 475 patients receiving forensic services in the 2018 Census, 340 (72%) had been in hospital for over a year. Only 13 (3%) patients had been in hospital for less than two weeks.

**Table 13: Number of days since admission, by Census, forensic services**

Days since admission	2016 Census		2017 Census		2018 Census	
Less than 2 weeks	10	2%	13	3%	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%	43	9%
At least 6 months, less than 1 year	45	10%	58	12%	43	9%
At least 1 year, less than 5 years	202	44%	203	42%	226	48%
5 years or more	119	26%	125	26%	114	24%

\* Suppressed due to small numbers



The average (median) time since admission at the 2018 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 three months. The higher length of stay for forensic services patients will be influenced by the high number of medium and high security ward patients.

**Table 14: Average (median) number of days since admission, 2018 Census**

Group	Average (median) number of days since admission	Approx. number of years / months
Forensic Services Patients	763	2 years, 1 month
Non-forensic Services Patients	101	3 months

## 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. Observation level definitions were described on page 13.

Most patients receiving forensic services (91%) fall under general observation, while 29 (6%) were under constant observation. A further 12 (3%) of patients were under special or enhanced observation.

**Figure 24: Number of patients, by observation level, 2018 Census, forensic services**



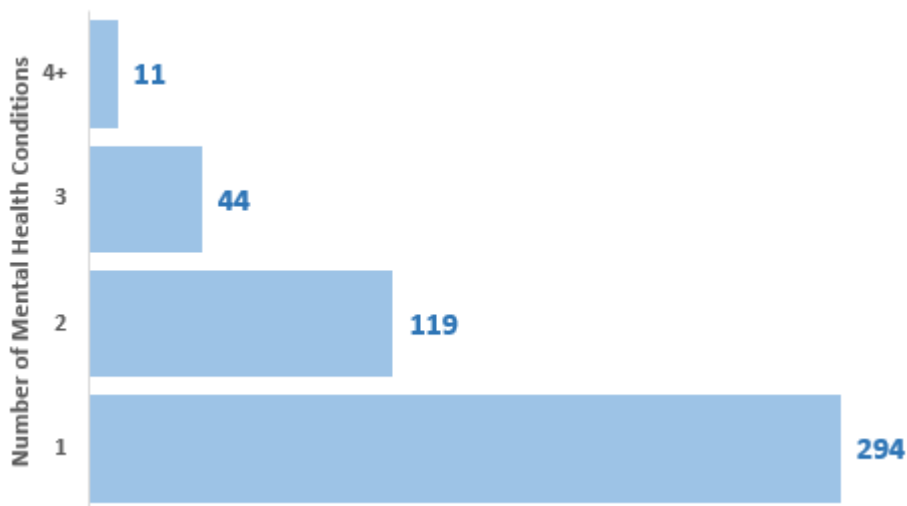
The most common reason for being under constant, special or enhanced observation was risk of self-harm (56%), followed by risk of harm to others (32%).

## Health and Wellbeing

### Mental health morbidities

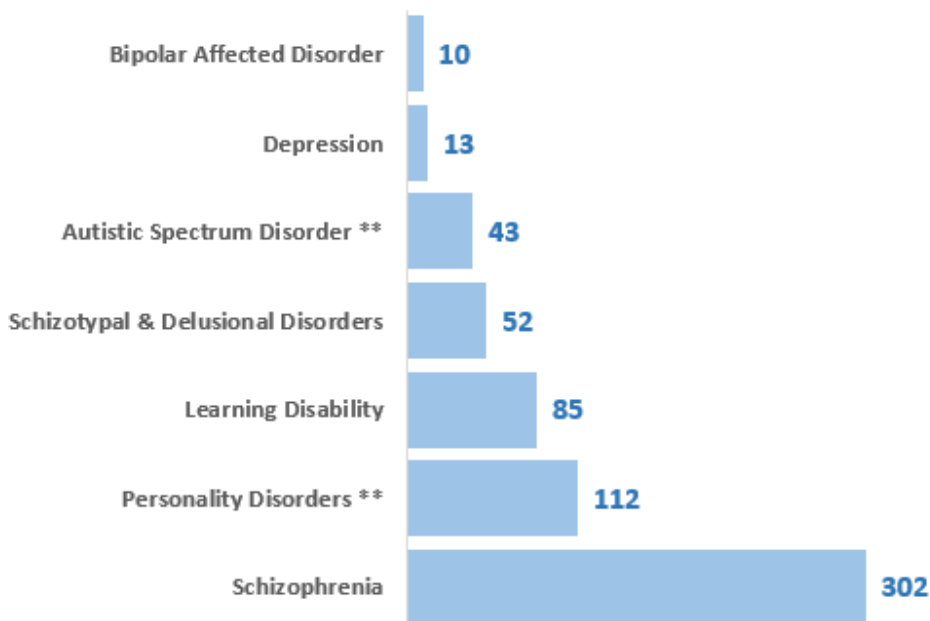
NHS Boards returned diagnosis codes (ICD 10) for any mental health condition for which patients in the 2018 Census had a diagnosis. Of the 468 patients receiving forensic services for which diagnosis information was returned, 174 (37%) had 2 or more mental health conditions, this compares to 22% for all adult patients.

**Figure 25: Number of patients, by number of mental health conditions, 2018 Census, forensic services**



The most common condition for patients receiving forensic services was schizophrenia, with 302 (64%) patients having this condition. This is higher than the 27% reported as being diagnosed with schizophrenia in the all adult population. The second most prevalent condition was personality disorder, accounting for 24% of forensic services patients.

**Figure 26: Number of patients, by selected mental health condition, 2018 Census, forensic services**



\* 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

A total of 255 (54%) patients receiving forensic services had at least one physical health co-morbidity based on the suite of Yes/No physical health questions (see page 22) as at the 2018 Census. This is higher than the 45% reported in 2017 and 41% reported in 2016. It also represents the first time that more forensic patients had a physical health condition

than those that did not. The figure is lower than the 60% reported for all adult patients, though forensic patients tend to be younger which may account for this.

**Figure 27: Number of patients, , by number of physical conditions, 2018 Census, forensic services**

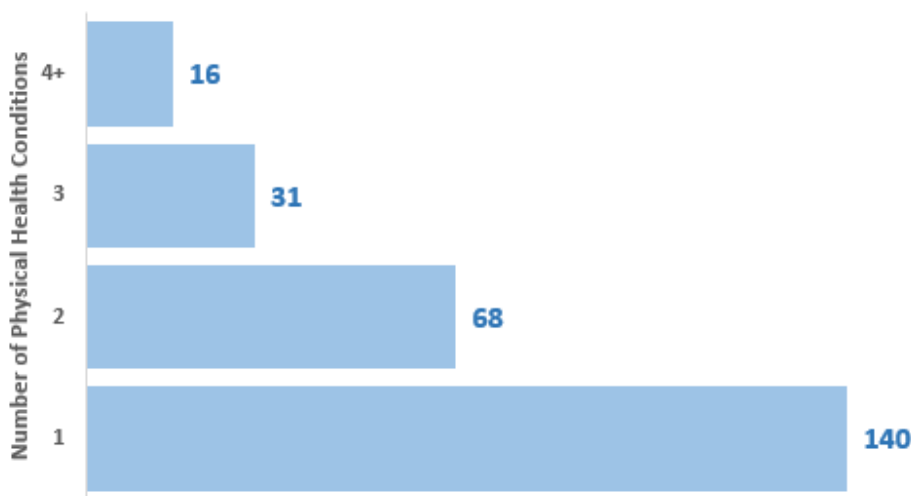
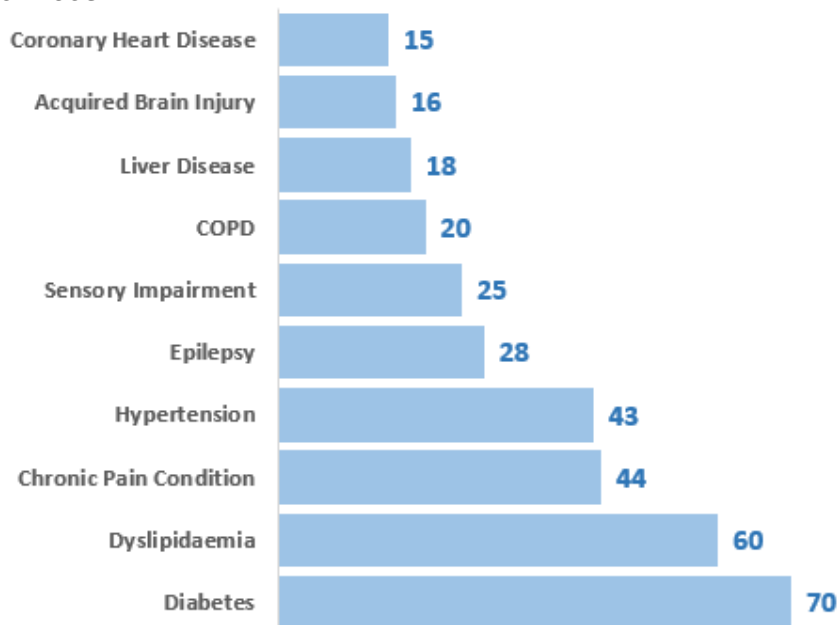


Figure 28 shows a breakdown of the number of patients receiving forensic services for selected physical conditions. The most common condition was diabetes with a total of 70 (15%) forensic services patients having this condition. The second most prevalent was dyslipidaemia, with 13% of patients having this condition. The majority of the 60 patients with dyslipidaemia are currently on treatment for this condition.

**Figure 28: Number of patients, by selected physical conditions, 2018 Census, forensic services**



\* Patients may have more than one condition

## Physical Health Check

There were 135 patients receiving forensic services who were admitted within the last year. Of these, 127 (94%) had a general physical examination within a day of admission. This is similar to the 93% reported for all adult patients and represents a 15 percentage point increase on 2017.

There were 340 patients receiving forensic services who were admitted over one year ago, though information on an annual physical health check was only returned for 333 patients. Of these, 305 (92%) received a physical health check within the last year. This is similar to the 91% reported for all adult patients and represents a 8 percentage point increase on 2017. A further 18 (5%) were offered but declined.

Overall in the 2018 Census, a total of 432 (91%) of patients received some form of physical health check, similar to the 92% reported for all adult patients.

## Lifestyle factors

### BMI (Body Mass Index)

BMI (Body Mass Index) was calculated for patients whom height and weight information was returned. Some patients were excluded because height and weight were extreme outliers (<10 forensic patients). A total of 238 (50%) patients receiving forensic services were obese, while 147 (31%) were overweight. The proportion of forensic patients overweight or obese (81%) is higher than the 56% reported for all adult patients (excluding eating disorder wards).

### 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 7 for further detail).

A total of 127 (27%) forensic patients smoked tobacco in the 12 weeks prior to the Census. This is lower than the 32% reported for all adult patients and represents a 8 percentage point decrease on 2017.

In the 2018 Census, 141 (30%) of forensic patients had a dependence on alcohol / harmfully used alcohol. There were 20 forensic patients with an alcohol related ICD 10 code. The proportion with a dependence on alcohol / harmfully used alcohol is similar to 2016 and 2017, and continues to be much higher than for all adults patients (19%).

A total of 169 (36%) of forensic patients had abused substances (excluding alcohol) in the four weeks prior to their admission. There were 56 patients with a drug related ICD 10 code. The proportion who had abused substances (excluding alcohol) is 7 percentage points lower than 2017, though it continues to be much higher than for all adult patients (18%).

**Figure 29: Number of patients, smoking, drugs and alcohol, 2018 Census, forensic services**



Of the 169 forensic patients that had abused substances (excluding alcohol) in the four weeks prior to admission, 55% had used one substance, while 20% had used two. The most commonly used substance was cannabis, with 63% of forensic patients that had abused substances (excluding alcohol) in the four weeks prior to admission using this substance. The second most common was amphetamine (23%).

### **Self-harm**

Information on self-harm was returned for 401 (84%) of forensic patients. Of these, 67 (17%) had self-harmed in the week prior to admission. This is higher than the 11% reported for all adult patients and is higher than the 15% reported in 2017.

Of those 67 patients, 52 (78%) had self-harmed by non-accidental injury.

### **Suicidal ideation**

Information on suicidal ideation was returned for 424 (89%) of forensic patients. Of these, 19 (4%) had expressed suicidal ideation on admission to hospital, the same as 2017. This is lower than the 7% reported in 2016 and lower than the 14% reported for all adult patients.

## 5. Further Breakdowns by Ward Type

The majority of available beds in Scotland are in acute wards (33%)

Length of stay varied greatly between ward types, from average 36 days in acute wards to 1,398 days in forensic (LD) wards

28% of patients in learning disability wards were delayed discharges

Pressures and demands vary across different ward types. Some such as continuing care/long stay wards may have more stable populations compared with acute wards. This section provides some of the previously presented statistics broken down at ward level.

Overall the occupancy rate for NHS Scotland was 84%, though this varied greatly between ward types, with eating disorder wards having an occupancy of 55% and perinatal wards 100%. Wards also differ in the number of available beds. One in three mental health, addiction and learning disability beds in Scotland were in an acute ward, while one in five were in dementia wards. Eating disorder and addiction wards had the lowest number of available beds.

**Table 15: Available beds & occupancy rates, by ward type, 2018 Census**

Ward Type	2018 Census	
	No. Beds	Occupancy
Acute	1,331	86%
Intensive Psychiatric Care	144	87%
Rehabilitation (non-addict)	311	85%
Addiction Wards <sup>1</sup>	40	83%
Continuing care/long stay	402	68%
Perinatal	12	100%
Forensic (non-LD)	410	90%
Forensic (LD)	79	85%
Dementia Wards <sup>2</sup>	814	87%
Young People/Children <sup>3</sup>	54	98%
Learning Disability	170	87%
Eating Disorder	22	55%
Admission & Assessment	173	89%
Other	113	76%
<b>Scotland</b>	<b>4,075</b>	<b>84%</b>

<sup>1</sup> Addiction wards are the combination of addiction rehabilitation and addiction detox wards.

<sup>2</sup> Dementia wards are the combination of dementia assessment and dementia care & treatment wards.

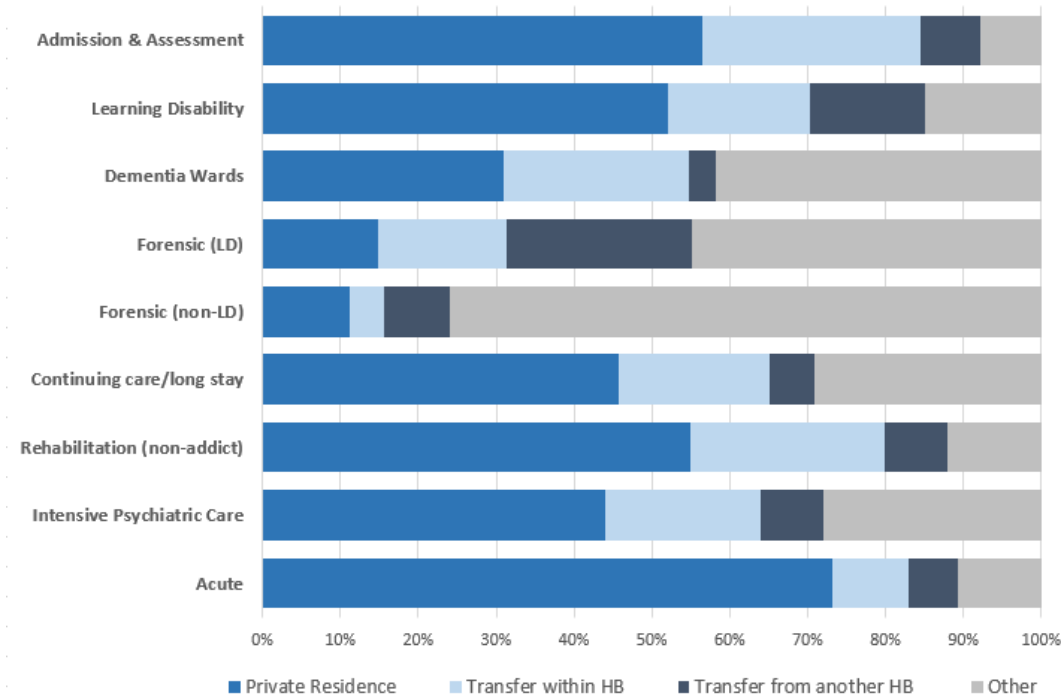
<sup>3</sup> Young People/Children wards are the combination of Young people's units and children's units.

## Reason for Admission and Admission From

Information was returned on the reason for a patient being admitted to hospital. Where a reason was available, the most common in most ward types was “Therapeutic/Clinical Crisis”. However, in rehabilitation (non-addict) wards the most common reason was “rehabilitation” (36%), while in Forensic (LD) and Learning Disability wards the most common reason was for “Learning Disability”, 55% and 47%, respectively.

The majority of patients in the 2018 Census were admitted from a private residence. This was the case for most ward types though not all. For example, 42% of patients in a Forensic (non-LD) ward were admitted from a legal establishment, which can include prison. One in four patients in dementia wards were admitted from a care home.

**Figure 30: Number of patients, by where admitted from, selected ward types, 2018 Census**



Length of stay varied significantly between different ward types. The longest length of stay was observed in Forensic (LD) wards with an average (median) length of stay of 1,398 days (over 3 years). The shortest length of stay was observed in addiction wards with average (median) lengths of stay of around 1 week.

**Table 16: Average (median) length of stay, by ward type and Census**

Ward Type	2016 Census	2017 Census	2018 Census
	Average (median) Length of Stay	Average (median) Length of Stay	Average (median) Length of Stay
Acute	41	41	36
Intensive Psychiatric Care	65	57	54
Rehabilitation (non-addict)	770	840	537
Continuing care/long stay	1,462	1,255	1,170
Forensic (non-LD)	861	832	779
Forensic (LD)	1,709	1,371	1,398
Learning Disability	840	1,401	447
Eating Disorder	90	85	88

## Boarding from another hospital

If a patient is “boarding” from another hospital, then they are staying in a hospital outwith their local catchment area. This could be because there were no beds available in a closer hospital or that their local hospital did not have the required services for the appropriate treatment of the patient.

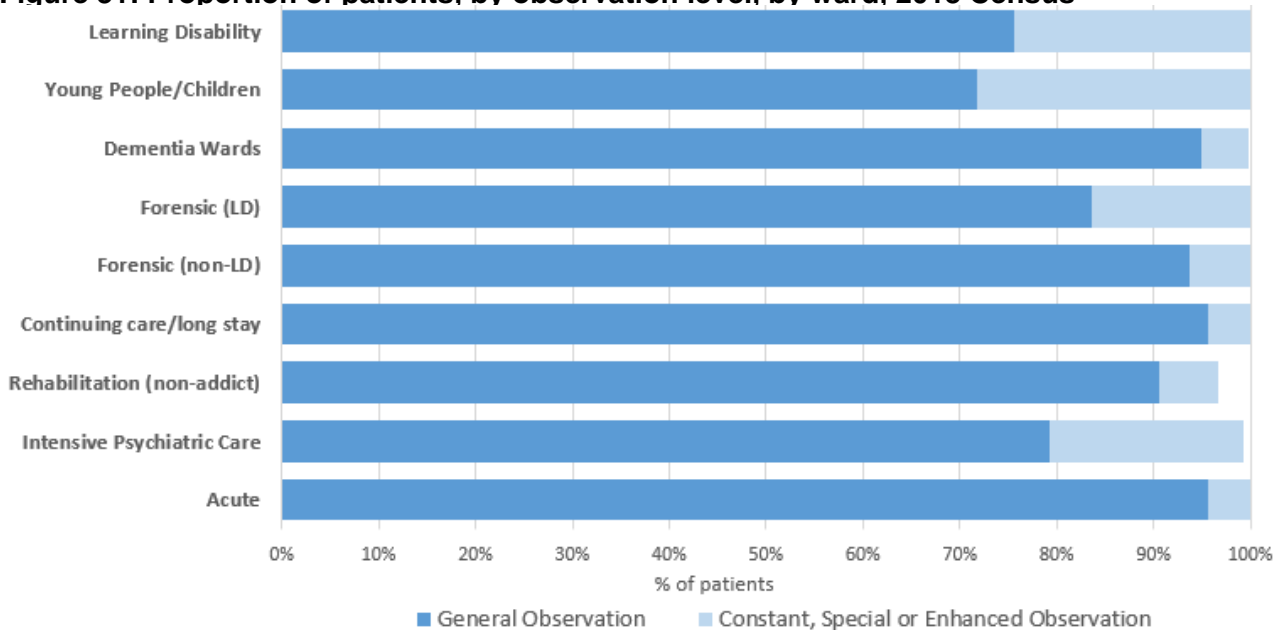
A total of 39 patients were boarding in from another hospital at the 2018 Census. The majority of “boarding” patients were in an acute ward setting (59%).

## Observation level

As discussed earlier in the report, patients receive varying levels of observation depending on their individual level needs which can impact on staff resources within a ward. See page 13 for details on the current guidelines related to observation levels.

The majority of patients in the 2018 Census, 3,190 (93%), were under general observation. However this did vary by ward type. While wards such as acute (96%), addiction (97%), continuing care/long stay (96%) and dementia wards (95%) had high levels of patients under general observation, some had higher proportions of patients under Constant, Special or Enhanced observation. For example 28% of those in a young people/children’s unit were under these observation levels, while the same was true for 24% of those in learning disability wards.

**Figure 31: Proportion of patients, by observation level, by ward, 2018 Census**



*\* Not all wards reach 100% as some patients come under ‘Not applicable’ which can relate to patients being treated in care homes where an observation level may not apply, or patients on pass*

For patients under Constant, Special or Enhanced Observation, further information on the number of staff involved in the observation was collected. As many as 65% of patients in forensic (non-LD) wards required two or more staff for observation, while the same was true for 36% of patients in learning disability wards.

The most common reason for a patient being on a Constant, Special or Enhanced Observation level was due to “risk of self-harm” and “risk of harm to others”. However this



varied by ward type. In dementia wards, the main reason for observation was “risk of falls”, while in acute and rehabilitation (non-addict) wards there was a high proportion of patients on observation due to “risk of absconding”.

## 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. Almost half of patients (48%) were admitted with a “Formal” status while this increased slightly at the time of the 2018 Census to 49%.

There was wide variation across different ward types in regards to the status of patients. In Forensic Wards (non-LD and LD), almost every patient was under “Formal” status, whereas this applied to only a small proportion in addiction wards. Almost every ward observed an increase in the number of patients under “Formal” status from time of admission to the Census date.

**Table 17: Patients with “Formal” status at time of Census, by Ward Type and Census**

Ward Type	2016 Census	2017 Census	2018 Census
Acute	37%	40%	41%
Intensive Psychiatric Care	88%	94%	92%
Rehabilitation (non-addict)	65%	69%	71%
Continuing care/long stay	22%	28%	37%
Forensic (non-LD)	98%	99%	100%
Forensic (LD)	96%	96%	99%
Dementia Assessment	24%	26%	26%
Dementia Care & Treatment	19%	20%	17%
Learning Disability	66%	75%	80%
Eating Disorder	44%	43%	50%
<b>All</b>	<b>44%</b>	<b>47%</b>	<b>49%</b>

## Hospital Based Complex Clinical Care

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. Under the definition of HBCCC, a patient cannot be a delayed discharge.

At the 2018 Census, there were 731 (21%) patients receiving HBCCC who were occupying a mental health or learning disability inpatient bed. Around 44% of all HBCCC patients were in dementia wards, while a further 23% were in continuing care/long stay wards.

**Table 18: Number of HBCCC patients, by Ward Type, 2018 Census**

Ward Type	Number of HBCCC patients	% of ward HBCCC
Acute	37	3%
Intensive Psychiatric Care	12	10%
Rehabilitation (non-addict)	65	25%
Continuing care/long stay	171	62%
Forensic (non-LD)	64	17%
Dementia Wards <sup>1</sup>	321	45%
<b>All</b>	<b>731</b>	<b>21%</b>

<sup>1</sup> Dementia wards are the combination of dementia assessment and dementia care & treatment wards.

## Delayed Discharge

Timely discharge from hospital is an important indicator of quality and is a marker for person-centred, effective, integrated and harm free care. A delayed discharge occurs when a hospital patient who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond the date they are ready for discharge.

At the 2018 Census, 258 patients were a delayed discharge. Many of these delayed discharge patients were in acute wards, 68 (26%). However, the largest proportion of beds lost to delayed discharge was in learning disability wards (28% lost), where the average (median) number of days delayed was over one year. This compares to the overall average of 72 days.

**Table 19: Delayed discharge, by Ward Type, 2018 Census**

Ward Type	% beds lost to delayed discharge	Average (median) number of days delayed
Acute	5%	41
Rehabilitation (non-addict)	7%	111
Forensic (LD)	22%	178
Dementia Assessment	9%	23
Dementia Care & Treatment	10%	48
Learning Disability	28%	384
<b>All</b>	<b>6%</b>	<b>72</b>

## Demographics

The majority of patients within the 2018 Census were male (58%). Most ward types followed the same overall pattern with the obvious exception of perinatal wards where 100% were female. The split in acute wards was almost even (49% male versus 51% female), while the vast majority of patients in eating disorder wards were female. Forensic wards, both learning disability and non-learning disability, were almost all male.

**Table 20: Gender breakdown, by Ward Type, 2018 Census**

Ward Type	% male	% female
Acute	49%	51%
Intensive Psychiatric Care	65%	35%
Rehabilitation (non-addict)	61%	39%
Addiction Wards <sup>1</sup>	67%	33%
Continuing care/long stay	57%	43%
Perinatal	0%	100%
Dementia Wards <sup>2</sup>	56%	44%
Young People/Children <sup>3</sup>	26%	74%
Learning Disability	56%	44%
Admission & Assessment	46%	54%
<b>All</b>	<b>58%</b>	<b>42%</b>

<sup>1</sup> Addiction wards are the combination of addiction rehabilitation and addiction detox wards.

<sup>2</sup> Dementia wards are the combination of dementia assessment and dementia care & treatment wards.

<sup>3</sup> Young People/Children wards are the combination of Young people's units and children's units.

Most patients were aged between 18 – 64 in the 2018 Census. However this varied by ward type. As would be expected, the majority of patients (94%) in dementia wards were aged 65 and over. The majority of patients in continuing care/long stay wards (60%) and admission & assessment wards (84%) were also aged 65 and over. All patients in eating disorder wards were aged between 18 – 39, while 85% of patients in addiction wards were aged between 40-64.

**Table 21: Age breakdown, by Ward Type, 2018 Census**

Ward Type	0 – 39 years	40 – 64 years	65+ years
Acute	351	500	290
Intensive Psychiatric Care	63	62	0
Rehabilitation (non-addict)	77	159	28
Addiction Wards <sup>1</sup>	*	28	*
Continuing care/long stay	17	92	166
Perinatal	12	0	0
Dementia Wards <sup>2</sup>	0	38	667
Eating Disorder	12	0	0
<b>All</b>	<b>879</b>	<b>1,197</b>	<b>1,366</b>

<sup>1</sup> Addiction wards are the combination of addiction rehabilitation and addiction detox wards.

<sup>2</sup> Dementia wards are the combination of dementia assessment and dementia care & treatment wards.

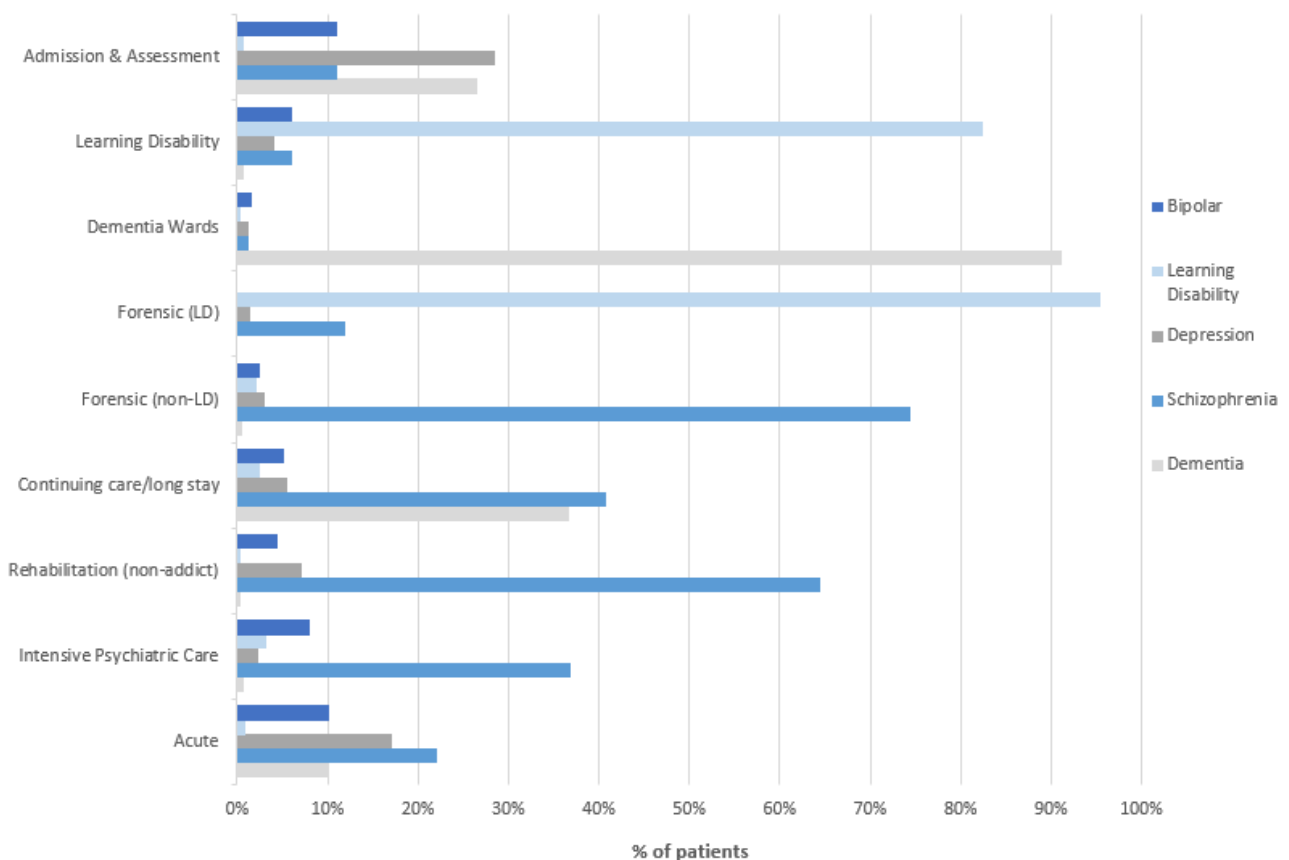
\* Suppressed due to small numbers

## Mental health morbidities

NHS Boards returned diagnosis codes (ICD 10) for any mental health condition for which patients in the 2018 Census had a diagnosis. The majority of patients in the Census had one mental health condition recorded (75%). This was the case for most ward types, however around 60% of patients in learning disability wards had 2 or more diagnoses.

There were differences between ward types in the type of conditions that patients had been diagnosed. Schizophrenia was the most common diagnosis in the majority of wards. However, while this diagnosis was most common in wards such as acute and intensive psychiatric care, these wards tended to have a wider range of conditions. Speciality wards tend to be filled by patients with a diagnosis for that condition, for example, 91% of patients in dementia wards had this diagnosis, while 96% of patients in forensic (LD) wards had a learning disability diagnosis.

**Figure 32: Patients by selected mental health diagnosis, by ward, 2018 Census**



\* Mental health diagnoses are based on ICD 10 codes. Primary and secondary diagnoses included

\*\* Patients may have more than one diagnosis

## 6. Out of Scotland NHS Placements

197 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 7 months

65 patients (33%) had a diagnosis of 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 197 patients treated outwith NHS Scotland in the 2018 Census.

**Table 22: Number of patients (Outwith NHS Scotland), by NHS Board funding and Census**

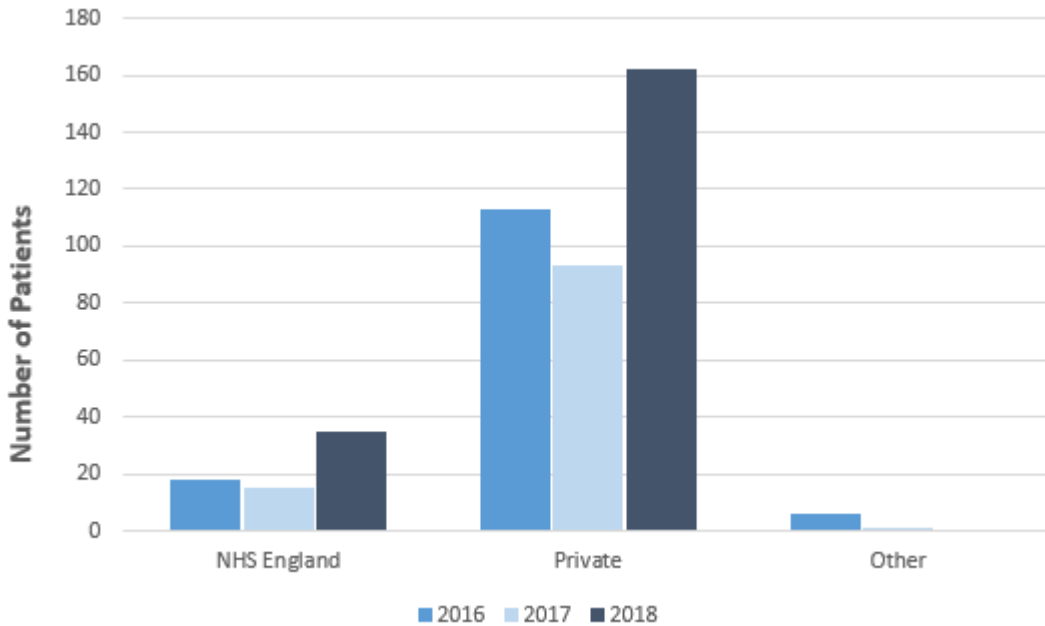
NHS Board responsible for funding	2014 Census	2016 Census	2017 Census	2018 Census
NHS Ayrshire & Arran	34	29	*	*
NHS Borders	*	*	*	27
NHS Dumfries & Galloway	10	*	*	*
NHS Fife	*	*	*	*
NHS Forth Valley	*	*	*	*
NHS Grampian	18	14	14	15
NHS Greater Glasgow & Clyde	11	*	*	*
NHS Highland	*	10	*	20
NHS Lanarkshire	*	10	14	15
NHS Lothian	20	25	24	59
NHS Orkney	*	*	*	*
NHS Shetland	*	*	*	*
NHS Tayside	16	13	11	14
NHS Western Isles	*	12	*	13
National Services Division	*	*	*	*
<b>All</b>	<b>143</b>	<b>137</b>	<b>109</b>	<b>197</b>

\* Suppressed due to small numbers

Of the 197 patients treated outwith NHS Scotland, 162 (82%) were treated in private facilities and 35 (18%) in NHS England.

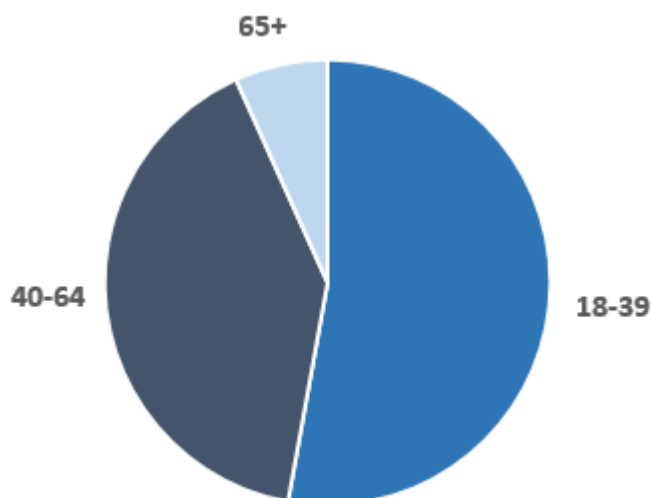
A reason for placement was provided for all outwith NHS Scotland patients. Of these, 164 (83%) patients were placed outwith NHS Scotland because “facility to meet the patient’s needs does not exist within NHS Scotland and there is no alternative to admission”. A further 25 (13%) patients were placed 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 32: 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; 93% were aged under 65 (compared to 60% of NHS Scotland patients), while 54% were aged under 40 (compared to 26% of NHS Scotland patients). There were more male patients, 120 (61%) treated outwith NHS Scotland than female patients, 77 (39%). More than half (54%) of patients were males of working age.

**Figure 33: Number of patients (Outwith NHS Scotland), by age, 2018 Census**



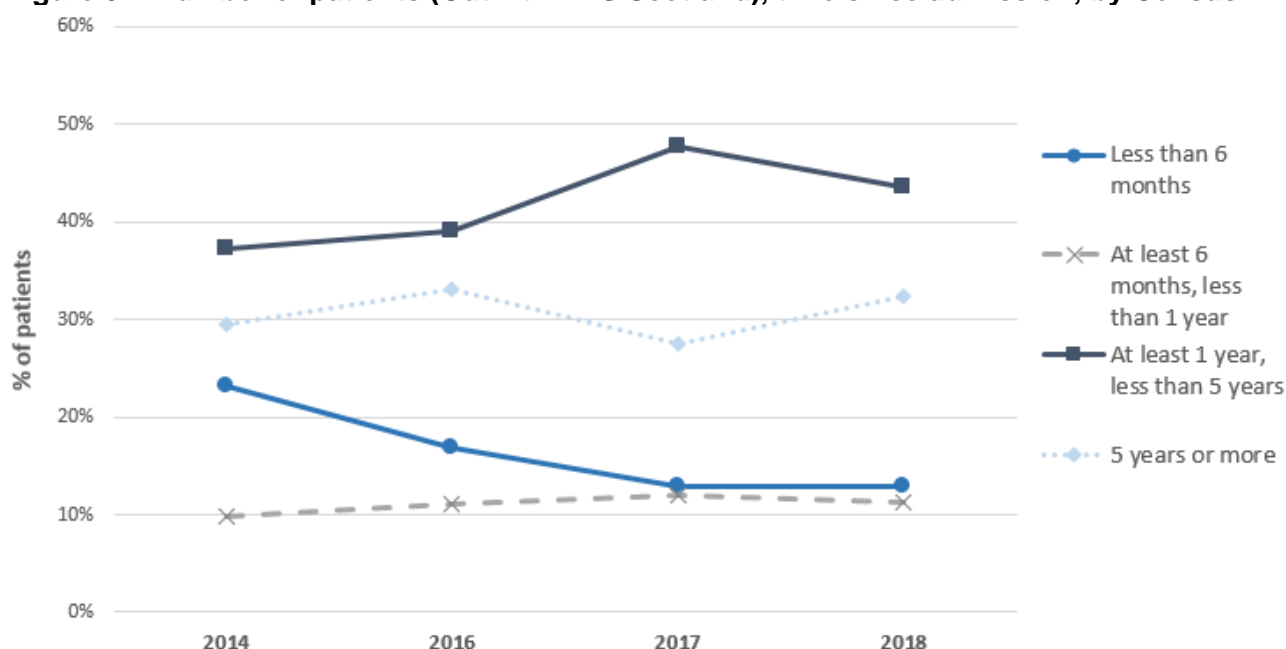
The average (median) number of days for patients treated outwith NHS Scotland was 933 (approx 2 years and 7 months), which is an increase of approx 3 months on 2017, and is more than six times longer than that of patients treated within NHS Scotland facilities.

**Table 23: Average (median) days since admission (Outwith NHS Scotland), 2018 Census**

Group	Average (median) number of days since admission	Approx. number of years / months
NHS Scotland patients treated outwith NHS Scotland	933	2 years, 7 months
All NHS Scotland patients (excluding outwith patients)	136	4.5 months

Of the patients treated outwith NHS Scotland, 148 (75%) had been in hospital for at least one year at the time of the 2018 Census, while 63 patients (32%) had been in hospital for more than five years.

**Figure 34: Number of patients (Outwith NHS Scotland), time since admission, by Census**



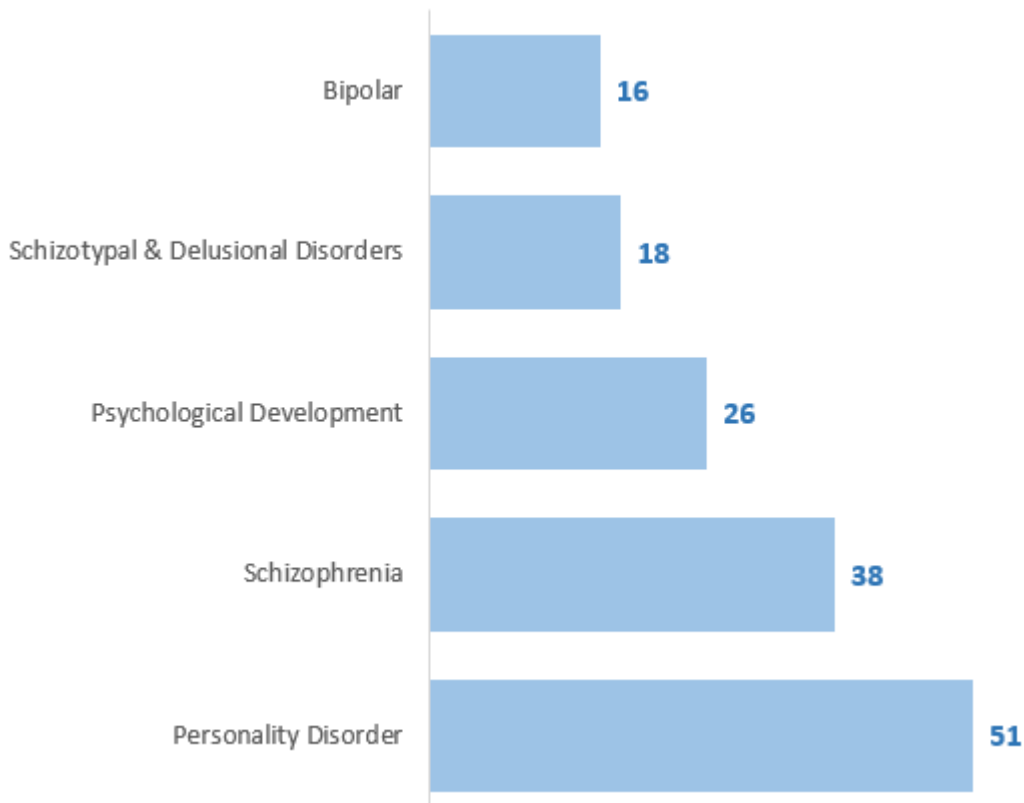
Information on the length of time that has passed since the patients' last care plan review was provided for 171 (87%) patients. Of these, 18 patients (11%) treated outwith NHS Scotland had their last care plan review less than two weeks prior to the 2018 Census, while 54 (32%) had their last care plan review at least 6 months prior to the Census.

Of the 197 patients treated outwith NHS Scotland:

- 49 patients (25%) were receiving Hospital Based Complex Clinical Care
- 41 patients (21%) were under forensic services
- 65 patients (33%) had a learning disability or autism.

A total of 51 (26%) of outwith NHS patients had a diagnosis, either primary or secondary, for a personality disorder. There were 38 (19%) patients with schizophrenia, while 26 (13%) had a diagnosis of psychological development.

**Figure 35: Number of patients (Outwith NHS Scotland), mental health diagnosis, 2018 Census**



*\* Patients can have multiple diagnoses*

Data is provided, where possible, on anticipated discharge/transfer and date of discharge/transfer. A total of 17 (9%) patients are anticipated to return to NHS Scotland within one year.



## 7. Methodology & further information

### Time period and scope

The Inpatient Census was carried out by the Scottish Government and all NHS Boards, except NHS Greater Glasgow & Clyde, as at midnight, 28<sup>th</sup> March 2018. NHS Greater Glasgow & Clyde carried out the Census as at midnight, 30<sup>th</sup> May 2018. This is the fourth 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 (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 (Part 2).
- every patient who was in receipt of Hospital Based Complex Clinical Care (HBCCC) in general acute inpatient beds on the Census date (Part 3).

The Census guidance notes are available here:

<https://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2018/Guidance18>

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

**A separate report is planned for late October 2018 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.

#### 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.

## 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 late October 2018).

### 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 3<sup>rd</sup> 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:

<https://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2018/PIA>

Health & Social Care Analysis Division undertook 2<sup>nd</sup> 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:

<https://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2018/PIA>

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 (10<sup>th</sup> Revision)<sup>1</sup> 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
Behavioural syndromes	F50 – F55, F59
Personality Disorders	F60 – F66 and F68 – F69
Learning Disabilities	F70 – F73 and F78 – F79
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	F90 – F95 and F98

<sup>1</sup> <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 2018.

Academic researchers must initially apply to the 'Public Benefit and Privacy Panel for Health and Social Care'<sup>2</sup> 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](mailto: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.

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

## 8. 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:

<https://beta.gov.scot/publications/social-care-services-scotland-2017/>

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 2018 publication can be found here:

<https://beta.gov.scot/publications/inpatient-experience-survey-2018-national-results/>

## **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.sclid.org.uk/wp-content/uploads/2017/12/2017-Learning-Disability-Statistics-Scotland-3.pdf>



The full dataset guidance notes are available here:

<https://www.sclد.org.uk/wp-content/uploads/2018/04/Guidance-Notes-2018.pdf>

## **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/Previous-Publications/index.asp>

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 are 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 - 2016-17](#), 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 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 2018 Census.

NHS Board	Hospital	Patients	Available beds
NHS Ayrshire & Arran	Ailsa Hospital	61	86
	Arrol Park Resource Centre	16	17
	East Ayrshire Community Hospital	12	20
	Woodland View	112	141
NHS Borders	Galavale Hospital	*	12
	Borders General Hospital	34	39
	Melburn Lodge	*	12
NHS Dumfries & Galloway	Midpark Hospital	55	85
NHS Fife	Whytemans Brae Hospital	23	29
	Stratheden Hospital	121	146
	Queen Margaret Hospital	63	78
	Lynebank Hospital	31	33
NHS Forth Valley	Falkirk Community Hospital	*	16
	Bo'ness Hospital	14	16
	Bellsdyke Hospital	53	62
	Stirling Community Hospital	17	20
	Lochview Hospital	*	20
	Clackmannanshire Community Healthcare Centre	19	20
	Forth Valley Royal Hospital	86	94
NHS Grampian	Bennachie View	*	10
	Glen O' Dee Hospital	*	12
	Royal Cornhill Hospital	221	259
	Fraserburgh Hospital	11	12
	Seafield Hospital	*	10
	Rehabilitation Hospital	*	*
	Pluscarden Clinic	18	20
	375 Great Western Lodge	*	*
NHS Greater Glasgow & Clyde	Elmwood	*	10
	Dumbarton Joint Hospital	11	12
	Vale of Leven Hospital	12	18
	Inverclyde Royal Hospital	59	70
	Dykebar Hospital	70	75
	Royal Alexandra Hospital	39	40

	Larkfield Unit	19	20
	Blythswood House	16	16
	Parkhead Hospital	*	*
	Stobhill Hospital	140	164
	Leverndale Hospital	231	249
	Darnley Court Nursing Home	26	30
	Gartnavel Royal Hospital	168	213
	Royal Hospital for Sick Children	*	*
	Birdston Nursing Home	19	20
	Netherton	*	*
	Rowanbank	69	74
	Skye House	25	24
	NH Rowantree Partnership	20	20
NHS Highland	Migdale Hospital	*	12
	New Craigs Hospital Inverness	107	127
	Mid-Argyll Community Hospital	*	34
NHS Lanarkshire	Coathill Hospital	12	12
	Monklands Hospital	12	20
	Cumbernauld Care Home	16	52
	Cleland Hospital	25	30
	Hatton Lea Care Home	43	90
	Kirklands Hospital	12	12
	Hairmyres Hospital	25	25
	Udston Hospital	28	50
	Caird House	25	27
	Wishaw General Hospital	71	75
NHS Lothian	Herdmanflat Hospital	16	16
	Royal Edinburgh Hospital	350	372
	Tippethill Hospital	28	28
	St John's Hospital	51	66
	Ferryfield House	46	30
	Craigshill Care Home	24	24
	Ellen's Glen House	28	30
	Findlay House	18	29
	Midlothian Community Hospital	42	44
NHS Tayside	Strathmartine Hospital	20	24
	Dudhope House	11	12
	Murray Royal Hospital	132	175
	Stracathro Hospital	27	27
	Whitehills Hospital	10	10
	Carseview Centre	77	76
	Kingsway Care Centre	48	55
NHS Western Isles	Western Isles Hospital	12	13
State Hospital	State Hospital, Carstairs	108	120

## Correspondence and enquiries

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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:  
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e-mail: [statistics.enquiries@scotland.gsi.gov.uk](mailto: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](mailto: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](mailto:statistics.enquiries@scotland.gsi.gov.uk).

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