

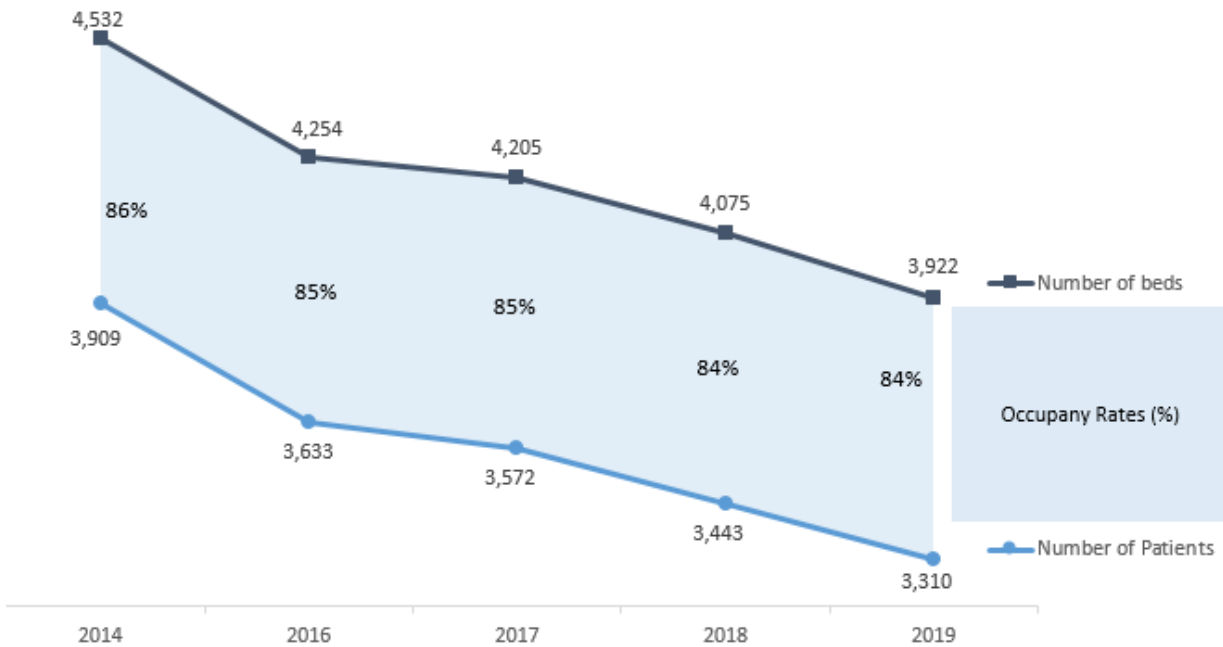


HEALTH AND SOCIAL CARE

Key Points

Figure 1: Patients, beds and occupancy rates have been decreasing since the first Inpatient Census in 2014

Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, March Census



- Patients were most likely to be in an acute ward (36% of all patients).
- 294 (9%) adult inpatients had a diagnosis for either a learning disability or autism.
- 59% of adult inpatients also had a long-term physical health condition.
- There were 46 patients aged under 18 occupying the 54 available CAMHS beds at the 2019 Census. In addition, 6 patients under 18 were staying in other wards.
- There were 488 patients primarily managed by forensic services in the 2019 Census.
- There were 126 patients funded by, but treated out with, NHS Scotland at the 2019 Census. 91% of these patients were treated in a private facility.

Inpatient Census, 2019

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 fifth '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 23:59, 28th March 2019. The Census is designed to provide an understanding of patients in mental health, addiction and learning disability beds who are 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 using 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 to 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. Each Census from 2016 up to and including the 2019 Census are broadly comparable.

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 & Long Stay Census (patients 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 2019 covering Hospital Based Complex Clinical Care and Long Stay patients.

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.

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.

Future plans for the Census

A repeat of the Census is intended to be carried out at the end of March 2020, and any methodological changes will be informed by this year's Census.

1. Overview of patients being treated in NHS Scotland facilities

3,310 mental health, addiction and learning disability inpatients in NHS Scotland at the 2019 Census

Bed occupancy in NHS Scotland was 84% at the 2019 Census, though this ranged from 60 - 93% across individual NHS Boards

The proportion of patients whose discharge from hospital was delayed was 8%, with an average (median) length of delay of almost 3 months

Number of patients, available beds and occupancy rates

There were 3,310 inpatients being treated in NHS Scotland at the 2019 Census, a 4% decrease compared with the 2018 Census and a 15% decrease since the first Census in 2014. Table 1 shows there is variability across NHS Boards throughout the five Census points, though all NHS Boards have fewer patients at the 2019 Census compared with the first Census in 2014.

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 in psychiatric, addiction or learning disability beds in NHS Scotland, 2014 – 2019

NHS Board of treatment	2014	2016	2017	2018	2019
NHS Ayrshire & Arran	198	184	192	201	184
NHS Borders	59	45	50	53	*
NHS Dumfries & Galloway	77	49	55	55	65
NHS Fife	256	184	253	238	234
NHS Forth Valley	217	206	214	210	167
NHS Grampian	339	319	297	291	272
NHS Greater Glasgow & Clyde	1,105	1,111	1,002	937	984
NHS Highland	169	173	160	141	132
NHS Lanarkshire	346	312	301	269	284
NHS Lothian	670	596	611	603	558
NHS Tayside	334	322	312	325	274
NHS Western Isles	18	15	14	12	*
State Hospital	121	117	111	108	109
NHS Scotland	3,909	3,633	3,572	3,443	3,310

* Suppressed due to small numbers, secondary suppression also applied

There were 3,922 available mental health, addiction and learning disability beds in Scotland at the 2019 Census, a 4% decrease on available beds at the 2018 Census. The number of available beds has been consistently decreasing each Census, with a 13% decrease compared to 2014.

Table 2: Number of psychiatric, addiction or learning disability beds in NHS Scotland, 2014 – 2019

NHS Board of treatment	2014	2016	2017	2018	2019
NHS Ayrshire & Arran	299	265	273	264	225
NHS Borders	65	57	63	63	*
NHS Dumfries & Galloway	107	85	85	85	85
NHS Fife	346	252	289	286	287
NHS Forth Valley	240	249	251	248	213
NHS Grampian	383	367	353	351	314
NHS Greater Glasgow & Clyde	1,176	1,154	1,128	1,061	1,054
NHS Highland	195	189	174	173	165
NHS Lanarkshire	450	440	411	393	411
NHS Lothian	711	645	649	639	623
NHS Tayside	409	402	380	379	357
NHS Western Isles	19	17	17	13	*
State Hospital	132	132	132	120	120
NHS Scotland	4,532	4,254	4,205	4,075	3,922

* Suppressed due to small numbers, secondary suppression also applied

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 an estimated 71.7 per 100,000 population in 2014 to 68.8 in 2017. Table 3 shows the number of available beds per 100,000 population in Scotland to be higher than the European Union average, though caution should be applied as there are differences in healthcare systems between nations, as well as definitional and methodological differences across the data.

Table 3: Available beds and inpatients per 100,000 population, 2014 – 2019

Measure	2014	2016	2017	2018	2019
Beds per 100,000 population	84.7	78.7	77.5	74.9	72.1
Patients per 100,000 population	73.1	67.2	65.8	63.3	60.9

The national occupancy rate of psychiatric, addiction or learning disability beds in NHS Scotland at the 2019 Census was 84%, the same as 2018. Occupancy rates have varied between 84 – 86% since the first Census in 2014. However there is wide variation in occupancy rates between NHS Boards.

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.

Table 4: Occupancy rates for psychiatric, addiction or learning disability beds in NHS Scotland, 2014 – 2019

NHS Board of treatment	2014	2016	2017	2018	2019
NHS Ayrshire & Arran	66%	69%	70%	76%	82%
NHS Borders	91%	79%	79%	84%	*
NHS Dumfries & Galloway	72%	58%	65%	65%	76%
NHS Fife	74%	73%	88%	83%	82%
NHS Forth Valley	90%	83%	85%	85%	78%
NHS Grampian	89%	87%	84%	83%	87%
NHS Greater Glasgow & Clyde	94%	96%	89%	88%	93%
NHS Highland	87%	92%	92%	82%	80%
NHS Lanarkshire	77%	71%	73%	68%	69%
NHS Lothian	94%	92%	94%	94%	90%
NHS Tayside	82%	80%	82%	86%	77%
NHS Western Isles	95%	88%	82%	92%	*
State Hospital	92%	89%	84%	90%	91%
NHS Scotland	86%	85%	85%	84%	84%

* Suppressed due to small numbers, secondary suppression also applied

Boarding from another hospital

If a patient is “boarding” from another hospital, 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 because their local hospital did not have the required services to provide them with appropriate treatment.

A total of 37 patients were boarding in from another hospital at the 2019 Census. Of these, 28 (76%) 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. Some of the 37 patients also include people funded by the NHS in another UK nation but being treated in NHS Scotland

Table 5: Number of patients “boarding” from another hospital in NHS Scotland, 2016 – 2019

Measure	2016	2017	2018	2019
Number of patients “boarding”	55	38	39	37
Number of patients “boarding” same NHS HB	45	30	29	28

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. If a patient is “On Pass”, their bed may be used by another patient.

At the 2019 Census there were 87 patients (3%) on pass for at least that overnight period. Of those patients, 76 (80%) were on pass to home.

Hospital Based Complex Clinical Care

From 2016, the Inpatient Census collects 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. Under the definition of HBCCC, a patient cannot be a delayed discharge.

At the 2019 Census, approximately 1 in 5 patients (742) occupying a mental health or learning disability inpatient bed were receiving HBCCC, with 63% of these patients 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 2019. 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 and integrated 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 2019 Census, 262 patients were a delayed discharge. This is 8% of patients for which this information is known (information was not returned for 140 patients), the same proportion of patients since 2017. As a proportion of known patients, NHS Dumfries & Galloway had the highest proportion of delayed discharges with almost 1 in 5 (19%) patients delayed. NHS Greater Glasgow & Clyde has the lowest proportion, with 4% of patients delayed.

The average (median) length of delay at the 2019 Census was just under 3 months (88 days), the longest average delay since the first Census in 2014.

Table 6: Average (median) length of delayed discharge in NHS Scotland, 2014 – 2019

Measure	2014	2016	2017	2018	2019
Average (Median) Days	65	71	65	72	88
Average (Median) Banded	2.1 months	2.3 months	2.1 months	2.4 months	2.9 months

Length of Stay

The average (median) length of stay in a facility can have a large impact on service provision as longer lengths of stay reduce the turnover of patients and beds. The average (median) length of stay at the 2019 Census was 142 days (4.7 months), which is a marginal increase on last year. However, overall across each Census since 2014, the average (median) length of stay has not changed substantially, instead fluctuating around 4.5 to 5 months.

Table 7: Average (median) length of stay in NHS Scotland, 2014 – 2019

Measure	2014	2016	2017	2018	2019
Average (Median) Days	160	147	156	136	142
Average (Median) Banded	5.2 months	4.8 months	5.1 months	4.5 months	4.7 months

2. Ward Type Breakdowns

The majority of available beds in NHS Scotland were in acute wards (34%)

Length of stay varied greatly between ward types, from an average 7 days in addiction wards to 1,451 days in forensic (LD) wards

Bed occupancy varied by ward type from a low of 75% in dementia wards to a high of 102% in addiction wards

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 presents statistics broken down at ward level.

Overall, the occupancy rate for NHS Scotland was 84%, though this varied between ward types, with dementia wards having an occupancy of 75% and addiction wards over 100%. This can occur if a patient is “On Pass”, temporarily freeing up a bed even though that patient is still counted as an inpatient. Wards also differ in the number of available beds. One in three beds in Scotland were in an acute ward, while one in five were in dementia wards.

Table 8: Available beds & occupancy rates by ward type, NHS Scotland, 2017 - 2019

Ward Type	2017		2018		2019	
	No. Beds	Occupancy	No. Beds	Occupancy	No. Beds	Occupancy
Acute	1,525	88%	1,331	86%	1,352	88%
Intensive Psychiatric Care	139	76%	144	87%	133	78%
Rehabilitation (non-addict)	318	81%	311	85%	378	85%
Addiction Wards ¹	72	82%	40	83%	44	102%
Continuing care/long stay	500	74%	402	68%	239	86%
Perinatal	10	90%	12	100%	12	92%
Forensic (non-LD)	391	88%	410	90%	399	90%
Forensic (LD)	82	91%	79	85%	68	88%
Dementia Wards ²	795	86%	814	87%	858	75%
Young People/Children ³	54	70%	54	98%	54	87%
Learning Disability	179	90%	170	87%	190	77%
Eating Disorder	22	95%	22	55%	22	82%
Admission & Assessment	-	-	173	89%	161	91%
Other	118	83%	113	76%	12	92%
Scotland	4,205	85%	4,075	84%	3,922	84%

¹ Addiction wards are the combination of addiction rehabilitation and addiction detox wards

² Dementia wards are the combination of dementia assessment and dementia care & treatment wards

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

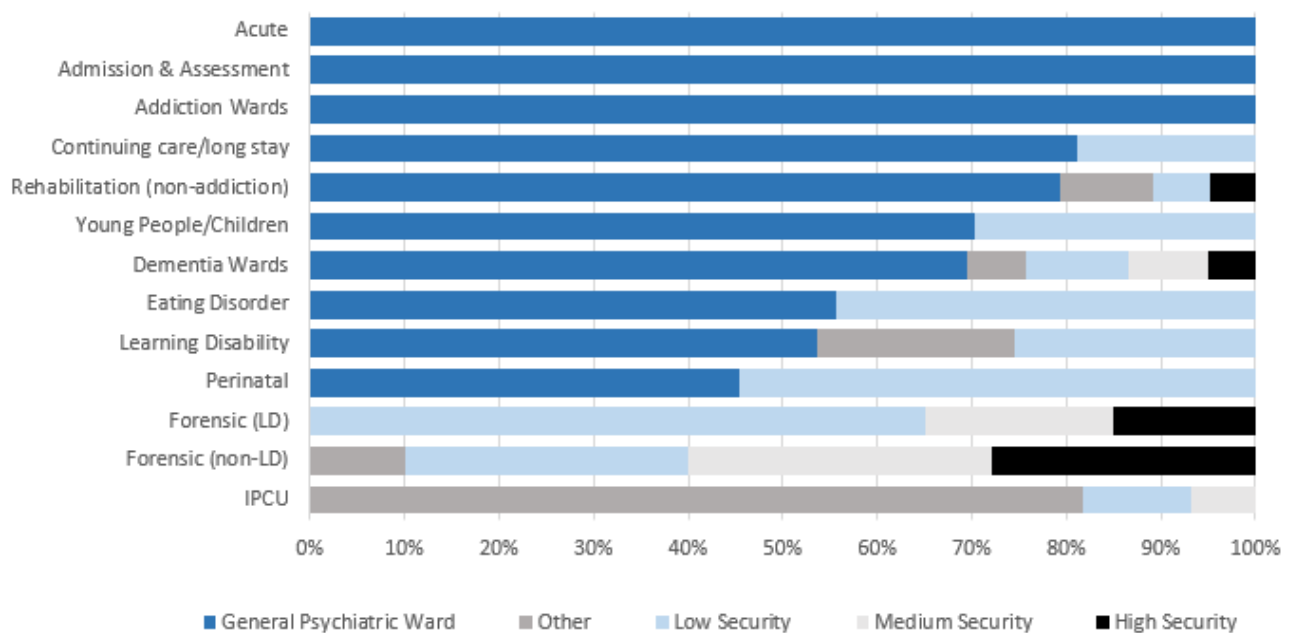
Ward Security Levels

Wards have different levels of security which can vary the level of unrestricted communication patients are allowed or restrict visitors and the movement of patients. The majority of patients, 2,334 (71%), in the 2019 Census were in a “General Psychiatric Ward”. A further 21% of patients (680) were in a ward with a security level of low, medium or high. Patients in these wards likely require extra levels of attention and therefore require a higher level of staff resources. There has been a small shift in the proportion of patients being treated within wards with extra security compared with those being treated in “General Psychiatric Wards”.

For most ward types, “General Psychiatric” is the most common security level, and for three ward types; acute, admission & assessment and addiction wards, this security level makes up 100% of the ward’s security level. However, other ward types have more varied security levels which likely reflects the complex nature of the cases these wards deal with.

Figure 2: Most wards have a security level of "General Psychiatric", however some wards have a range of security levels

Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, 2019 Census



* Excludes a number of cases where ward security returned was 'Not applicable' - 83 in total

Observation level

As well as wards varying by security levels, individual patients will also receive varying levels of observation depending on their individual 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:

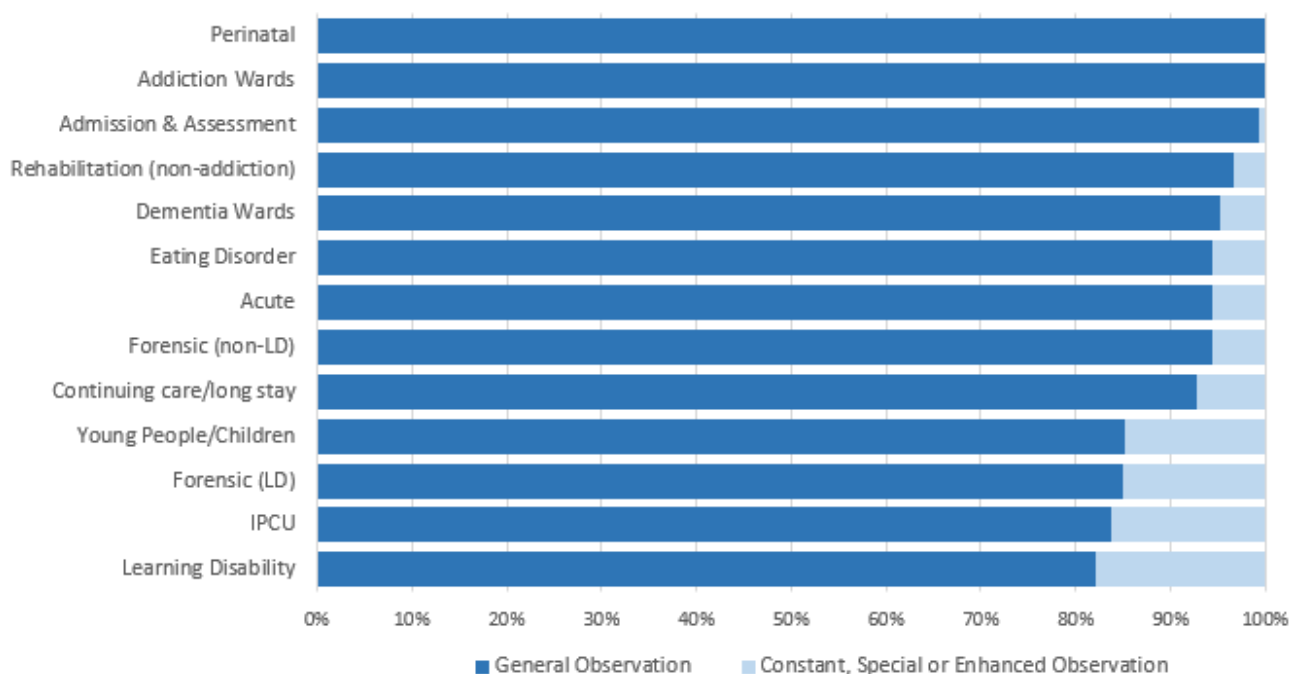
- “General Observation” – Staff should have a knowledge of the patients’ general whereabouts.
- “Constant Observation” – Staff should be constantly aware of the precise whereabouts of the patient.

- “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, 3,098 (94%), were under general observation during the 2019 Census. Some wards are more likely than others to have patients requiring more than general observation, for example, learning disability wards, both forensic and non-forensic and Intensive Psychiatric Care wards.

Figure 3: Most patients are under general observation, however some wards have a higher proportion of patients requiring higher levels of observation

Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, 2019 Census



Patients under Constant, Special or Enhanced Observation require a high level of staff resources. Of the 204 patients under one of these observation levels, 36 (18%) required at least two members of staff involved in their supervision. This varied greatly between different ward types. Patients under higher levels of observations in acute wards for example almost always only required supervision by one member of staff, in comparison to those in learning disability (both forensic & non-forensic) wards where 34% of patients under higher levels of observation required at least two members of staff.

The most common reason for a patient being on a Constant, Special or Enhanced Observation level was due to being a “risk of harm to others” (30%), followed by “risk of self-harm” (24%) and “risk of absconding” (13%). 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.

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.

Just over half of patients (51%) in the 2019 Census were admitted with a formal status. This has been increasing annually since the 2016 Census (44%) and is now 7 percentage points higher. The status of a patient can change during their stay, for example, on the day of the 2019 Census 53% of patients had a formal status, a 2 percentage point increase.

There are significant differences in the lengths of stay for people detained under formal status compared with those with informal status. At 2019 Census the average (median) length of stay for a patient currently held under a formal status was 9 months (275 days) compared to just over 2 months (69 days) for patients with an informal status.

The proportion of patients being held formally varies between ward types as shown in Table 9. Forensic Wards are almost exclusively formal patients, while intensive psychiatric care wards also tend to have a high proportion. In contrast, most patients in acute, addiction and dementia wards tend to be voluntary admissions. However, the proportion of patients being held formally is generally increasing across most ward types.

Table 9: Patients held formally at time of Census by ward type, NHS Scotland, 2016 - 2019

Ward Type	2016	2017	2018	2019
Acute	37%	40%	41%	44%
Intensive Psychiatric Care	88%	94%	92%	99%
Rehabilitation (non-addict)	65%	69%	71%	73%
Addiction Wards ¹	2%	17%	3%	0%
Continuing care/long stay	22%	28%	37%	48%
Forensic (non-LD)	98%	99%	100%	100%
Forensic (LD)	96%	96%	99%	97%
Dementia Wards ²	21%	22%	20%	20%
Learning Disability	66%	75%	80%	85%
Eating Disorder	44%	43%	50%	61%
All	44%	47%	49%	53%

¹ Addiction wards are the combination of addiction rehabilitation and addiction detox wards

² Dementia wards are the combination of dementia assessment and dementia care & treatment wards

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. Under the definition of HBCCC, a patient cannot be a delayed discharge. As expected, patients with HBCCC have significantly longer lengths of stay. At the 2019 Census, HBCCC patients had an average (median) length of stay of 1 year and 10 months (672 days) compared to just under 3 months (83 days) for patients without HBCCC.

There were 742 (22%) patients receiving HBCCC occupying a mental health or learning disability inpatient bed at the 2019 Census. Most of these patients (44%) are being treated

in dementia wards. Table 10 shows that while most HBCCC patients are being treated in wards with longer lengths of stay, a small proportion are being treated in acute wards.

Table 10: Number of HBCCC patients by ward type, NHS Scotland, 2017 - 2019

Ward Type	2017		2018		2019	
	HBCCC patients	% of ward	HBCCC patients	% of ward	HBCCC patients	% of ward
Acute	86	6%	37	3%	65	5%
Rehabilitation (non-addict)	98	38%	65	25%	57	18%
Continuing care/long stay	286	77%	171	62%	140	68%
Forensic (non-LD)	131	38%	64	17%	101	28%
Dementia Wards ¹	218	32%	321	45%	328	51%
NHS Scotland	924	26%	731	21%	742	22%

¹ 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 and integrated 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 2019 Census, 262 patients were a delayed discharge. Most of these delayed discharge patients were either in dementia wards, 72 (27%), acute wards, 69 (26%) or learning disability units (non-forensic), 54 (21%).

The length of delay varies greatly between different ward types. Patients in acute wards tend to have shorter delays, an average (median) of 41 days at the 2019 Census, the same as 2018. Patients in forensic units tend to have longer delays, with those in forensic units (excluding learning disability) delayed for an average (median) of 390 days at the 2019 Census. However, the longest delays to discharge are observed for patients in learning disability units, both non-forensic (760 days) and forensic (786 days).

Length of Stay

The average (median) national length of stay is 142 days. However this varies significantly between ward types. The longest average (median) length of stay was just under 4 years (1,451 days) for patients in forensic learning disability units. Patients in continuing care/long stay wards also had significantly longer lengths of stay, 3 years and 7 months (1,318 days), as would be expected. In contrast, patients in addiction wards had an average (median) length of stay of one week (7 days).

Table 11: Average (median) length of stay by ward type, NHS Scotland, 2016 – 2019

Ward Type	2016	2017	2018	2019
Acute	41	41	36	40
Intensive Psychiatric Care	65	57	54	57
Rehabilitation (non-addict)	770	840	537	582
Addiction Wards ¹	13	7	7	7
Continuing care/long stay	1,462	1,255	1,170	1,318
Forensic (non-LD)	861	832	779	922
Forensic (LD)	1,709	1,371	1,398	1,451
Dementia Wards ²	205	206	204	269
Learning Disability	840	1,401	447	799
Eating Disorder	90	85	88	100

¹ Addiction wards are the combination of addiction rehabilitation and addiction detox wards

² Dementia wards are the combination of dementia assessment and dementia care & treatment wards

3. All patients treated in NHS Scotland facilities (Summary)

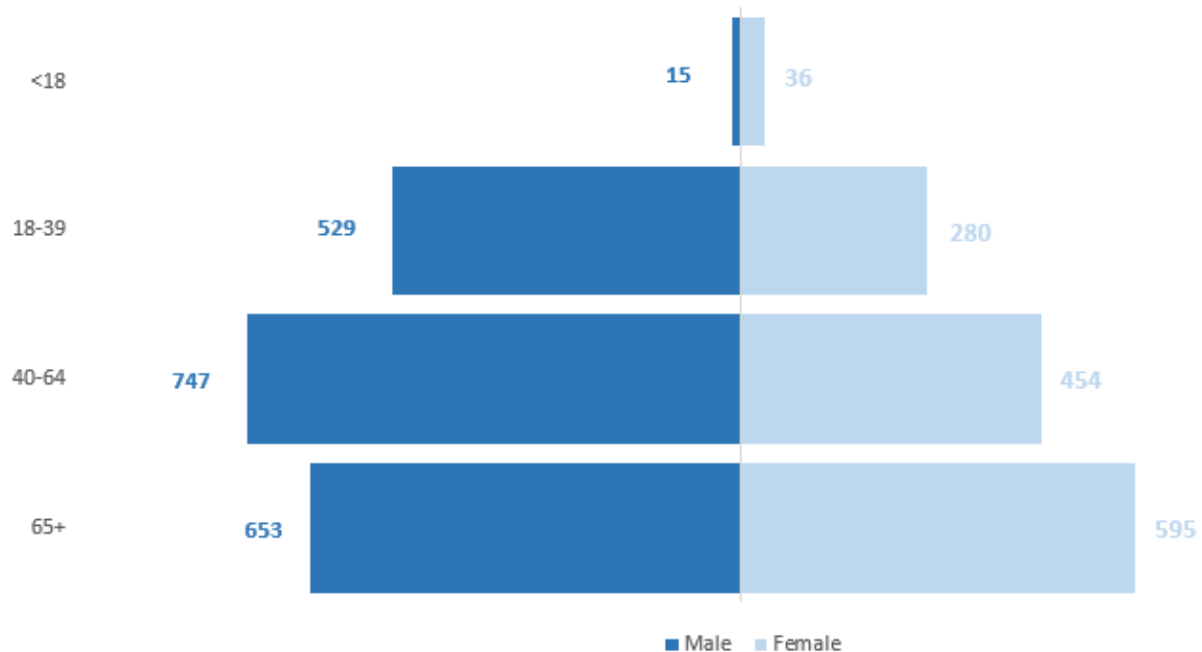
- 59% of patients in the 2019 Census were male, while for those aged 18 - 39 years this increased to 65% of patients
- Continuous improvements to ethnicity data recording has been noted. The majority of patients (80%) identified as white Scottish
- Most patients (86%) did not have any dependents in the 2019 Census

This section summarises demographic information for all patients occupying a mental health, addiction and learning disability bed in NHS Scotland at the 2019 Census. More detailed information on specific groups; adults (18+), children and young people (<18) and forensic patients, follows in later sections.

- The majority of patients in the 2019 Census were male (59%) and this proportion has changed little since the 2016 Census, fluctuating only by one percentage point. The difference is most pronounced for those aged 18-39 years where 65% are male while the gap narrows for those aged 65 and over (52% male versus 48% female). Only for those aged under 18 are there more females (69%).

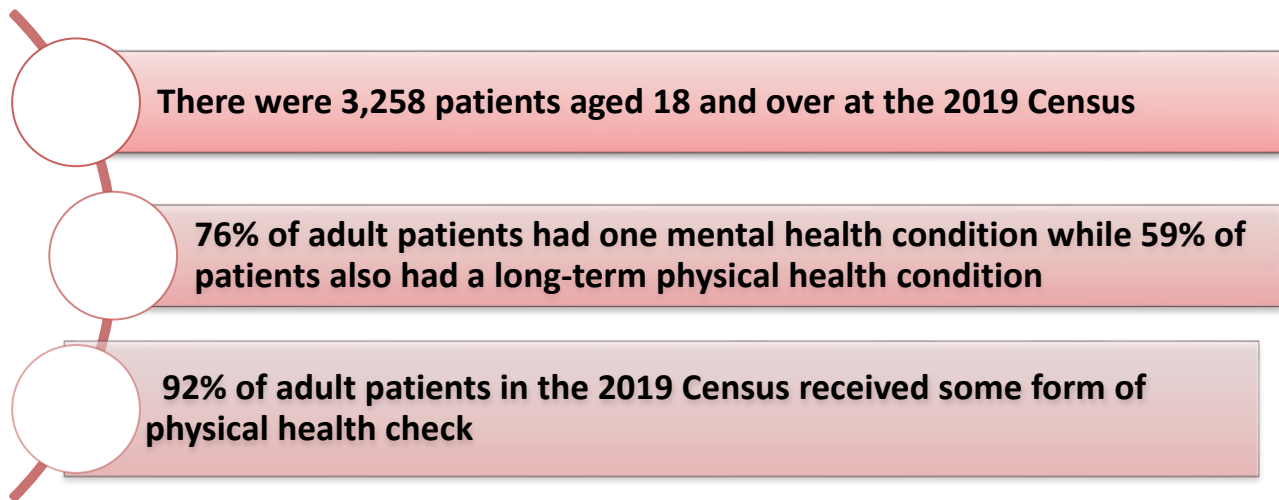
Figure 4: There are more males than females occupying an inpatient bed at the 2019 Census at all age groups except under 18's

Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, 2019 Census



- Most patients were aged 65 or over (38%) or between 40 to 64 years (36%) and this pattern has changed little since the 2016 Census. However, there has been a small decrease in the proportion of 65 and overs since 2016 of 3 percentage points.
- The average (mean) age of a patient in the 2019 Census was 55 years old, a slight decrease on the average of 57 years in the 2016 Census.
- The majority of patients (40%) in the 2019 Census were admitted due to a therapeutic/clinical crisis. A further 12% were admitted for diagnostic reasons, while 6% were admitted for rehabilitation.
- There has been a notable improvement in the recording of ethnicity data since the 2016 Census. At that point, 7% of patients were returned as refused or not known, however, this has dropped to 2% in the 2019 Census.
- The majority of patients (80%) identified as white Scottish in the 2019 Census. An additional 14% of patients identified as other white. Asian, Asian Scottish or Asian British made up 2% of the 2019 Census while African, African Scottish or African British made up a further 1%. These proportions are relatively unchanged from previous years.
- More than half (53%) of patients in the 2019 Census had never been married nor registered in a civil partnership. This proportion is a 5 percentage point increase on the 2018 Census.
- Most patients (86%) in the 2019 Census did not have any dependents. However, 6% of patients had a working age adult dependent and a further 5% had at least one child dependent.
- In the 2019 Census, 36% of patients were retired which is a 5 percentage point decrease from 2016. This change likely reflects the change in age demographics described above. The proportion of patients who were unemployed was 47% in the 2019 Census, an increase of 3 percentage points. A further 4% of patients were not allowed to work, while 1% were students.

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



This section looks at additional detail for adult patients (18+) occupying a mental health, addiction and learning disability bed in NHS Scotland. At the 2019 Census, there were 3,258 adult patients, a 4% decrease on the 2018 Census.

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 1,382 (42%) adult patients were seen by a consultant whose speciality was “General Psychiatry” in the 2019 Census, the same proportion as 2017 and 2018. A further 1,181 (36%) adult patients were seen by a consultant under the speciality “Psychiatry of Old Age”. This is 2 percentage points lower than 2018 and likely reflects the decrease in patients aged 65 and over in the 2019 Census.

Table 12: Proportion of adult patients by consultant speciality, NHS Scotland, 2016 – 2019

Consultant Speciality	2016	2017	2018	2019
General Psychiatry	43%	42%	42%	42%
Forensic Psychiatry	12%	13%	14%	15%
Psychiatry of Old Age	39%	38%	38%	36%
Learning Disability	5%	5%	4%	4%
Addictions	1%	1%	< 1%	1%

* Does not include all consultant specialities due to small numbers

Legislation

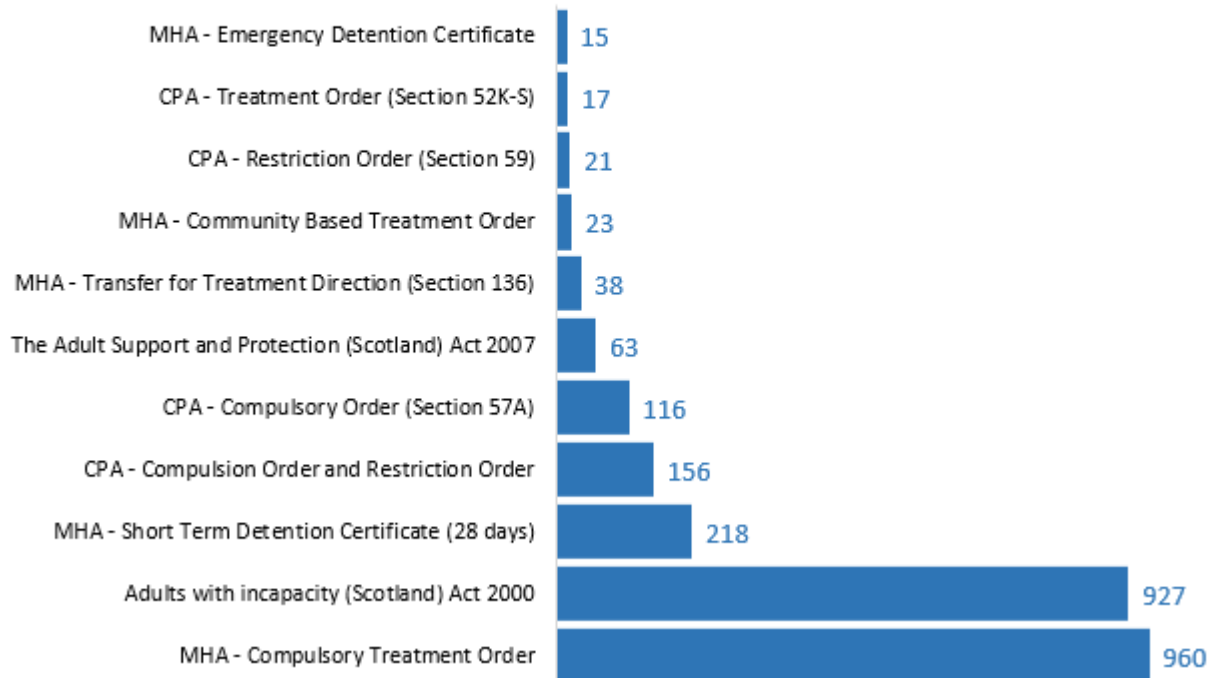
Patients can be formally detained under the provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003. However there is a range of legislation which patients can be subject to, and patients can be subject to more than one piece of legislation.

A total of 960 (29%) patients were subject to the Mental Health Act (Compulsory Treatment Order), while 927 (28%) were subject to the Adults with incapacity (Scotland)

Act 2000. Some other legislation patients can be subject to are the Criminal Procedure Act and the Adult Support and Protection (Scotland) Act 2007.

Figure 5: Most adult patients in the 2019 Census were held under the Mental Health Act (Compulsory Treatment Order)

Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Adult Patients (18+), 2019 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 due to small numbers

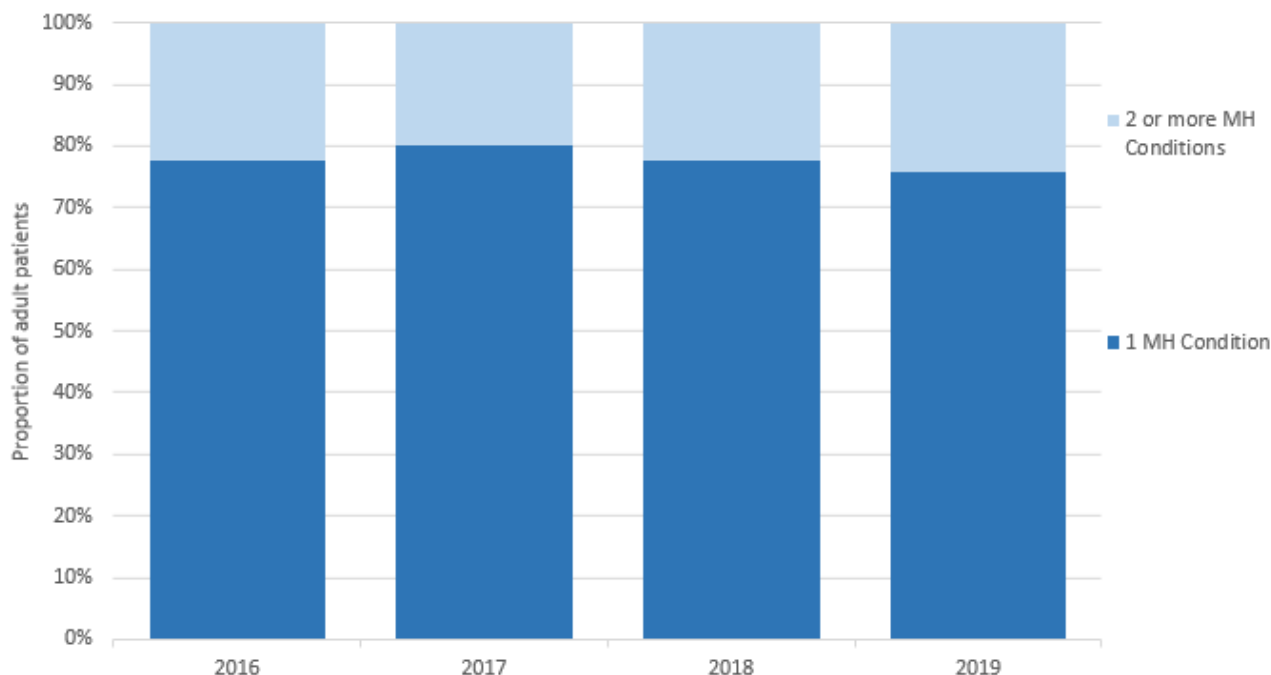
Health and Wellbeing

Mental health morbidities

NHS Boards returned diagnosis codes (ICD-10) for any mental health condition which patients in the 2019 Census had been diagnosed. Approximately 3 out of 4 adult patients with known mental health conditions (unknown data for 106 patients) had one mental health condition recorded in the 2019 Census. The proportion with 2 or more mental health conditions has increased from 22% in 2018 to 24% in 2019.

Figure 6: The proportion of adult patients with 2 or more mental health conditions in 2019 is 2 percentage points higher than 2018, and 4 percentage points higher than 2017

Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Adult Patients (18+), 2019 Census



* Excludes patients with unknown diagnosis (2016 - <10, 2017 - 86, 2018 - 124, 2019 – 106)

The most commonly diagnosed mental health condition in the 2019 Census for adult patients was schizophrenia (28%), followed by dementia (25%) and personality disorder (11%). The proportion of patients with each condition has changed little since 2018, with the biggest difference a 2 percentage point decrease in the proportion of patients with dementia. The only other conditions to decrease from 2018 was depression and neurotic, stress-related & somatoform conditions, both by 1 percentage point. All other conditions either remained the same or increased by 1 percentage point.

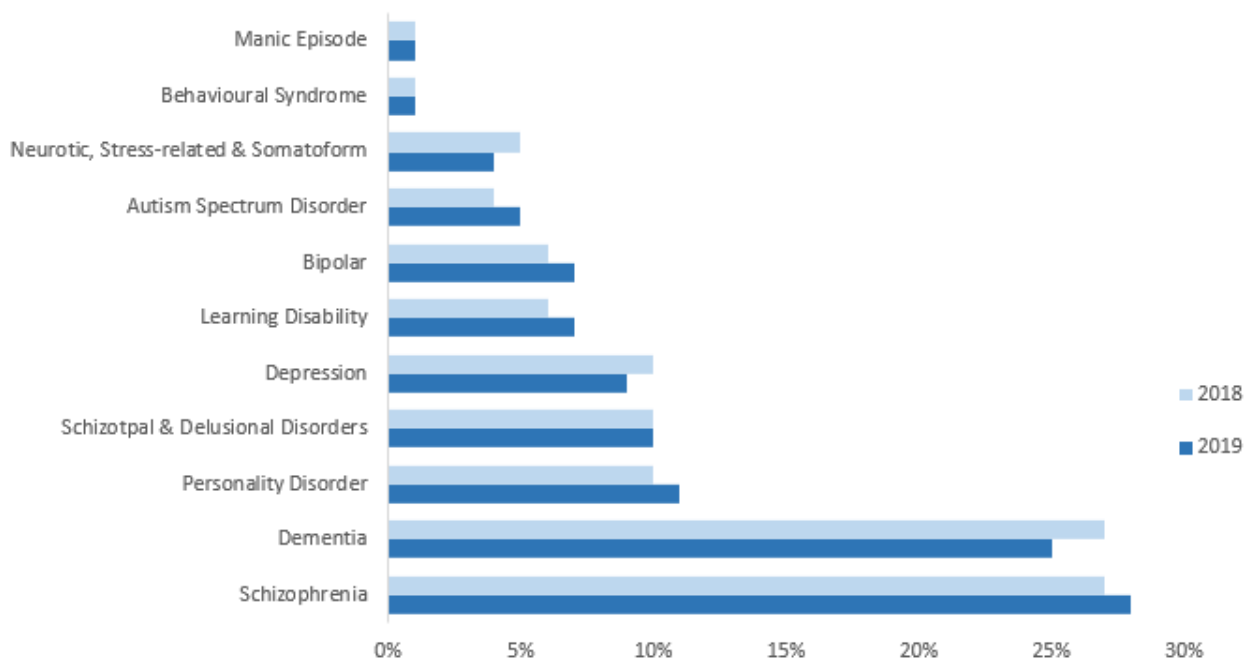
Diagnosis counts include both primary and secondary diagnoses. In addition, separate questions on autistic spectrum disorder and personality disorder allowed for cross-comparison with diagnosis codes to pick up any patients missing relevant codes. It should also be noted that patients may have more than one diagnosis.

Learning Disabilities and Autism

Of the 3,258 adult patients in the 2019 Census, 294 (9%) had a diagnosis for either a learning disability or autism, a 1 percentage point increase on 2018. There were 229 (7%) adult patients with a diagnosis for learning disability and 147 (5%) with a diagnosis for autism (82 patients had a diagnosis for both).

Figure 7: There has been a 2 percentage point decrease in the proportion of adult inpatients with dementia from 2018 to 2019. This may reflect the decrease in the proportion of patients aged 65+

Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Adult Patients (18+), 2019 Census



* 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 not included due to small numbers

Physical health co-morbidities

The Mental Health Strategy 2017 – 2027 emphasises the importance of considering physical and mental health together as 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 2019 Census.

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

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

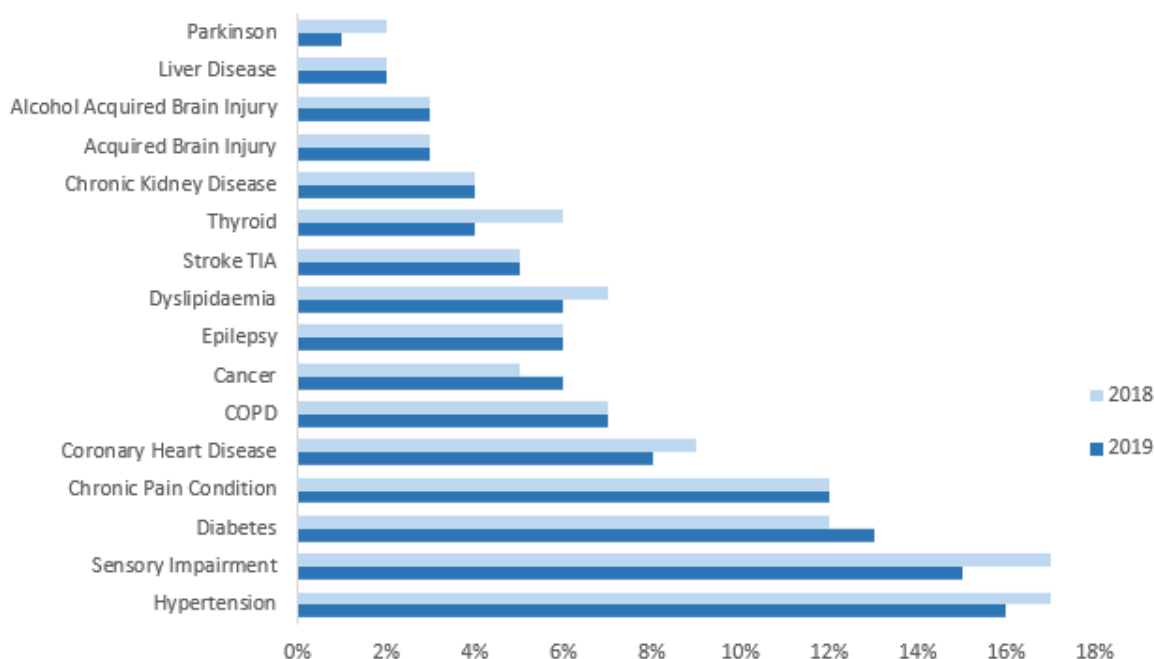
There were 1,914 (59%) adult patients with at least one physical health co-morbidity based on the suite of Yes/No physical health questions at the 2019 Census. This is 1 percentage

point lower than the 2018 Census but remains higher than the 58% figure reported in 2017 and 53% in 2016.

Most adult patients with a physical health co-morbidity returned one long term condition (39%). However, almost 1 in 5 adult patients had 4 or more physical health co-morbidities in the 2019 Census. The most common physical co-morbidity in the 2019 Census was hypertension (16% of all adult patients), followed by sensory impairment (15%) and diabetes (13%).

Figure 8: There has been a 2 percentage point decrease in the proportion of adult inpatients with sensory impairment and thyroid condition from 2018 to 2019

Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Adult Patients (18+), 2019 Census



* Patients can have more than one physical condition

Physical Health Check

The 2017 Census included, for the first time, questions related to physical health checks. These follow on from actions on mental health set out by the Chief Medical Officer ([http://www.sehd.scot.nhs.uk/cmo/CMO\(2015\)19.PDF](http://www.sehd.scot.nhs.uk/cmo/CMO(2015)19.PDF)). There are 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 2,077 adult patients for whom data on a general physical examination was returned, 1,917 (92%) received a general physical examination within a day of admission. This is 1 percentage point lower than the 2018 Census but 3 percentage points higher than 2017. A further 34 (2%) of patients were offered an examination but declined.

Of the 1,180 adult patients for whom data on an annual physical examination was returned, 1,066 (90%) received a health check within the last year. This is 1 percentage point lower than the 2018 Census but 8 percentage points higher than 2017. A further 29 (2%) of patients were offered an examination but declined.

Overall, 3,062 (92%) adult patients received some form of physical health check in the 2019 Census, the same as the 2018 Census and 5 percentage points higher than 2017.

Lifestyle factors

BMI (Body Mass Index)

BMI (Body Mass Index) was calculated for patients whom height and weight information was returned. A total of 104 patients were excluded because height and weight information was either not provided or were extreme outliers. Patients in eating disorder wards were also excluded.

Of the remaining adult patients, 1,117 (36%) had a normal BMI, while 60% were overweight or obese. There has been little change over time in the BMI of adult patients.

Table 13: Proportion of adult patients by Body Mass Index, NHS Scotland, 2016 – 2019

BMI Category	2016	2017	2018	2019
Underweight	6%	6%	5%	5%
Normal	36%	37%	37%	36%
Overweight	31%	30%	30%	30%
Obese	28%	28%	29%	30%

* Excludes patients in eating disorder wards

** 104 patients excluded due to missing data or extreme outliers

Smoking, alcohol and drug misuse

The Census includes 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 from a combination of questions. A minor methodological change was made in 2017 (see Section 8 for further details).

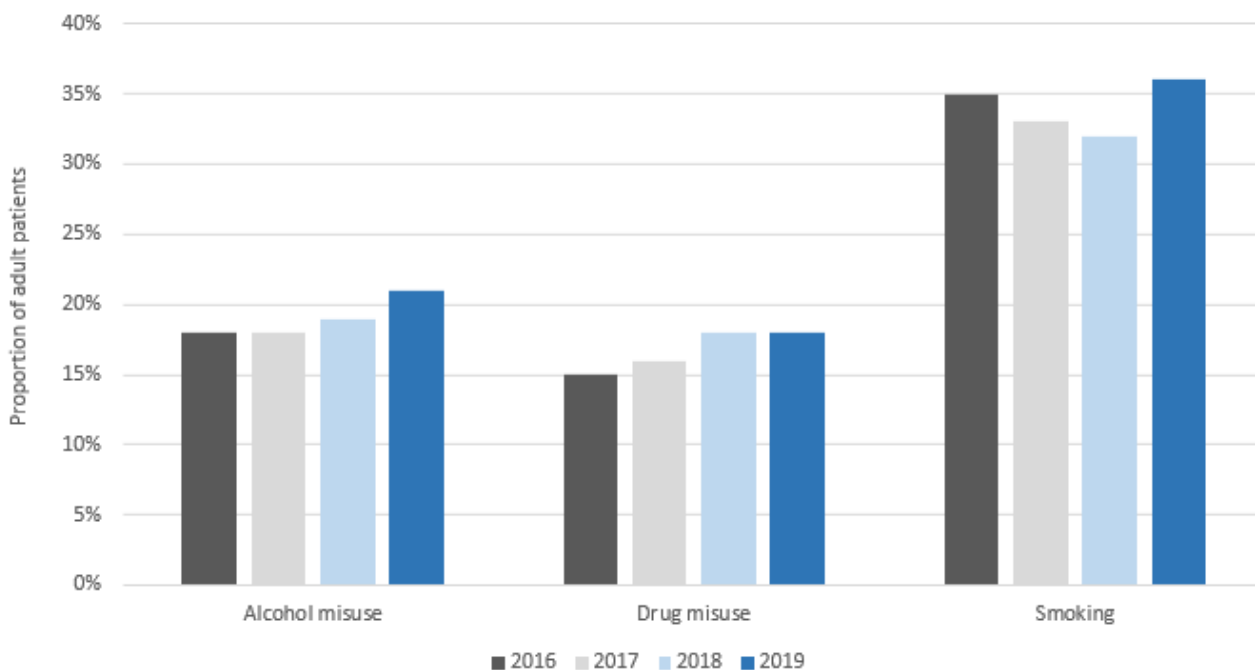
A total of 1,170 (36%) adult patients smoked tobacco in the 12 weeks prior to the 2019 Census. This is a 4 percentage point increase on the 2018 Census and follows sustained decreases since 2016 where the proportion of adult patients smoking tobacco in the 12 weeks prior to admission was 35%. The proportion of adults smoking in the 2019 Census is much higher than the number of adults that smoke in Scotland (19%) as reported in the 2018 [Scottish Health Survey](#).

In the 2019 Census, 687 (21%) of adult patients had a history of alcohol dependence in the four weeks prior to admission, of which 150 (22%) had an alcohol related diagnosis based on ICD-10 codes. The 21% of adult patients with a history of alcohol dependence in the four weeks prior to admission is a higher proportion than in previous surveys.

A total of 588 (18%) of adult patients had abused substances (excluding alcohol) in the four weeks prior to admission. Of these, 142 (24%) 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 is the same as 2018.

Figure 9: The proportion of adult patients with a history of alcohol dependence has increased by 3 percentage points since the 2016 Census

Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Adult Patients (18+), 2019 Census



Substances used prior to admission

NHS Boards returned data on the substances used by the 588 adult patients with a history of substance misuse (excluding alcohol) in the four weeks prior to admission. The most prevalent substance was Cannabis, 361 (61%). Cocaine (14%) and Amphetamine (14%) were the next most prevalent, followed by heroin (12%).

Of the 588 patients with a record of substance abuse (excluding alcohol) in the four weeks prior to admission, 350 (60%) patients used only one substance, while 150 (26%) used two or more. Detailed information on substances used was not returned for 88 (15%) patients.

Table 14: Number of substances used by adult patients in 4 weeks prior to admission, NHS Scotland, 2016 – 2019

Number of substances	2016		2017		2018		2019	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
One	291	56%	316	59%	334	55%	350	60%
Two	79	15%	70	13%	92	15%	91	15%
Three	41	8%	34	6%	34	6%	25	4%
Four	19	4%	16	3%	22	4%	20	3%
Five or more	13	2%	24	4%	16	3%	14	2%
Not known	79	15%	79	15%	106	18%	88	15%

Of the patients with recorded substance abuse in 4 weeks prior to admission, 372 (63%) used smoke or nasal as the main route of substance abuse, 156 (27%) oral and 33 (6%) injected (patients can use more than one route and data was not returned for all patients).

Self-harm

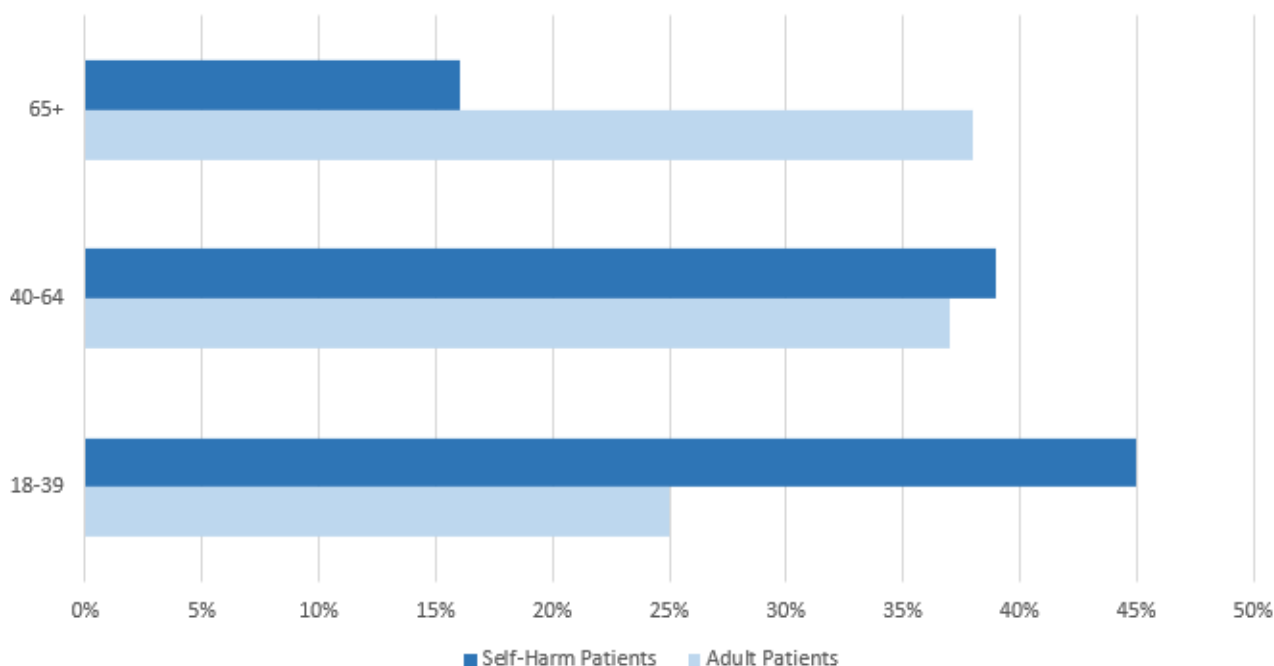
NHS Boards returned information on whether patients self-harmed in the week prior to admission. At the 2019 Census, 359 (11%) adult patients had self-harmed in the week prior to admission. This proportion is similar to previous years. Non-accidental injury was the most common form of self-harm in the 2019 Census, followed by poisoning.

There were no gender differences (50% male, 50% female) for adults self-harming the week prior to admission, however, given only 41% of adult patients in the Census are female, this suggests females are at a higher risk of self-harm compared with males.

While adult patients aged 18 – 39 years make up 25% of all adult inpatients in the 2019 Census, this age category represents 45% of those self-harming the week prior to admission, suggesting this age category are most at risk.

Figure 10: Adults aged 18-39 years represent the largest proportion of patients self-harming the week prior to admission, while those aged 65+ represent the lowest proportion

Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Adult Patients (18+), 2019 Census

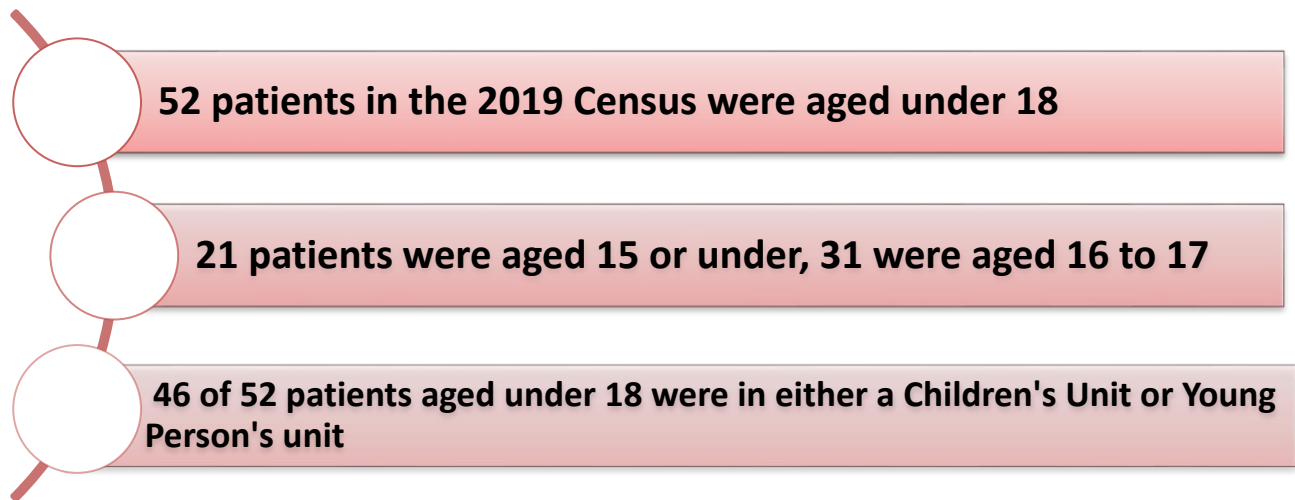


Suicidal ideation

NHS Boards returned information on whether patients were expressing suicidal ideation on admission. There were 362 (11%) adult patients expressing suicidal ideation on admission at the 2019 Census, 2 percentage points lower than 2018.

Females were more likely to be expressing suicidal ideation on admission (54%), as were those aged 18 – 39 (38%) and 40 – 64 (39%).

5. Children and Young People treated in NHS Scotland facilities (additional detail)



This section 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 52 mental health, addiction or learning disability inpatients aged under 18 at the 2019 Census, compared with 57 in 2018, 36 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.
- 35 (67%) patients aged under 18 were referred by a Community Mental Health Service.
- There were 46 (88%) patients treated in a Children's or Young People's Unit. There were 54 available beds for these wards at the 2019 Census.
- 21 (40%) patients were aged 15 or under, while 31 (60%) were aged 16 to 17. The majority of patients, 36 (69%), were female.
- 83% 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 was 51 days. This is 11 days shorter than the 2018 Census. Around 1 in 4 children and young people had been in hospital for less than 2 weeks at the 2019 Census.
- 18 (35%) patients under 18 had a diagnosis of a behavioural syndrome while 16 (31%) had an autistic spectrum disorder. Other diagnoses were recorded for small numbers of patients. Patients can have more than one condition.

6. Patients receiving Forensic Services (additional detail)

488 (15%) patients in the 2019 Census were receiving Forensic Services

Patients receiving Forensic Services are mostly males of working age

4 out of 5 patients receiving Forensic Services were either Overweight or Obese as at the 2019 Census

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 488 patients primarily managed by Forensic Services in the 2019 Census. This is an increase on the 475 patients reported in 2018.

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 15: Number of forensic patients by NHS Board, 2014 – 2019

NHS Board	2014	2016	2017	2018	2019
NHS Ayrshire & Arran	*	*	16	18	19
NHS Borders	0	*	0	0	0
NHS Dumfries & Galloway	0	*	0	*	*
NHS Fife	31	34	39	35	39
NHS Forth Valley	20	*	*	*	*
NHS Grampian	42	42	40	41	37
NHS Greater Glasgow & Clyde	128	122	119	123	119
NHS Highland	*	*	*	*	*
NHS Lanarkshire	19	15	20	25	28
NHS Lothian	65	47	56	51	72
NHS Tayside	65	55	64	62	49
NHS Western Isles	0	0	0	0	0
State Hospital	121	117	111	108	109
Scotland	507	458	484	475	488

* Suppressed due to small numbers

Age and Gender

The vast majority of patients receiving forensic services are working age males. Male patients made up 89% of all forensic services patients in the 2019 Census, 4 percentage points lower than 2018. Only 9% of forensic patients are aged 65 and over.

Figure 11: Working age males made up 85% of all forensic patients in the 2019 Census, while males in general made up 89%

Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Forensic Patients, 2019 Census



Ward Type

Most forensic services patients were treated in a forensic ward, 409 (84%), of which 55 were in a learning disability ward. A further 24 (5%) of patients were in a dementia ward, while 17 (3%) were in an intensive psychiatric care unit.

Ward Security Level

There were 179 (37%) patients receiving forensic services in a low security ward in the 2019 Census. A further 124 (25%) were in a medium security ward, while 109 (22%) were in a high security ward. Only 4% were in a general psychiatric ward, compared with 71% of all mental health, addiction or learning disability patients.

Specialty of Consultant

A total of 449 (92%) patients receiving forensic services were seen by a forensic psychiatrist. There were 24 (5%) patients being seen by a consultant whose specialty was "Psychiatry of Old Age".

Length of stay in hospital

Patients receiving forensic services tend to have longer average (median) lengths of stay. The average (median) time since admission at the 2019 Census for patients receiving forensic services was just under two and a half years. This compares with non-forensic services patients who had an average (median) admission time of three months.

Table 16: Average (median) length of stay for forensic and non-forensic patients, 2019

Group	Average (median) number of days since admission	Approx. number of years / months
Forensic Services Patients	896	2 years, 5 months
Non-forensic Services Patients	100	3 months

Of the 488 patients receiving forensic services in the 2019 Census, 370 (76%) had been in hospital for over a year. Only 17 (3%) patients had been in hospital for less than two weeks.

Table 17: Banded length of stay for forensic patients, 2016 – 2019

Banded days since admission	2016		2017		2018		2019	
Less than 2 weeks	10	2%	13	3%	13	3%	17	3%
At least 2 weeks, less than 1 month	10	2%	15	3%	*	*	10	2%
At least 1 month, less than 3 months	23	5%	36	7%	*	*	21	4%
At least 3 months, less than 6 months	49	11%	34	7%	43	9%	33	7%
At least 6 months, less than 1 year	45	10%	58	12%	43	9%	37	8%
At least 1 year, less than 5 years	202	44%	203	42%	226	48%	234	48%
5 years or more	119	26%	125	26%	114	24%	136	28%

* Suppressed due to small numbers

Health and Wellbeing

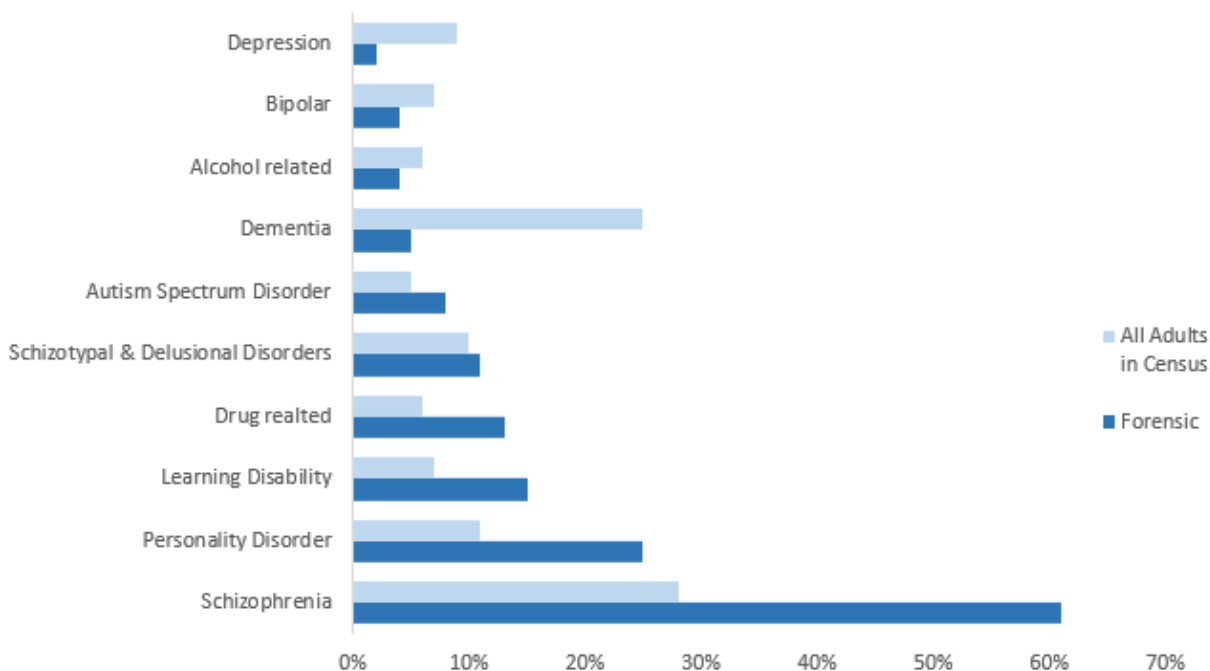
Mental health morbidities

NHS Boards returned diagnosis codes (ICD-10) for any mental health condition for which patients in the 2019 Census had a diagnosis. Of the 481 patients receiving forensic services for whom diagnosis information was returned, 197 (41%) had 2 or more mental health conditions. This compares to 24% for all adult patients.

The most common condition for patients receiving forensic services was schizophrenia, with 298 (61% of all) patients having this condition. This is higher than the 28% reported for all adults. Likewise, patients receiving forensic services are much more likely to have a personality disorder, 1 in 4 forensic patients compared to 1 in 10 for all adults in the Census.

Figure 12: Certain mental health conditions are more prominent in patients receiving forensic services compare to all adults, for example Schizophrenia (61% compared to 28%)

Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Forensic Patients, 2019 Census



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

** Personality disorders and autistic spectrum disorder counts also rely on respective questions on these disorders

*** Patients may have more than one diagnosis

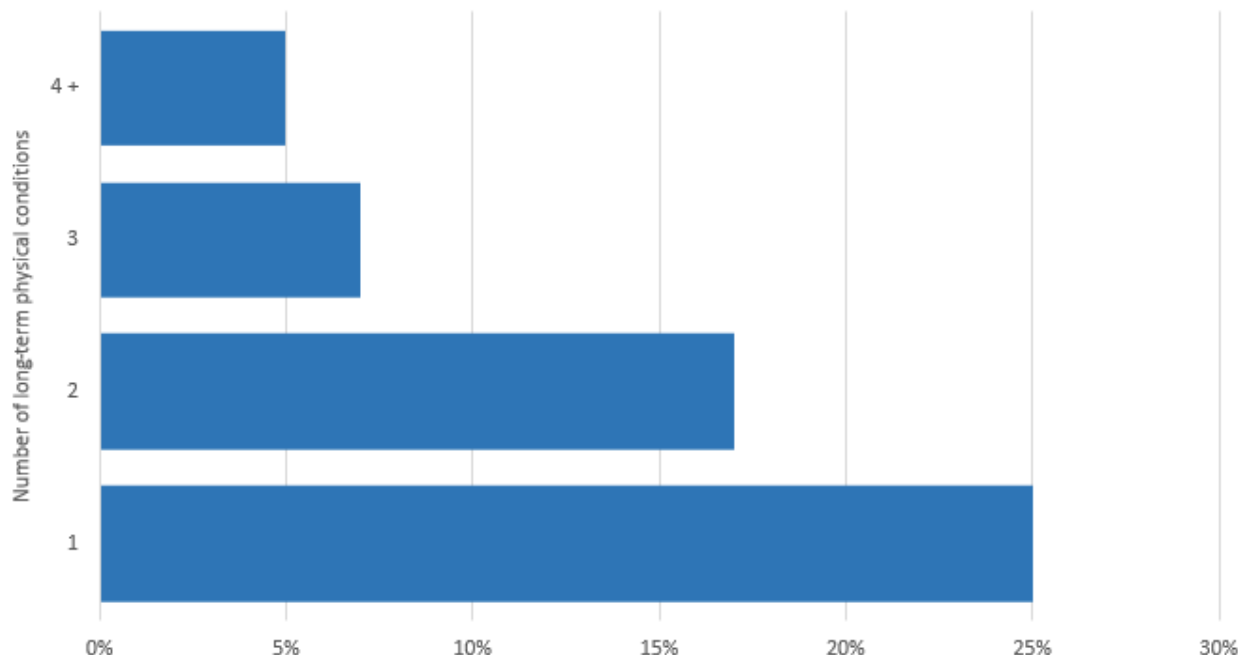
Physical health co-morbidities

A total of 261 (53%) patients receiving forensic services had at least one physical health co-morbidity based on the suite of Yes/No physical health questions (see page 23) as at the 2019 Census. This is lower than the 59% reported for all adult patients, though forensic patients tend to be younger which may account for this finding.

The majority of patients receiving forensic services who had a physical health co-morbidity had only one condition (47%). The most common physical condition for patients receiving forensic services was diabetes, 81 (17%) followed by dyslipidaemia (14%).

Figure 13: The majority of patients receiving forensic services with a physical health co-morbidity had one long-term physical condition, while 5% had 4 or more

Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Forensic Patients, 2019 Census



Physical Health Check

The majority of patients (90%) receiving forensic services who were admitted within the last year received a general physical examination. A similar proportion (91%) admitted over one year ago had received an annual physical health check.

Overall, in the 2019 Census, a total of 441 (90%) forensic patients with returned information (1 was missing) received some form of physical health check, slightly lower than the 92% reported for all adult patients.

Lifestyle factors

BMI (Body Mass Index)

BMI (Body Mass Index) was calculated for forensic patients where height and weight information was returned. Some patients were excluded because height and weight were extreme outliers (<10 forensic patients). A total of 231 (48%) patients receiving forensic services were obese, while 155 (32%) were overweight. This means that 4 out of 5 forensic patients are overweight or obese compared to 3 out of 5 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 8 for further detail).

A total of 138 (28%) forensic patients smoked tobacco in the 12 weeks prior to the Census. This is 1 percentage point higher than 2018, however it is lower than the 36% reported for all adult patients.

In the 2019 Census, 147 (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 previous years and continues to be higher than for all adult patients (21%).

A total of 164 (34%) of forensic patients had abused substances (excluding alcohol) in the four weeks prior to their admission. There were 61 patients with a drug related ICD-10 code. The proportion who had abused substances (excluding alcohol) is 2 percentage points lower than 2018 though it continues to be much higher than for all adult patients (18%). The most commonly used substance was cannabis (63% of forensic patients using substances), followed by amphetamines (16%).

Self-harm

Information on self-harm was returned for 431 (88%) of forensic patients. Of these, 57 (13%) had self-harmed in the week prior to admission. This is 4 percentage points lower than 2018. Of those 57 patients, the majority (84%) had self-harmed by non-accidental injury. Patients can self-harm in more than one way.

Suicidal ideation

Information on suicidal ideation was returned for 458 (94%) forensic patients. Of these, 14 (3%) had expressed suicidal ideation on admission to hospital, similar to 2018. This is much lower than that reported for all adult patients (11%).

7. Out of Scotland NHS Placements

126 patients in the 2019 Census who were funded by NHS Scotland were receiving treatment out with NHS Scotland

At the time of the 2019 Census these patients had been in hospital an average of 2 years and 8 months

40 patients (32%) had a diagnosis of learning disability or autism

Patients 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) are classified in the Census as being “Outwith” NHS Scotland.

Some patients with highly complex, specialist needs are treated outwith NHS Scotland facilities. Each care package is individually and carefully considered by Boards. In total there were 126 patients treated outwith NHS Scotland in the 2019 Census.

Table 18: Number of patients (Outwith NHS Scotland) by NHS Board funding, 2014 – 2019

NHS Board responsible for funding	2014	2016	2017	2018	2019
NHS Ayrshire & Arran	34	29	*	*	*
NHS Borders	*	*	*	27	*
NHS Dumfries & Galloway	10	*	*	*	*
NHS Fife	*	*	*	*	*
NHS Forth Valley	*	*	*	*	0
NHS Grampian	18	14	14	15	16
NHS Greater Glasgow & Clyde	11	*	*	*	*
NHS Highland	*	10	*	20	19
NHS Lanarkshire	*	10	14	15	15
NHS Lothian	20	25	24	59	24
NHS Orkney	*	*	*	*	*
NHS Shetland	*	*	*	*	0
NHS Tayside	16	13	11	14	12
NHS Western Isles	*	12	*	13	*
National Services Division	*	*	*	*	*
All	143	137	109	197	126

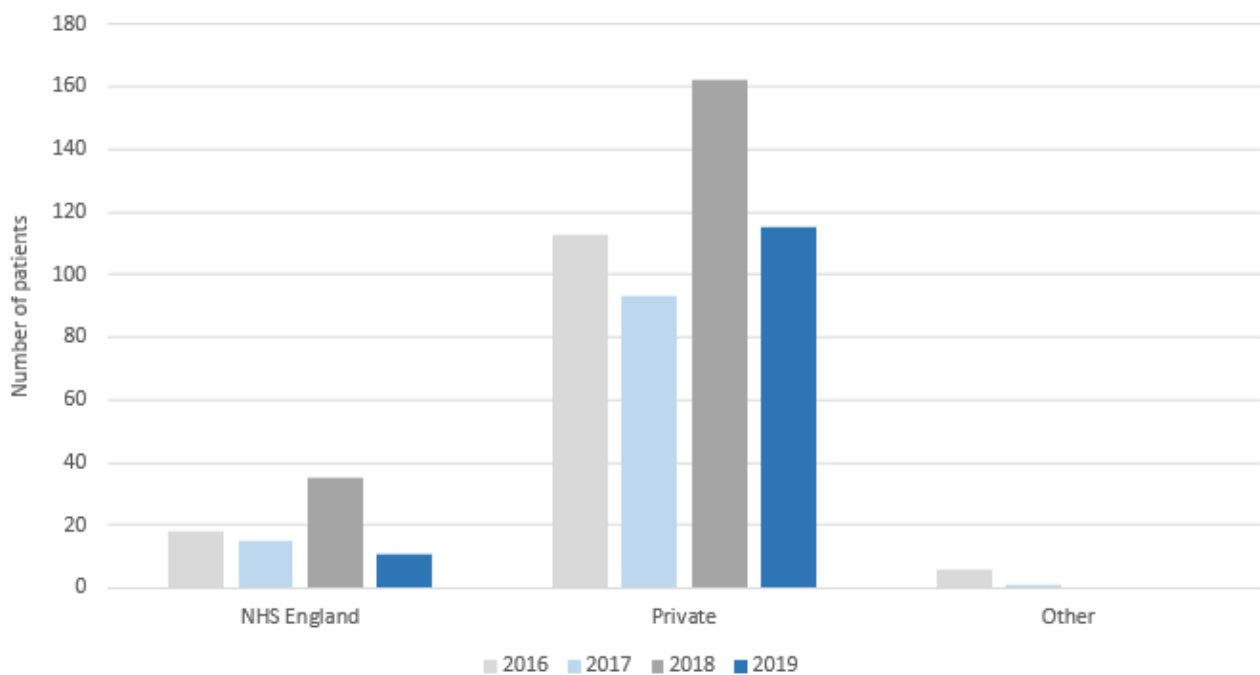
* Suppressed due to small numbers

Of the 126 patients treated outwith NHS Scotland, 115 (91%) were treated in private facilities and 11 (9%) in NHS England. The majority of patients, 82 (66%), were being treated in Scotland, while the remaining 43 (34%) were being treated in England. Data was not returned for 1 patient.

A reason for placement was provided for all outwith NHS Scotland patients. Of these, 116 (92%) 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”.

Figure 14: The majority of patients treated outwith NHS Scotland are treated in private facilities, while a smaller proportion are treated in NHS England

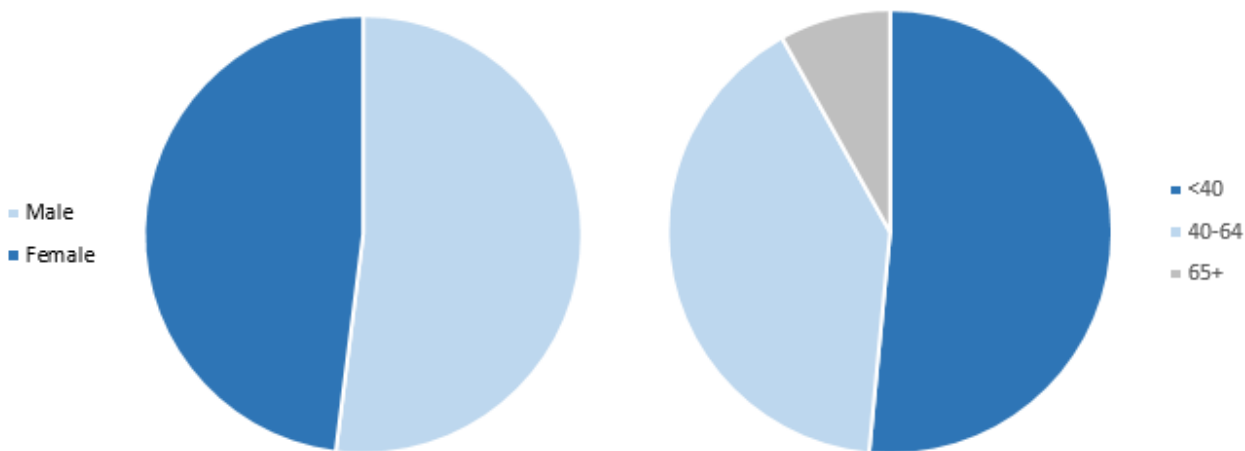
Psychiatric, Addiction or Learning Disability Patients, Outwith NHS Scotland, 2019 Census



Patients treated outwith NHS Scotland tend to be younger on average than those treated in NHS Scotland facilities; 92% were aged under 65 (compared to 62% within NHS Scotland patients). Just over half (52%) were aged under 40. There was a similar split between male (52%) and female (48%) patients.

Figure 15: The majority of patients treated outwith NHS Scotland are under the age of 40, while there is an almost even split between males and females

Psychiatric, Addiction or Learning Disability Patients, Outwith NHS Scotland, 2019 Census



The average (median) number of days for patients treated outwith NHS Scotland was 975 days (approx 2 years and 8 months). This is 42 days longer than the average (median) length of stay in 2018 and is almost 7 times longer than that of patients treated within NHS Scotland facilities.

Table 19: Average (median) days since admission, Outwith and within NHS Scotland, 2019

Group	Average (median) number of days since admission	Approx. number of years / months
Outwith NHS Scotland patients	975	2 years, 8 months
Within NHS Scotland patients	142	4.5 months

Of the patients treated outwith NHS Scotland, 96 (76%) had been in hospital for at least one year at the time of the 2019 Census, while 37 patients (29%) had been in hospital for more than five years.

Information on the length of time that has passed since the patients' last care plan review was provided for 119 (94%) patients. Of these, 13 patients (11%) treated outwith NHS Scotland had their last care plan review less than two weeks prior to the 2019 Census, while 32 (27%) had their last care plan review at least 6 months prior to the Census.

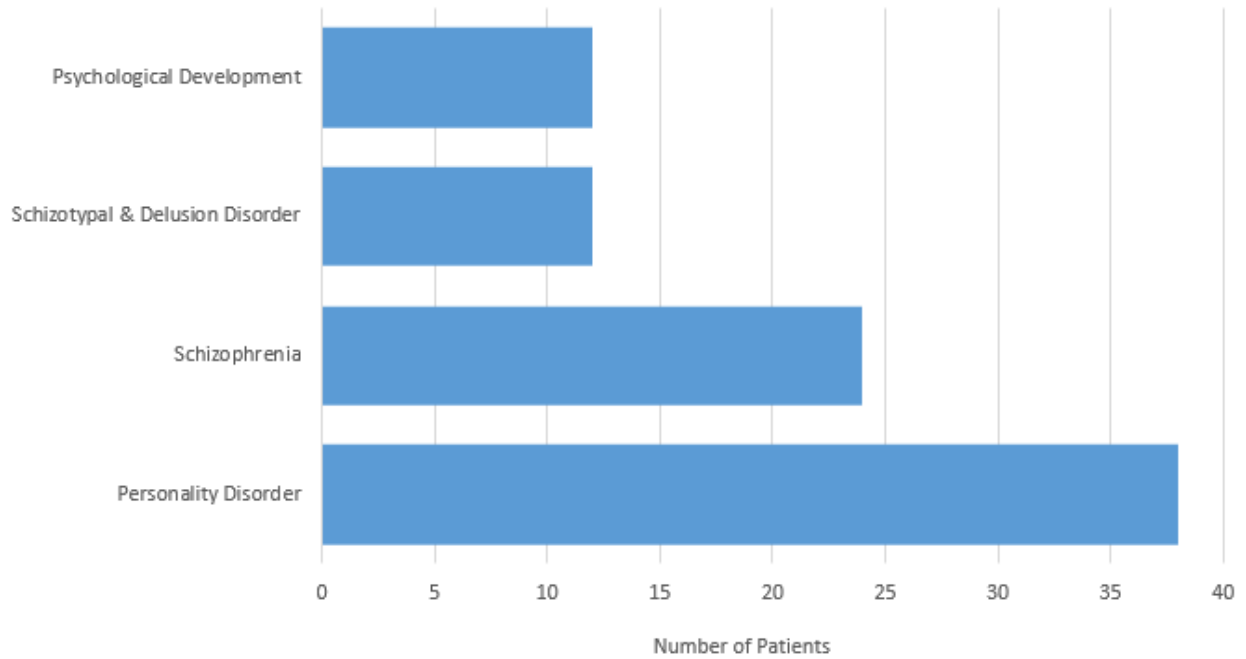
Of the 126 patients treated outwith NHS Scotland:

- 50 patients (40%) were receiving Hospital Based Complex Clinical Care
- 37 patients (29%) were under forensic services
- 40 patients (32%) had a learning disability or autism.

A total of 38 (30%) of outwith NHS patients had a diagnosis, either primary or secondary, for a personality disorder. There were 24 (19%) patients with schizophrenia, while 12 (10%) had a diagnosis of schizotypal and delusional disorders.

Figure 16: The most common diagnosis for patients treated outwith NHS Scotland was a personality disorder (30%), followed by schizophrenia (19%)

Psychiatric, Addiction or Learning Disability Patients, Outwith NHS Scotland, 2019 Census



** Patients can have multiple diagnoses*

Data is provided, where possible, on anticipated discharge/transfer and date of discharge/transfer. A total of 12 (10%) patients are anticipated to return to NHS Scotland within one year.

8. Methodology & further information

Time period and scope

The Inpatient Census was carried out by the Scottish Government and all NHS Boards, as at 23:59, 28th March 2019. This is the fifth 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://www2.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2019/Guidance19>

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

A separate report is planned for late October 2019 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 2019).

Data collection

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

<https://www2.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2019/dpia>

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

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

Data confidentiality

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

<https://www2.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/InpatientCensus2019/dpia>

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

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

Further information about Statistical Disclosure Control is available here:

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

Health Conditions

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

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

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

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 2019.

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

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

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

9. 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 2019 report; Hospital inpatient care of people with mental health problems in Scotland: Trends up to 31 March 2019, 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 September 2019, explores factors associated with mental wellbeing and mental health among adults in Scotland using data from the Scottish Health Survey. Analyses are based on the survey year 2018.

<https://www.gov.scot/publications/scottish-health-survey-2018-volume-1-main-report/>

Social Care Survey

HSCA collected data annually, until 2017, 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 last of these publications can be found here:

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

ISD Scotland are now responsible for collecting and publishing data on social care. The 2017/18 report can be found here:

<https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/index.asp?#2399>

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://www.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.sclد.org.uk/wp-content/uploads/2018/12/Learning-Disability-Statistics-Scotland-2018_1.pdf

The full dataset guidance notes are available here:

<https://www.sclد.org.uk/wp-content/uploads/2019/04/Guidance-Notes-2019.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, e.g. [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>

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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.

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