Scottish Government
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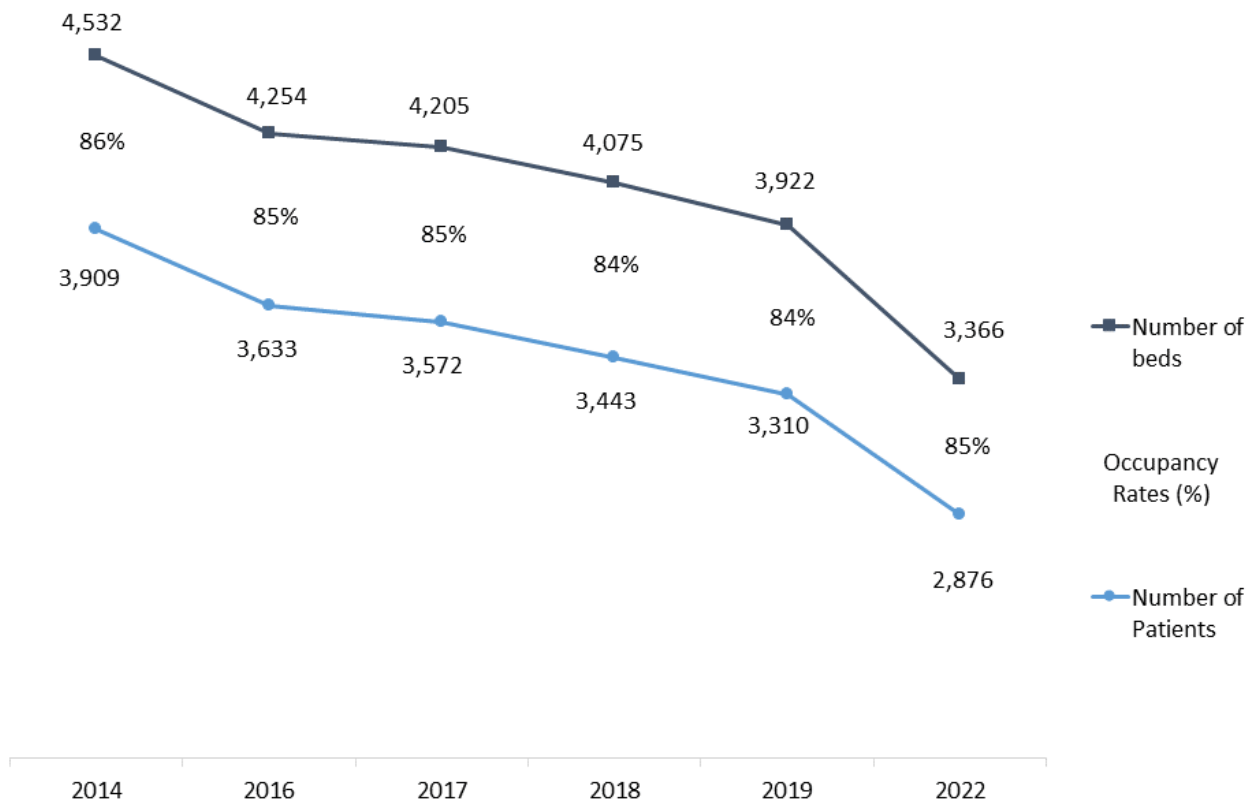
HEALTH AND SOCIAL CARE

Inpatient Census, 2022
Part 1: Mental Health & Learning Disability Inpatient Bed Census
Part 2: Out of Scotland NHS Placements

Key Points

Figure 1: Patients and beds have been decreasing since the first Inpatient Census in 2014 Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, March/April Census

- Patients were most likely to be in an acute ward (34% of all patients).

- 318 (11%) adult inpatients had a diagnosis for either a learning disability or autism.

- 53% 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 2022 Census.

- There were 450 patients primarily managed by forensic services in the 2022 Census.

- There were 162 patients funded by, but treated outwith, NHS Scotland at the 2022 Census. Of these patients, 148 (91%) were treated in a private facility.

Inpatient Census, 2022

Part 1: Mental Health & Learning Disability Inpatient Bed Census

Part 2: Outwith NHS Scotland Placements

Acknowledgements

Contents

Introduction

This report presents an overview of the results of the sixth '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, 11th April 2022. 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 2022 Census are broadly comparable. Due to the COVID-19 pandemic the census was not carried out in 2020 and 2021.

The census consists of three parts:

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)

This report covers Part 1 and 2 of the Inpatient Census. A separate report is available alongside this covering Part 3: 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 request access to more detailed analysis. Access is granted by a nominated NHS Board authoriser. For more details please contact mhic@gov.scot.

Future plans for the Census

A repeat of the Census is intended to be carried out at the end of March 2023 and any methodological changes will be informed by this year's Census.

1. Overview of patients being treated in NHS Scotland facilities

- 2,876 mental health, addiction and learning disability inpatients in NHS Scotland at the 2022 Census
- Bed occupancy in NHS Scotland was 85% at the 2022 Census, though this ranged from 67 - 97% across individiual NHS Boards
- The proportion of patients whose discharge from hospital was delayed was 10%, with an average (median) length of delay of just over 2 months

Number of patients, available beds and occupancy rates

There were 2,876 inpatients being treated in NHS Scotland at the 2022 Census, a 13% decrease compared with the 2019 Census and a 26% decrease since the first Census in 2014. Table 1 shows there is variability across NHS Boards throughout the six Census points, though all NHS Boards have fewer patients at the 2022 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 – 2022

NHS Board of treatment	2014	2016	2017	2018	2019	2022
NHS Ayrshire & Arran	198	184	192	201	184	166
NHS Borders	59	45	50	53	c	c
NHS Dumfries & Galloway	77	49	55	55	65	68
NHS Fife	256	184	253	238	234	186
NHS Forth Valley	217	206	214	210	167	171
NHS Grampian	339	319	297	291	272	233
NHS Greater Glasgow & Clyde	1,105	1,111	1,002	937	984	904
NHS Highland	169	173	160	141	132	105
NHS Lanarkshire	346	312	301	269	284	119
NHS Lothian	670	596	611	603	558	470
NHS Tayside	334	322	312	325	274	304
NHS Western Isles	18	15	14	12	c	c
State Hospital	121	117	111	108	109	113
NHS Scotland	**3,909**	**3,633**	**3,572**	**3,443**	**3,310**	**2,876**

* c - Suppressed due to small numbers, secondary suppression also applied

There were 3,366 available mental health, addiction and learning disability beds in Scotland at the 2022 Census, a 14% decrease on available beds at the 2019 Census. The

number of available beds has been consistently decreasing each Census, with a 26% decrease compared to 2014.

Table 2: Number of psychiatric, addiction or learning disability beds in NHS Scotland, 2014 – 2022

NHS Board of treatment	2014	2016	2017	2018	2019	2022
NHS Ayrshire & Arran	299	265	273	264	225	193
NHS Borders	65	57	63	63	63	49
NHS Dumfries & Galloway	107	85	85	85	85	81
NHS Fife	346	252	289	286	287	225
NHS Forth Valley	240	249	251	248	213	198
NHS Grampian	383	367	353	351	314	273
NHS Greater Glasgow & Clyde	1,176	1,154	1,128	1,061	1,054	1,030
NHS Highland	195	189	174	173	165	108
NHS Lanarkshire	450	440	411	393	411	174
NHS Lothian	711	645	649	639	623	581
NHS Tayside	409	402	380	379	357	329
NHS Western Isles	19	17	17	13	5	5
State Hospital	132	132	132	120	120	120
NHS Scotland	**4,532**	**4,254**	**4,205**	**4,075**	**3,922**	**3,366**

The decrease in available mental health beds is a trend observed across other countries in Europe. Data from Eurostat shows that the number of psychiatric care beds in the European Union in 2019 was estimated to be 73 per 100,000 population in comparison to 75 in 2014. Table 3 shows the number of available beds per 100,000 population in Scotland to be lower than the European Union average, though caution should be applied as 2019 is the last year we have comparable data and there are likely to be differences in definition and methodology between nations.

Table 3: Available beds and inpatients per 100,000 population in NHS Scotland, 2014 – 2022

Measure	2014	2016	2017	2018	2019	2022
Beds per 100,000 population	84.7	78.7	77.5	74.9	71.8	61.4
Patients per 100,000 population	73.1	67.2	65.8	63.3	60.6	52.5

The national occupancy rate of psychiatric, addiction or learning disability beds in NHS Scotland at the 2022 Census was 85%, one percentage point higher than in 2019. 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 – 2022

NHS Board of treatment	2014	2016	2017	2018	2019	2022
NHS Ayrshire & Arran	66%	69%	70%	76%	82%	86%
NHS Borders	91%	79%	79%	84%	70%	67%
NHS Dumfries & Galloway	72%	58%	65%	65%	76%	84%
NHS Fife	74%	73%	88%	83%	82%	83%
NHS Forth Valley	90%	83%	85%	85%	78%	86%
NHS Grampian	89%	87%	84%	83%	87%	85%
NHS Greater Glasgow & Clyde	94%	96%	89%	88%	93%	88%
NHS Highland	87%	92%	92%	82%	80%	97%
NHS Lanarkshire	77%	71%	73%	68%	69%	68%
NHS Lothian	94%	92%	94%	94%	90%	81%
NHS Tayside	82%	80%	82%	86%	77%	92%
NHS Western Isles	95%	88%	82%	92%	60%	80%
State Hospital	92%	89%	84%	90%	91%	94%
NHS Scotland	**86%**	**85%**	**85%**	**84%**	**84%**	**85%**

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 because their local hospital did not have the required services to provide them with appropriate treatment.

A total of 68 patients were boarding from another hospital at the 2022 Census. Of these, 47 (69%) were boarding to another hospital in the same NHS Board as their local catchment area. It should be noted that even in cases where a patient is being treated in the same NHS Health Board (HB), this can still involve large distances between the patient's home and the hosptial of treatment. Some of the 68 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 – 2022

Measure	2016	2017	2018	2019	2022
Number of patients "boarding"	55	38	39	37	68
Number of patients "boarding" same NHS HB	45	30	29	28	47

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 2022 Census there were 64 patients (2%) on pass for at least that overnight period. Of those patients, 51 (80%) were on pass to home.

Hospital Based Complex Clinical Care

From 2016, the Inpatient Census collects information on patients receiving Hospital Based Complex Clinical 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 2022 Census, 14% of patients (409) occupying a mental health or learning disability inpatient bed were receiving HBCCC, an 8% decrease from 2019, with 67% of these patients treated in NHS Greater Glasgow & Clyde or NHS Lothian.

A separate, more detailed report on HBCCC from the Scottish Government is also available. This covers HBCCC patients in mental health or learning disability inpatient beds, patients treated outwith NHS Scotland and patients in General Acute hospitals (Inpatient Census 2022: hospital based complex clinical care and long stay).

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 2022 Census, 263 patients were a delayed discharge. This is 10% of patients for which this information is known (information was not known for 168 patients and data not returned for 158 patients), two percentage points higher than the 2019 census. As a proportion of known patients, NHS Tayside had the highest proportion of delayed discharges with over 1 in 3 (36%) patients delayed. NHS Greater Glasgow & Clyde has the lowest proportion, with 5% patients delayed.

The average (median) length of delayed discharge at the 2022 Census was just over two months (68 days), 20 days less than in 2019. Sixteen patients were delayed discharge but did not have a delayed discharge date in 2022.

Table 6: Average (median) length of delayed discharge in NHS Scotland, 2014 – 2022

Measure	2014	2016	2017	2018	2019	2022
Average (Median) Days	65	71	65	72	88	68
Average (Median) Banded	2.1 months	2.3 months	2.1 months	2.4 months	2.9 months	2.2 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 2022 Census was 136 days (4.5 months), which is a marginal decrease from the 2019 Census. Although it is quite variable, the average (median) length of stay has reduced from 160 days (5.3 months) in 2014.

Table 7: Average (median) length of stay in NHS Scotland, 2014 – 2022

Measure	2014	2016	2017	2018	2019	2022
Average (Median) Days	160	147	156	136	142	136
Average (Median) Banded	5.3 months	4.8 months	5.1 months	4.5 months	4.7 months	4.5 months

2. Ward Type Breakdowns

- The largest category of available beds in NHS Scotland were those in acute wards (34%)
- Length of stay varied greatly between ward types, from an average of 7 days in addiction wards to 1,564 days in a Learning Disability Unit
- Bed occupancy varied by ward type from a low of 70% in Eating Disorder wards to a high of 93% in Admission & Assessment 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 bed occupancy rate for NHS Scotland was 85%, though this varied between ward types, with Eating Disorder wards having an occupancy of 70% and Admission and Assessment wards an occupancy of 93%. Addiction wards in 2019 show an occupancy rate of 102%, 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 a Dementia ward.

Table 8: Available beds & occupancy rates by ward type, NHS Scotland, 2017 - 2022

	2017		2018		2019		2022	
Ward Type	**No. Beds**	**Occupancy**	**No. Beds**	**Occupancy**	**No. Beds**	**Occupancy**	**No. Beds**	**Occupancy**
Acute	1,525	88%	1,331	86%	1,352	88%	1132	87%
Intensive Psychiatric Care	139	76%	144	87%	133	78%	126	87%
Rehabilitation (non-addict)	318	81%	311	85%	378	85%	336	89%
Addiction Wards [1]	72	82%	40	83%	44	102%	41	73%
Continuing care/long stay	500	74%	402	68%	239	86%	274	84%
Perinatal	10	90%	12	100%	12	92%	6	83%
Forensic (non-LD)	391	88%	410	90%	399	90%	356	90%
Forensic (LD)	82	91%	79	85%	68	88%	79	81%
Dementia Wards [2]	795	86%	814	87%	858	75%	619	77%
Young People/Children [3]	54	70%	54	98%	54	87%	54	87%
Learning Disability	179	90%	170	87%	190	77%	150	88%
Eating Disorder	22	95%	22	55%	22	82%	10	70%
Admission & Assessment	-	-	173	89%	161	91%	183	93%
Other	118	83%	113	76%	12	92%	-	-
Scotland	**4,205**	**85%**	**4,075**	**84%**	**3,922**	**84%**	**3,366**	**85%**

[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 determine the level of unrestricted communication patients are allowed or restrict visitors and the movements of patients. The majority of patients, 1,879 (65%), in the 2022 Census were in a "General Psychiatric Ward". A futher 20% of patients (580) 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. Since 2014 there has been a decrease from 74% to 65% in the proportion of patients being treated within general psychiatric wards, although there has not been a corresponding increase in the proportion in wards with extra security.

For most ward types, "General Psychiatric" is the most common security level, and for six ward types; Acute, Addiction, Continuing/Long Stay, Young People/Children, Perinatal, and Eating Disorder, this security level makes up 100% of the ward's security level. However, some ward types have more varied security levels which likely reflects the complex nature of the cases these wards deal with. Only Forensic wards included a "High Security" level.

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, 2022 Census
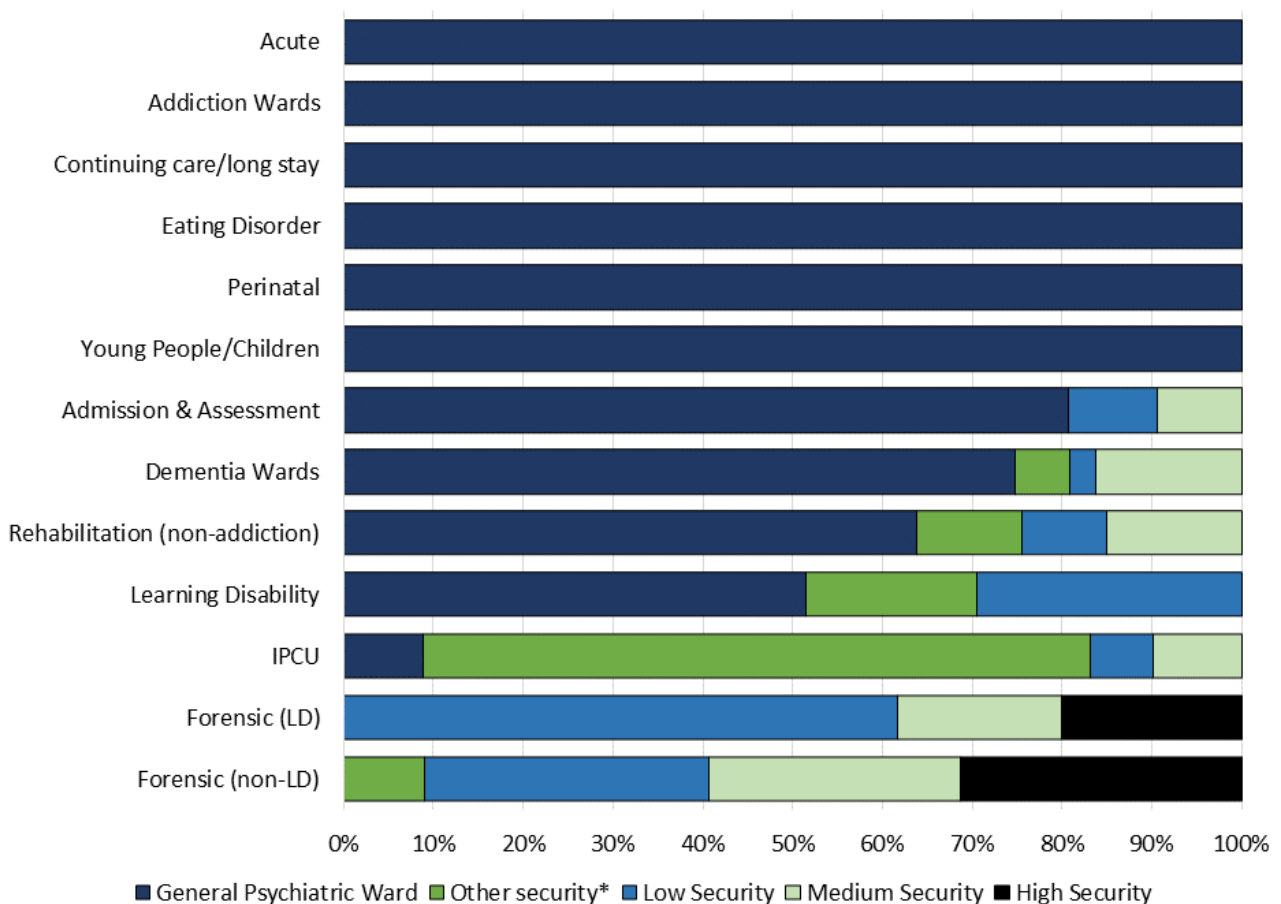
*Other security includes: Open Forensic Ward; Community Facility; Intensive Psychiatric Care Unit
** Excludes a number of cases where ward security returned 'Not applicable' - 235 in total.
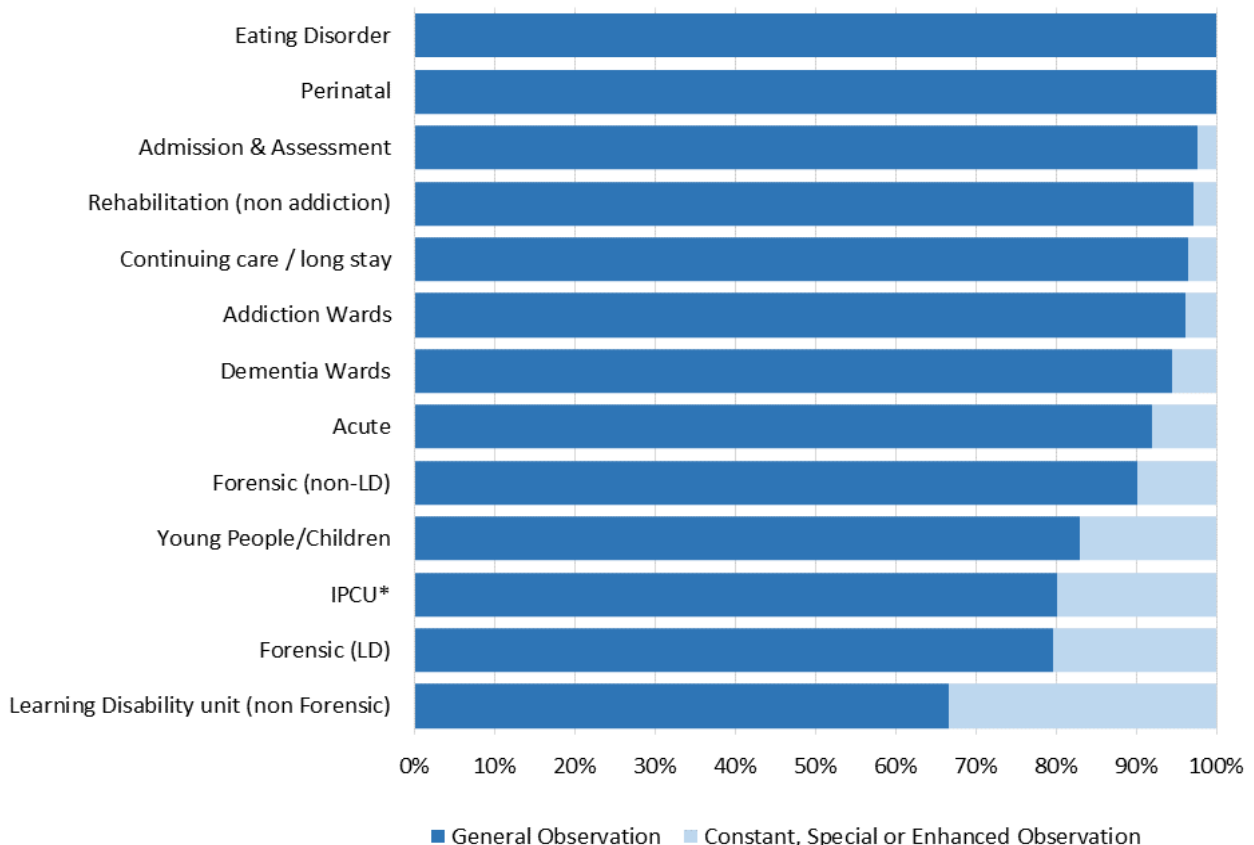
Observation level

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, 2,497 (87%), were under general observation during the 2022 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, 2022 Census

Patients under Constant, Special or Enhanced Observation require a high level of staff resources. Of the 228 patients under one of these observation levels, 55 (24%) required 2 or more 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 Forensic (Non-Learning Disability) wards where 17 (53%) patients under higher levels of observation required 2 or more 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" (31%), followed by "risk of self-harm" (25%) and "protection of vulnerable adults" (11%). 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 under two thirds of patients (61%) in the 2022 Census were admitted with a Formal status. This has been increasing annually since the 2016 Census (44%) and is now 17 percentage points higher. The status of a patient can change during their stay. For example, on the day of the 2022 Census, 62% of patients had a Formal status, one percent higher than on admission.

There are large differences in the lengths of stay for people detained under Formal status compared with those with Informal status. At the 2022 Census, the average (median) length of stay for a patient currently held under a Formal status was just under 8 months (232 days) compared to just over 2 months (70 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 of Formal patients. The proportion of patients being held formally is generally increasing across most ward types. Acute wards have more Formal than Informal patients for the first time across all previous censuses. Addiction and Dementia Wards tend to have more Informal patients from voluntary admissions.

Table 9: Percentage of inpatients with a "Formal" status at time of Census by ward type, NHS Scotland, 2016 - 2022

Ward Type	2016	2017	2018	2019	2022
Acute	37%	40%	41%	44%	53%
Intensive Psychiatric Care	88%	94%	92%	99%	94%
Rehabilitation (non-addict)	65%	69%	71%	73%	79%
Addiction Wards	2%	17%	3%	0%	7%
Continuing care/long stay	22%	28%	37%	48%	57%
Forensic (non-LD)	98%	99%	100%	100%	99%
Forensic (LD)	96%	96%	99%	97%	97%
Dementia Wards	21%	22%	20%	20%	38%
Learning Disability	66%	75%	80%	85%	90%
Eating Disorder	44%	43%	50%	61%	43%
All	**44%**	**47%**	**49%**	**53%**	**62%**

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 for stay. At the 2022 Census, HBCCC patients had an average (median) length of stay of just under one year and seven months (557 days) compared to just under four months (107 days) for patients without HBCCC.

There were 409 (14%) patients receiving HBCCC occupying a mental health or learning disability inpatient bed at the 2022 Census. Most of these patients (41%) 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 very small proportion (1%) are being treated in Acute wards. This is a five percentage point decrease from the 6% who were being treated in Acute wards at the time of the 2017 census.

Table 10: Number of HBCCC patients by ward type, NHS Scotland, 2017 - 2022

Ward Type	2017		2018		2019		2022	
	HBCCC patients	% of ward	HBCCC patients	% of ward	HBCCC patients	% of ward	HBCCC Patients	% of ward
Acute	86	6%	37	3%	65	5%	c	1%
Rehabilitation (non-addict)	98	38%	65	25%	57	18%	64	16%
Continuing care/ long stay	286	77%	171	62%	140	68%	119	29%
Forensic (non-LD)	131	38%	64	17%	101	28%	12	3%
Dementia Wards [1]	218	32%	321	45%	328	51%	166	36%
NHS Scotland	**924**	**26%**	**731**	**21%**	**742**	**22%**	**409**	**14%**

[1] Dementia wards are the combination of dementia assessment and dementia care & treatment wards.
c – data suppressed due to small numbers.

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 2022 Census, 293 patients were a delayed discharge. Most of these delayed discharge patients were either in Dementia wards (92 inpatients, 31%), Acute wards (55 inpatients, 19%) or Learning Disability units (Non-Forensic), (39 inpatients, 13%).

The average (median) length of delay in the 2022 Census varies greatly between different ward types. Patients in Dementia wards (34 days), Admission & Assessment (35 days) and Acute wards (60 days) tended to have shorter delays. Patients in Forensic units tend to have longer delays, with those in Forensic units (excluding learning disability) delayed for an average (median) of 378 days at the 2022 Census. However, the longest delays to discharge are observed for patients in Forensic Learning Disability units (845 days). Non-Forensic Learning Disability units delayed discharges have more than halved since the 2019 census from 760 to 350 days in 2022.

Length of Stay

The average (median) national length of stay is 136 days. However this varies significantly between ward types. The longest average (median) length of stay was 4 years and 3 months (1,564 days) for patients in Non-Forensic Learning Disability units, followed by Forensic with Learning Disability wards (1,395 days) and Forensic (non-LD) at 1,046 days. Patients in Rehabilitation (695 days) and Continuing Care/Long Stay (694) wards also had longer lengths of stay, at just under 2 years. In contrast, patients in Addiction wards had an average (median) length of stay of only one week.

Table 11: Average (median) length of stay by ward type, NHS Scotland, 2016 – 2022

Ward Type	2016	2017	2018	2019	2022
Acute	41	41	36	40	47
Intensive Psychiatric Care	65	57	54	57	66
Rehabilitation (non-addict)	770	840	537	582	695
Addiction Wards	13	7	7	7	7
Continuing care/long stay	1,463	1,255	1,170	1,318	694
Forensic (non-LD)	861	832	779	922	1,046
Forensic (LD)	1,709	1,371	1,398	1,451	1,395
Dementia Wards	205	206	204	269	165
Learning Disability	840	1,401	447	799	1,564
Eating Disorder	90	85	88	100	68

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

- **59% of patients in the 2022 Census were male, among those aged 18 - 39 years this increased to 68% of patients**
- **Improvements made in recording ethnicity data have been reversed. The majority of patients (73%) identify as white Scottish**
- **Most patients (66%) in the 2022 Census did not have any dependents**

This section summarises demographic information for all patients occupying a mental health, addiction and learning disability bed in NHS Scotland at the 2022 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 2022 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 68% are male. There is almost an equal number of males amd females in the 65+ age category (50% male versus 50% female) however, 87% of patients under 18 years of age were female

- Most patients were aged 65 or over (35%) or between 40 to 64 years (37%) 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 6 percentage points.

- The average (mean) age of a patient in the 2022 Census was 56 years old, a slight decrease on the average of 57 years in the 2016 Census.

Figure 4: More males than females occupied an inpatient bed at the 2022 Census in all age groups, except in the under 18's
Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, 2022 Census
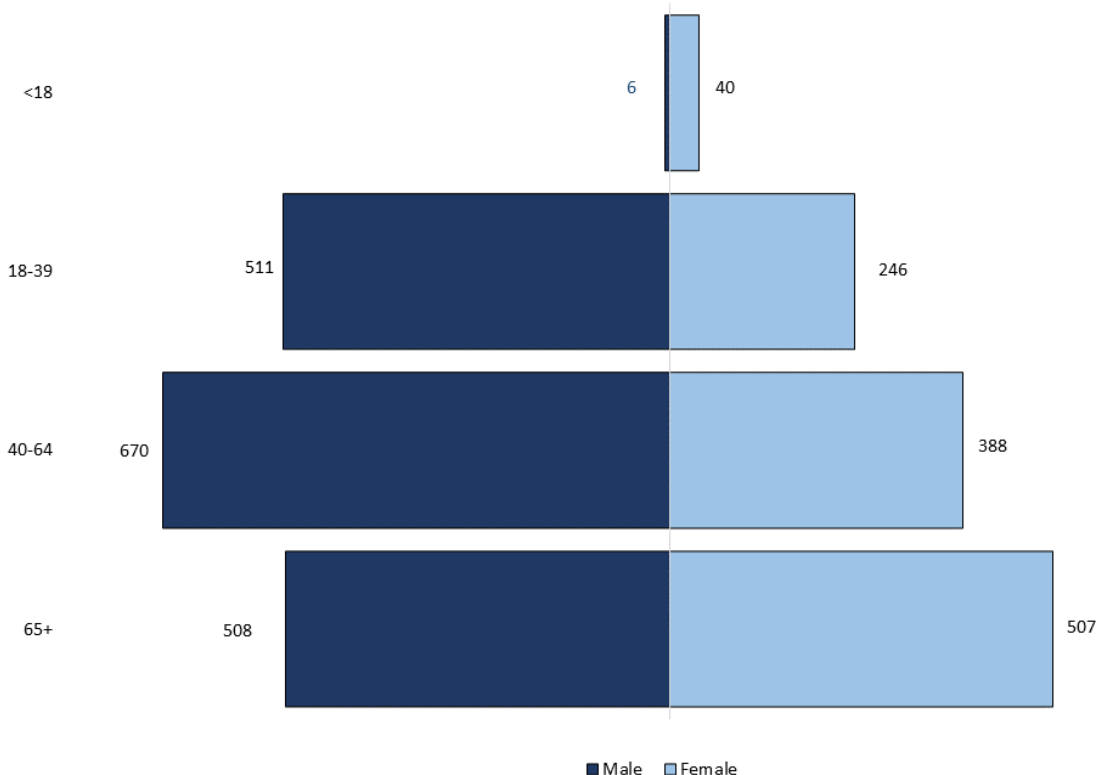
- The most common reason for admission in the 2022 Census was therapeutic/clinical crisis (32% of patients). A further 12% were admitted for diagnostic reasons, while 7% were admitted for rehabilitation.

- The reporting of ethnicity data in the 2022 Census has worsened slightly in comparison to the improvements in reporting that were seen in the 2019 Census. In 2016, ethnicity data for 7% of patients was returned as "refused or not known", this dropped to 3% in the 2019 Census. However, in the 2022 Census, this has increased again to 5%.

- The majority of patients (73%) identified as white Scottish in the 2022 Census, a seven percentage point decrease from 2019. An additional 19% of patients identified as Other White. Asian, Asian Scottish or Asian British patients made up 2% of the 2022 Census. African, African Scottish or African British patients made up a further 1%.

- More than half (55%) of patients in the 2022 Census had never been married nor registered in a civil partnership. This proportion is a two percentage point increase on the 2019 Census.

- Most patients (66%) in the 2022 Census did not have any dependents. However, 6% of patients had a working age adult dependent and a further 3% had at least one child dependent. There were 17% unknown.

- In the 2022 Census, 33% of patients were retired, an eight percentage point decrease from 2016. This change likely reflects the change in age demographics described above. The proportion of patients who were unemployed was 48% in the 2022 Census, an increase of one percentage point since 2019. A further 8% of patients were not allowed to work, while 1% were students.

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

- **There were 2,830 patients aged 18 and over at the time of the 2022 Census**
- **76% of adult patients had one mental health condition while 53% of patients also had a long-term physical health condition**
- **89% of adult patients in the 2022 Census received some form of physical health check**

This section looks at additional detail for adult patients (18+) occupying a mental health, addiction and learning disability bed in NHS Scotland. At the 2022 Census, there were 2,830 adult patients, a 13% decrease on the 2019 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 1,067 (38%) adult patients were seen by a consultant whose speciality was "General Psychiatry" in the 2022 Census, four percentage points lower than the previous three censuses. A further 839 (30%) adult patients were seen by a consultant under the speciality "Psychiatry of Old Age". This is six percentage points lower than 2019.

Table 12: Proportion of adult patients by consultant speciality, NHS Scotland, 2016 – 2022

Consultant Speciality	2016	2017	2018	2019	2022
General Psychiatry	43%	42%	42%	42%	38%
Forensic Psychiatry	12%	13%	14%	15%	14%
Psychiatry of Old Age	39%	38%	38%	36%	30%
Learning Disability	5%	5%	4%	4%	4%
Addictions	1%	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 853 (30%) patients were subject to the Mental Health Act (Compulsory Treatment Order), while 571 (20%) were subject to the Adults with Incapacity (Scotland)

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

Figure 5: The most common legislation that adult patients in the 2022 Census were held under was the Mental Health Act (Compulsory Treatment Order).
Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Adult Patients (18+), 2022 Census
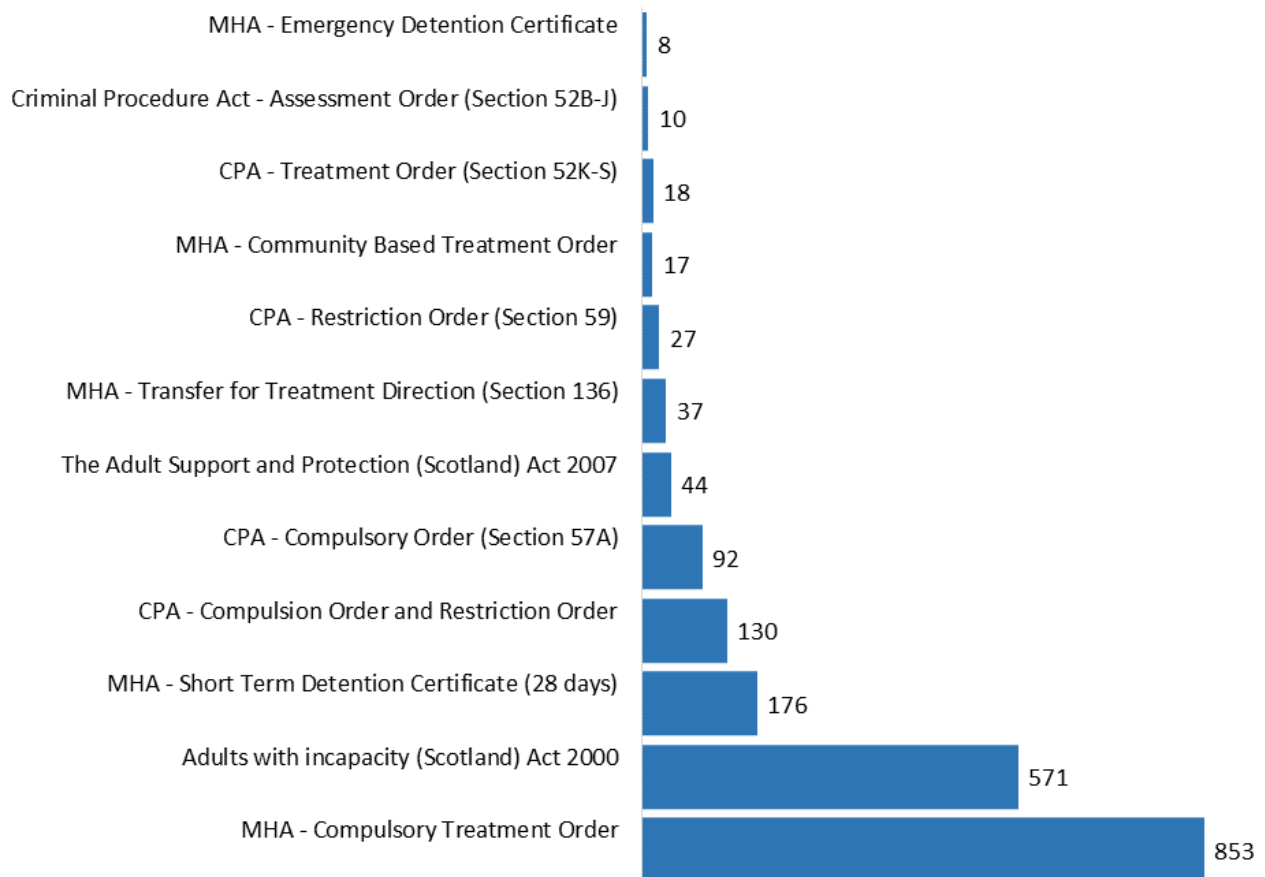

* MHA – Mental Health Act, CPA – Criminal Procedure Act
** Patients can be subject to more than one piece of legislation
*** Some data has been excluded for disclosure control

Health and Wellbeing

Mental health morbidities

NHS Boards returned diagnosis codes (ICD-10) for any mental health condition with which patients in the 2022 Census had been diagnosed. Approximately 3 out of 4 adult patients with known mental health conditions (unknown data for 163 patients) had one mental health condition recorded in the 2022 Census. The proportion of patients with two or more mental health conditions has decreased from 24% in 2019 to 21% in 2022.

Figure 6: The proportion of adult patients with 2 or more mental health conditions in 2022 is three percentage points lower than 2019, however 3% of adult patients had no diagnosis in the 2022 Census
Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Adult Patients (18+), 2022 Census
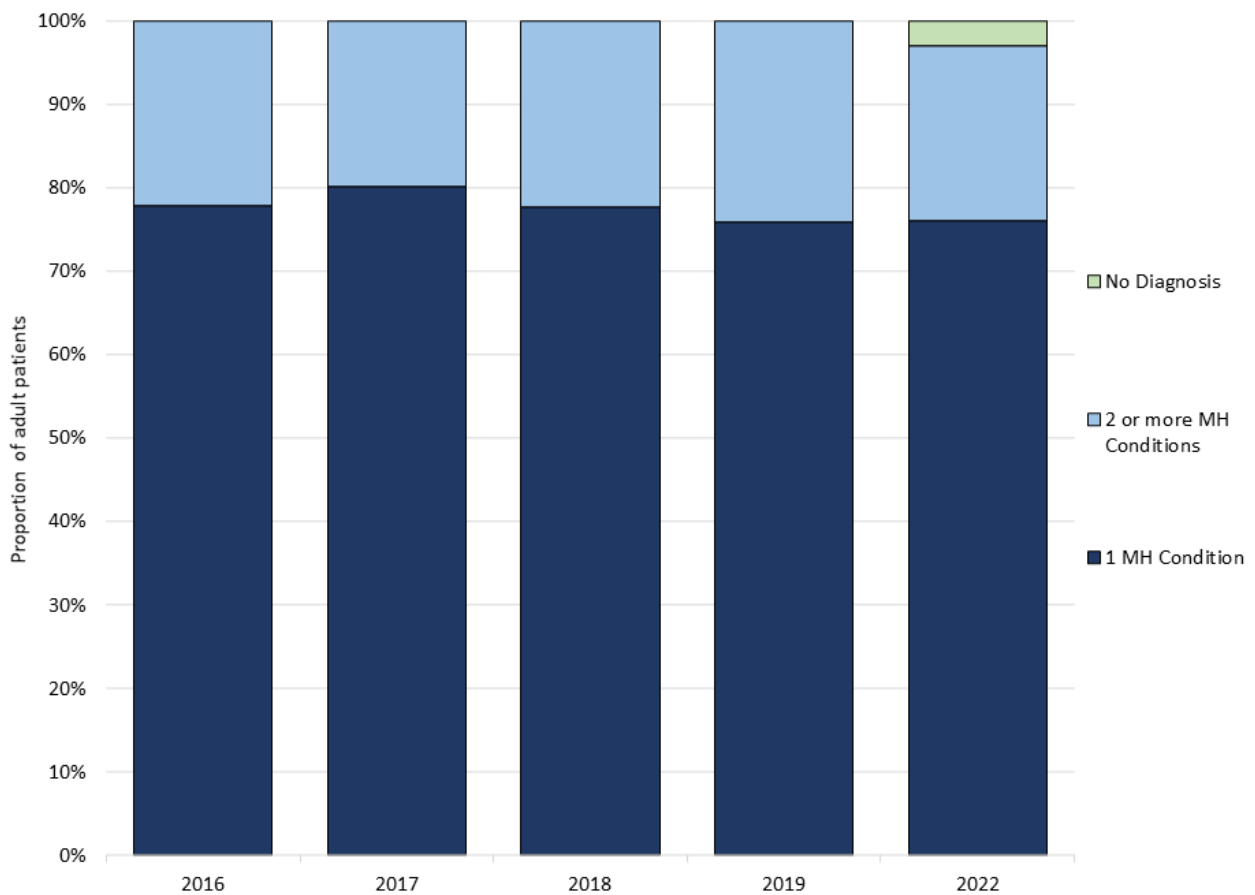
* Excludes patients with unknown diagnosis (2016 - <10, 2017 - 86, 2018 - 124, 2019 – 106)

The most commonly diagnosed mental health condition in the 2022 Census for adult patients was schizophrenia (27%), followed by dementia (23%) and schizotypal and delusional disorder (12%). For most conditions, the proportion of patients has changed little since 2019, with the biggest difference a two percentage point decrease in the proportion of patients with dementia and schizophrenia, and a two percentage point increase in schizotypal and delusional disorders. The only other condition to increase from 2019 was autism spectrum disorder, by one percentage point. All other conditions either remained at the same rates or decreased by one percentage point.
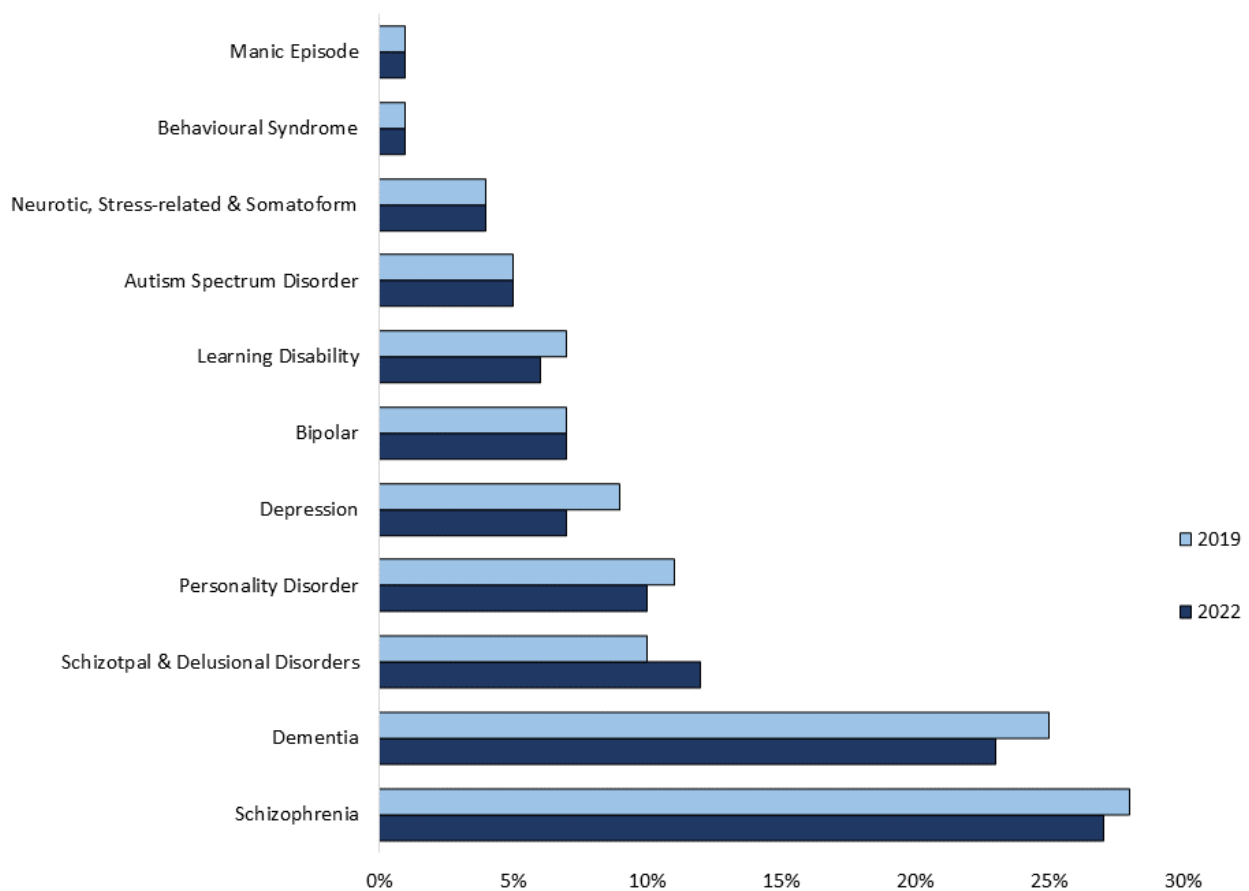
Diagnosis counts include both primary and secondary diagnoses. In addition, separate questions on autistic spectrum disorder and personality disorder allowed for cross-comparison with diagnosis codes to pick up any patients missing relevant codes. It should also be noted that patients may have more than one diagnosis.

Learning Disabilities and Autism

Of the 2,830 adult patients in the 2022 Census, 254 (9%) had a diagnosis for either learning disability or autism, the same as in 2018 but down from 294 for 2019. There were 166 (6%) adult patients with a diagnosis for learning disability and 152 (5%) with a diagnosis for autism (64 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 2019 to 2022. This may reflect the decrease in the proportion of patients aged 65 plus.
Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Adult Patients (18+), 2022 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 2022 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 1,510 (53%) adult patients with at least one physical health co-morbidity based on the suite of Yes/No physical health questions at the 2022 Census. This is six percentage points lower than the 2019 Census. It is also lower than the 58% figure reported in 2017 and the same as 53% in 2016.

Most adult patients with a physical health co-morbidity returned one long term condition (45%). However, 14% had 4 or more physical health co-morbidities in the 2022 Census, a decrease of four percentage points from 2019. The most common physical co-morbidity in the 2022 Census was hypertension (13% of all adult patients), followed by sensory impairment (11%) and diabetes (11%).

Figure 8: There has been a four percentage point decrease in the proportion of adult inpatients with sensory impairment from 2019 to 2022
Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Adult Patients (18+), 2022 Census
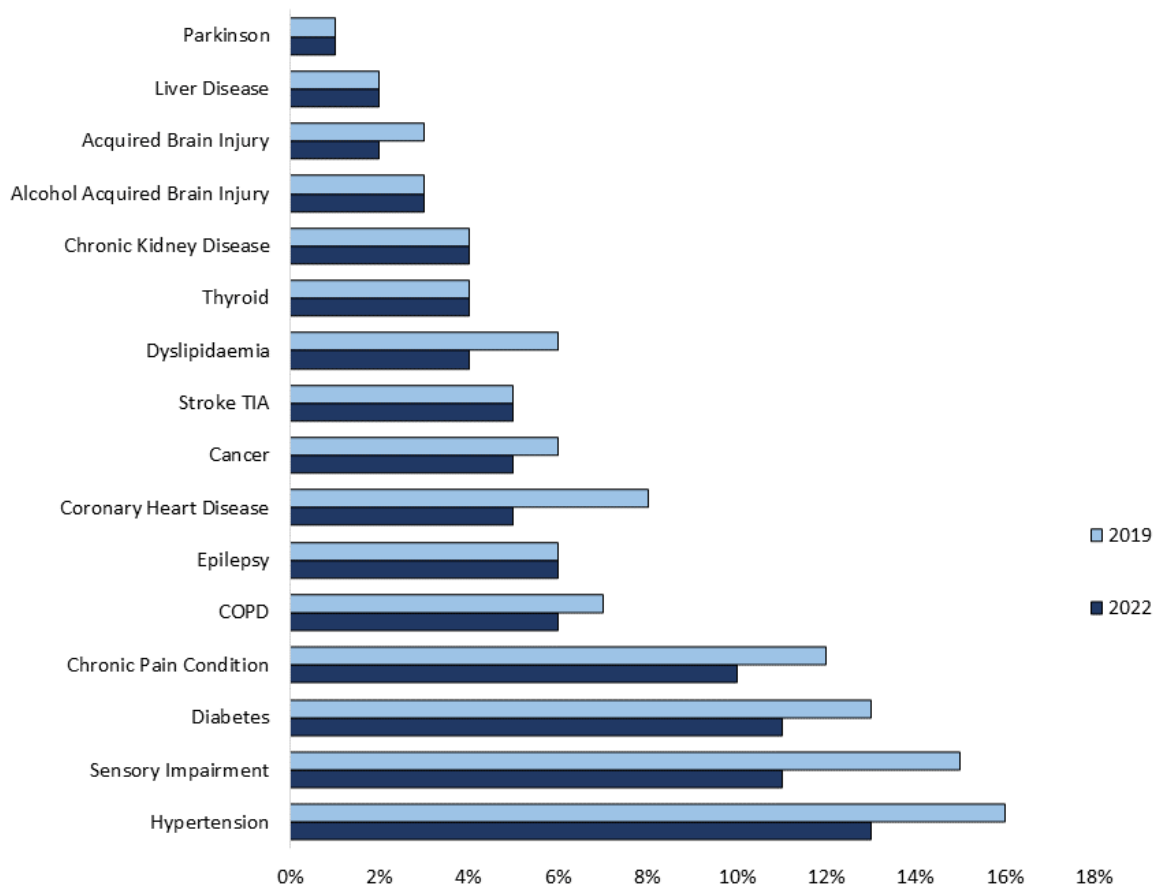
* Patients can have more than one physical condition

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). An annual health check should be both a physical assessment and delivery of health promotion activity. 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?"

Of the 1,717 adult patients for whom data on a general physical examination was returned, 1,570 (91%) received a general physical examination within a day of admission. This is one percentage point lower than the 2019 Census but three percentage points higher than in 2017. A further 24 (1%) patients were offered an examination but declined.

26

Of the 881 adult patients for whom data on an annual physical examination was returned, 730 (83%) received a health check within the last year. This is 7 percentage points lower than the 2019 Census. A further 13 (1%) patients were offered an examination but declined.

Overall, 2,300 (89%) adult patients received some form of physical health check in the 2022 Census, three percentage points lower than 2018 and 2019.

Lifestyle factors

BMI (Body Mass Index)

BMI (Body Mass Index) was calculated for patients whose height and weight information was returned. A total of 338 patients were excluded because height and weight information was either not provided or were extreme outliers. Patients in eating disorder wards are also excluded.

Of the remaining adult patients, 847 (34%) had a normal BMI, while 61% 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 – 2022

BMI Category	2016	2017	2018	2019	2022
Underweight	6%	6%	5%	5%	5%
Normal	36%	37%	37%	36%	34%
Overweight	31%	30%	30%	30%	30%
Obese	28%	28%	29%	30%	31%

* Excludes patients in eating disorder wards
** 338 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 7 for further detail).

A total of 874 (33%) adult patients smoked tobacco in the 12 weeks prior to the 2022 Census. This is a three percentage point decrease on the 2019 Census. The proportion of adults smoking has remained between 32 and 36 percent since 2016. The proportion of adults smoking in the 2022 Inpatient Census is much higher than the number of adults that smoke in Scotland (11%), as reported in the 2021 Scottish Health Survey.

In the 2022 Census, 481 (18%) of adult patients had a history of alcohol dependence in the four weeks prior to admission. Of these patients, 89 (19%) had an alcohol related diagnosis based on ICD-10 codes. The 18% of adult patients with a history of alcohol dependence in the four weeks prior to admission is three percentage points lower than in 2019.

A total of 516 (19%) of adult patients had abused substances (excluding alcohol) in the four weeks prior to admission. Of these, 56 (11%) had a diagnosis of drug misuse based on ICD-10 codes. The rate of adult patients who had abused substances (excluding alcohol) in the four weeks prior to admission was one percentage point higher than in 2019.

Figure 9: The proportions of smoking adult patients and adult patients with a history of alcohol dependence have decreased by three percentage points each since the 2019 Census
Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Adult Patients (18+), 2022 Census
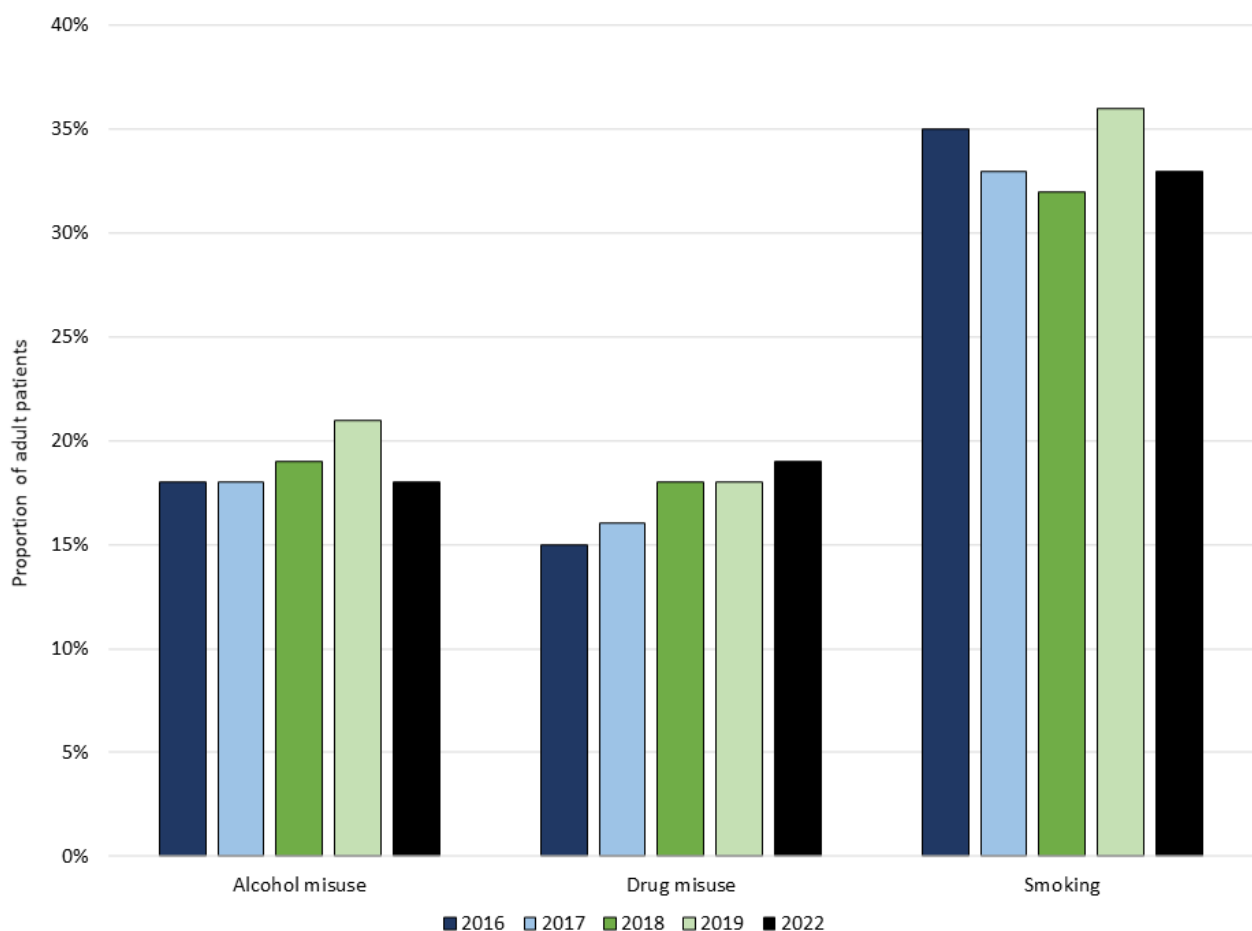
Substances used prior to admission

NHS Boards returned data on the substances used by the 516 adult patients with a history of substance misuse (excluding alcohol) in the four weeks prior to admission. The most prevalent substance was Cannabis, 204 (40%), the lowest since 2016 and 21 percentage points lower than 2019. Heroin (12%) and Cocaine (11%) were the next most prevalent, followed by Amphetamine (10%).

Of the 516 patients with a record of substance abuse (excluding alcohol) in the four weeks prior to admission, 258 (50%) patients used only one substance. 77 (15%) patients used two or more which is an 14 percentage point decrease from 2019. Detailed information on substances used was not returned for 181 (27%) patients.

Table 14: Number of substances used by adult patients in 4 weeks prior to admission, NHS Scotland, 2016 – 2022

Number of substances	2016		2017		2018		2019		2022	
One	291	56%	316	59%	334	55%	350	60%	258	50%
Two	79	15%	70	13%	92	15%	91	15%	55	11%
Three	41	8%	34	6%	34	6%	25	4%	15	3%
Four	19	4%	16	3%	22	4%	20	3%	c	c
Five or more	13	2%	24	4%	16	3%	14	2%	c	c
Not known	79	15%	79	15%	106	18%	88	15%	181	35%

c – denotes data suppressed to protect patient confidentiality.

Of the patients with recorded substance abuse in 4 weeks prior to admission, 213 (41%) used smoke or nasal as the main route of substance abuse, 80 (16%) used 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 2022 Census, 236 (8%) adult patients had self-harmed in the week prior to admission. This proportion is a three percentage point decrease from 2019. Non-accidental injury was the most common form of self-harm in the 2022 Census.

Of all adults self-harming in the week prior to admission, 44% were male and 56% female. 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 patients aged 18 – 39 years make up 26% of all adult patients in the 2022 Census, this age category represents 46% 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+), 2022 Census
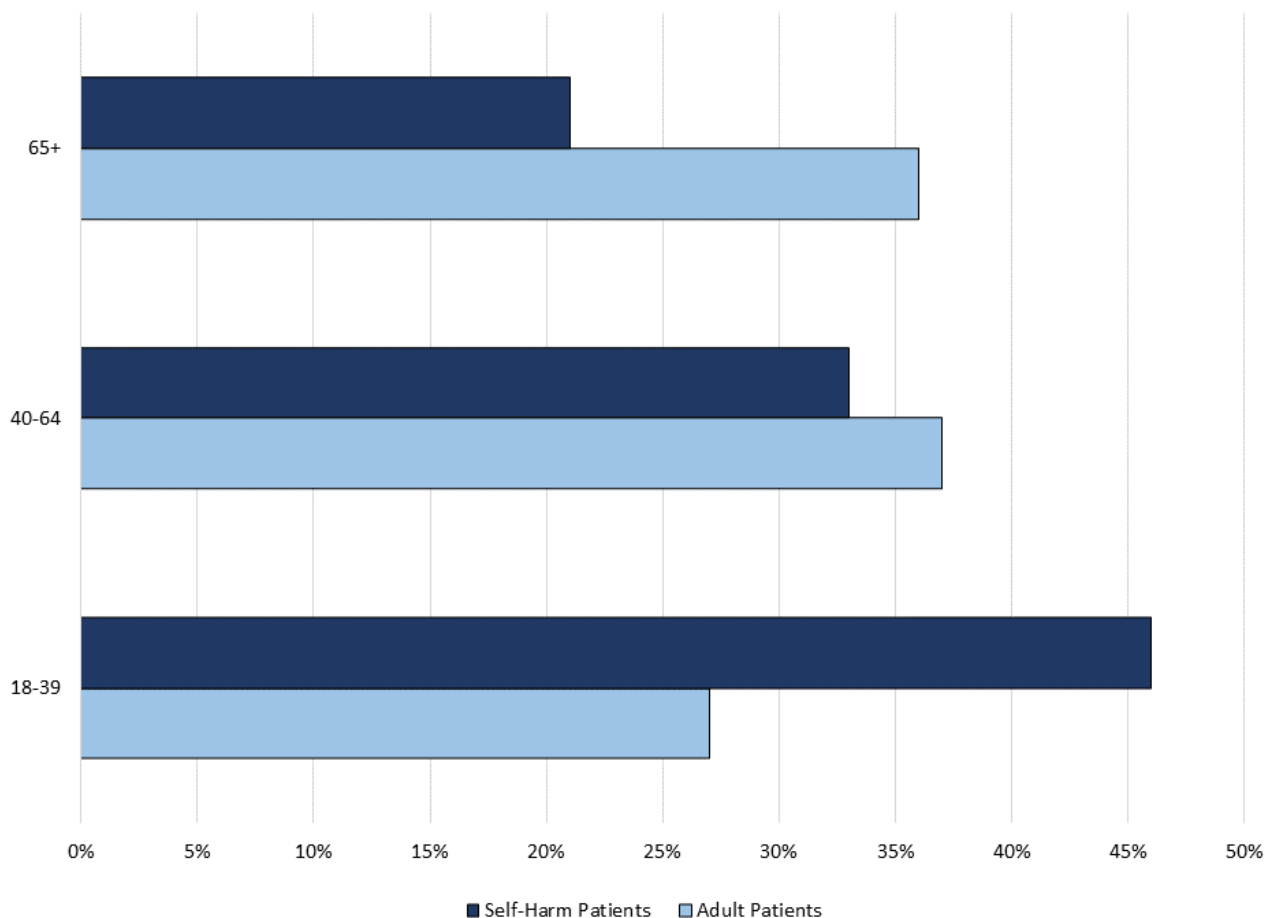
Suicidal ideation

NHS Boards returned information on whether patients expressed suicidal ideation on admission. There were 328 (12%) adult patients who expressed suicidal ideation on admission at the 2022 Census, one percentage point higher than 2019.

Females were more likely to express suicidal ideation on admission (58%), as were those aged 18 – 39 (38%) and 40 – 64 (39%).

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

- **46 patients in the 2022 Census were aged under 18**
- **26 patients were aged 15 or under, 20 were aged 16 to 17**
- **45 of 46 patients aged under 18 were in either a Children's Unit or Young Person's unit**

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 46 mental health, addiction or learning disability inpatients aged under 18 at the 2022 Census, compared with 52 in 2019, 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.

- 37 (80%) patients aged under 18 were referred by a Community Mental Health Service.

- There were 45 (98%) patients treated in a Children's or Young People's Unit. There were 54 available beds for these wards at the 2022 Census.

- 26 (57%) patients were aged 15 or under, while 20 (43%) were aged 16 to 17. Of the patients aged under 18, 40 (87%) were female.

- 98% 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 34 days. This is 17 days shorter than the 2019 Census. Around 1 in 3 (30%) children and young people had been in hospital for less than 2 weeks at the 2022 Census.

- 29 (63%) patients under 18 had a diagnosis of a behavioural syndrome, while 17 (27%) had a diagnosis of depression and 9 (14%) 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)

- **450 (16%) patients in the Census were receiving Forensic Services**
- **Patients receiving Forensic Services are mostly males of working age**
- **5 out of 6 forensic patients were either Overweight or Obese as at the 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 450 patients primarily managed by Forensic Services in the 2022 Census. This is a decrease on the 488 patients reported in 2019.

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 – 2022

| NHS Board	2014	2016	2017	2018	2019	2022
NHS Ayrshire & Arran	c	c	16	18	19	18
NHS Borders	0	c	0	0	0	0
NHS Dumfries & Galloway	0	c	0	c	c	0
NHS Fife	31	34	39	35	39	27
NHS Forth Valley	20	c	c	c	c	12
NHS Grampian	42	42	40	41	37	44
NHS Greater Glasgow & Clyde	128	122	119	123	119	117
NHS Highland	c	c	c	c	c	6
NHS Lanarkshire	19	15	20	25	28	25
NHS Lothian	65	47	56	51	72	41
NHS Tayside	65	55	64	62	49	47
NHS Western Isles	0	0	0	0	0	0
State Hospital	121	117	111	108	109	113
Scotland	**507**	**458**	**484**	**475**	**488**	**450**

* c - Suppressed due to small numbers

Age and Gender

The vast majority of patients receiving forensic services are working age males. Male patients made up 96% of all forensic services patients in the 2022 Census, seven percentage points higher than 2019. Only 4% of forensic patients are aged 65 and over.

Figure 11: Working age males made up 93% of all forensic patients in the 2022 Census, while males in general made up 96%

Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Forensic Patients, 2022 Census
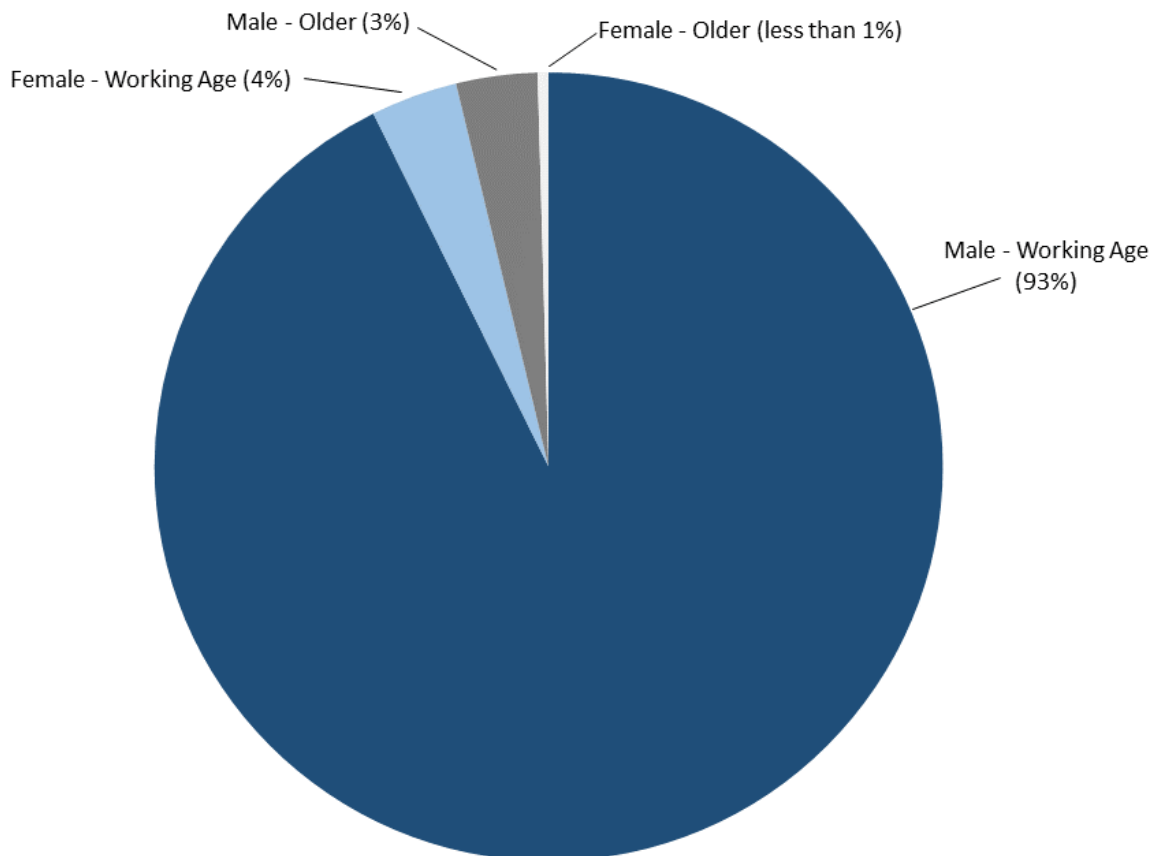
Ward Type

Most forensic services patients were treated in a forensic ward, (369 patients, 82%), of which 52 were in a learning disability ward. A further 60 (13%) patients were in a rehabilitation (non addiction) ward, while 12 (3%) were in an intensive psychiatric care unit.

Ward Security Level

There were 135 (30%) patients receiving forensic services in a low security ward in the 2022 Census. A further 126 (28%) were in a medium security ward, while 113 (25%) were in a high security ward. This is a decrease from 22% patients in high security wards in 2019. Only 3% were in a general psychiatric ward, compared with 65% in all mental health, addiction or learning disability patients.

Specialty of Consultant

A total of 370 (82%) patients receiving forensic services were seen by a forensic psychiatrist. There were less than 1% of 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 2022 Census for patients receiving forensic services was around 2 years and 9 months. This compares with non-forensic services patients who had an average (median) admission time of 3 months.

Table 16: Average (median) length of stay for forensic and non-forensic patients, 2022

Group	Average (median) number of days since admission	Approx. number of years / months
Forensic Services Patients	1010	2 years, 9 months
Non-forensic Services Patients	100	3 months

Of the 450 patients receiving forensic services in the 2022 Census, 340 (76%) had been in hospital for over a year. Only 11 (2%) patients had been in hospital for less than two weeks.

Table 17: Banded length of stay for forensic patients, 2016 – 2022

Banded days since admission	2016		2017		2018		2019		2022	
Less than 2 weeks	10	2%	13	3%	13	3%	17	3%	11	2%
At least 2 weeks, less than 1 month	10	2%	15	3%	c	c	10	2%	6	1%
At least 1 month, less than 3 months	23	5%	36	7%	c	c	21	4%	34	8%
At least 3 months, less than 6 months	49	11%	34	7%	43	9%	33	7%	23	5%
At least 6 months, less than 1 year	45	10%	58	12%	43	9%	37	8%	36	8%
At least 1 year, less than 5 years	202	44%	203	42%	226	48%	234	48%	195	43%
5 years or more	119	26%	125	26%	114	24%	136	28%	145	32%

* c - 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 2022 Census had a diagnosis. Of the 450 patients receiving forensic services for whom diagnosis information was returned, 155 (36%) had 2 or more mental health conditions. This compares to 21% for all adult patients.

The most common condition for patients receiving forensic services was schizophrenia, with 270 (60%) of all patients having this condition. This is higher than the 23% reported for the all adult inpatients. 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.

Figure 12: Certain mental health conditions are more prominent in patients receiving forensic services compared to all adults, for example Schizophrenia (60% compared to 27%)
Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Forensic Patients, 2022 Census
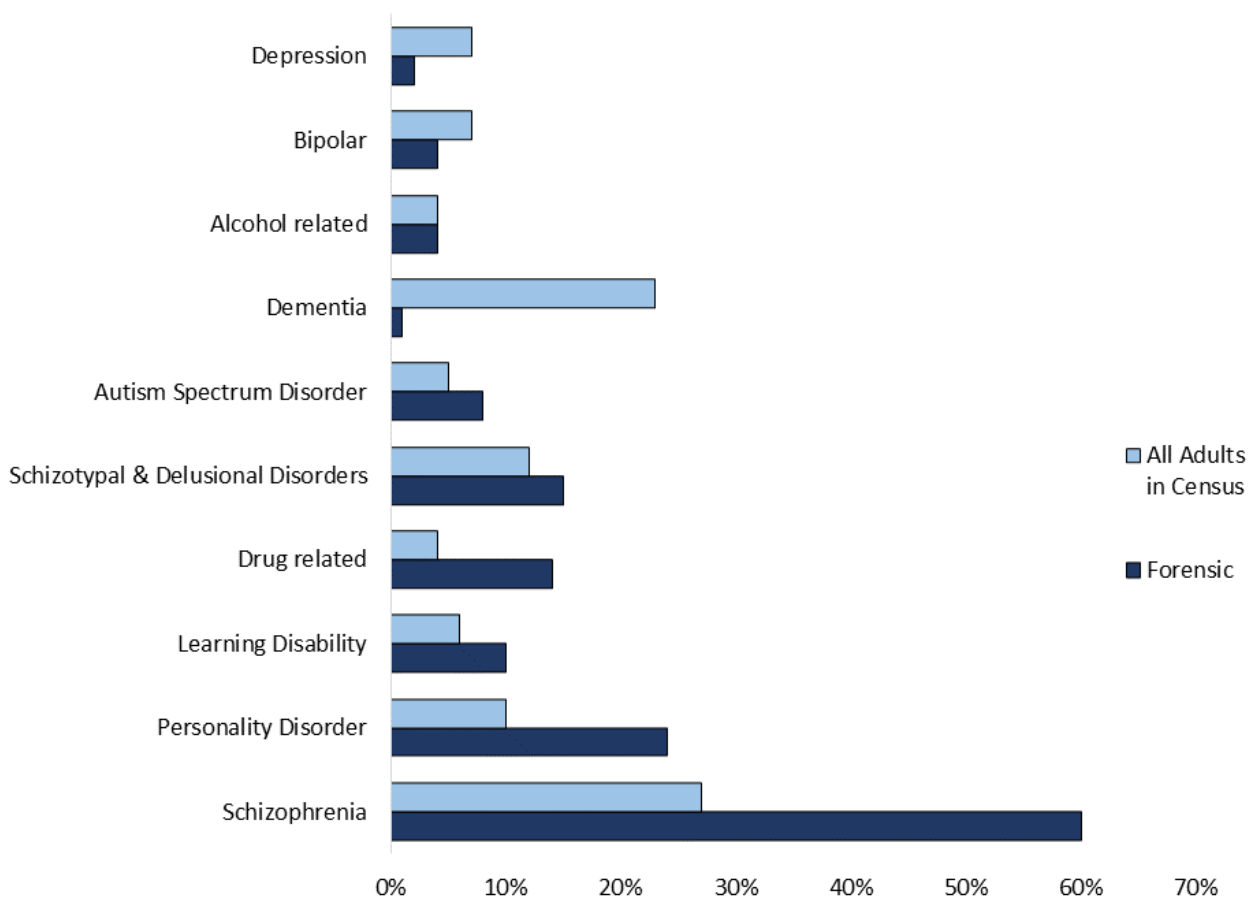
All mental health diagnoses are based on ICD-10 codes. Primary and secondary diagnoses included. Personality disorders and autistic spectrum disorder counts also rely on respective questions on these disorders. Patients may have more than one diagnosis.

Physical health co-morbidities

A total of 194 (43%) patients receiving forensic services had at least one physical health co-morbidity based on the suite of Yes/No physical health questions (see page 27) as at the 2022 Census. This is lower than reported for all adult patients (53%), though forensic patients tend to be younger whhich may account for this difference.

The majority of patients receiving forensic services who had a physical health co-morbidity had only one condition (65%). The most common physical condition for patients receiving forensic services was diabetes, 55 (12%) followed by hypertension (10%).

Figure 13: The majority of patients receiving forensic services with a physical health co-morbidity had one long-term physical condition, while 3% had 4 or more

Psychiatric, Addiction or Learning Disability Inpatient Beds, NHS Scotland, Forensic Patients, 2022 Census
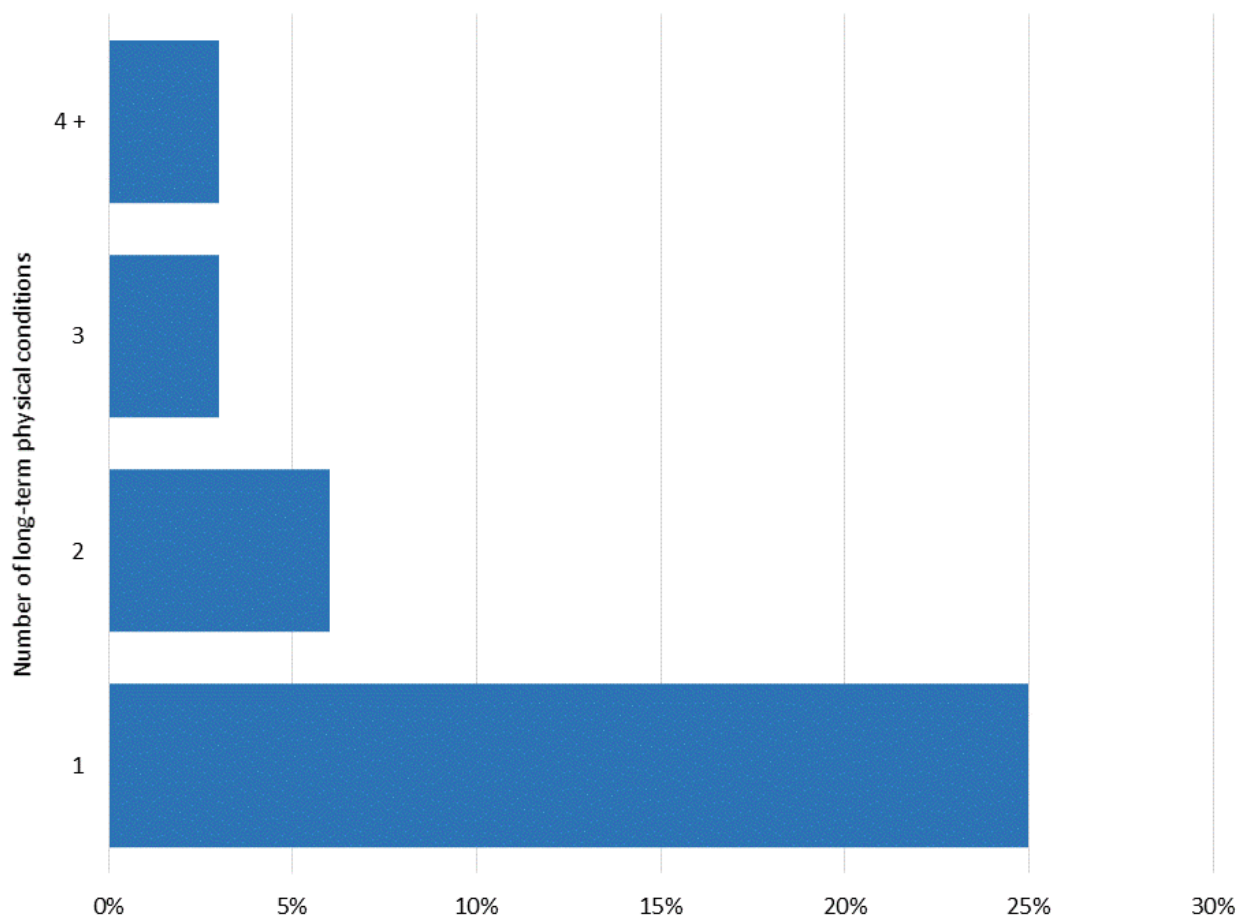
Physical Health Check

The majority of patients (94%) receiving forensic services who were admitted within the last year received a general physical examination. 4 in 5 (78%) admitted over one year ago had received an annual physical health check.

Overall in the 2022 Census, a total of 365 (82%) of forensic patients with returned information (6 were missing) received some form of physical health check, slightly lower than the 89% reported for all adult patients.

Lifestyle factors

BMI (Body Mass Index)

BMI (Body Mass Index) was calculated for patients whose height and weight information was returned. Some patients were excluded because height and weight were extreme outliers (<10 forensic patients). A total of 238 (55%) patients receiving forensic services were obese, while 127 (29%) were overweight. This means that 84% of forensic patients are overweight or obese compared to 2 out of 3 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 139 (31%) forensic patients smoked tobacco in the 12 weeks prior to the Census. This is three percentage points higher than 2019, however it is lower than the 33% reported for all adult patients.

In the 2022 Census, 121 (28%) of forensic patients had a dependence on alcohol or harmfully used alcohol. There were 18 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 (18%).

A total of 152 (35%) 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 one percentage point lower than 2019 and 16 percentage points higher than all adult patients (19%). The most commonly used substance was cannabis (30% of forensic patients using substances), followed by amphetamines (11%) and heroin (9%).

Self-harm

Information on self-harm was returned for 252 (56%) of forensic patients. Of these, 23 (9%) had self-harmed in the week prior to admission. This is four percentage points lower than 2019. Of those 23 patients, the majority (70%) 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 247 (55%) of forensic patients. Of these, 14 (6%) had expressed suicial ideation on admission to hospital, three percentage points higher than in 2019. This is much lower than that reported for all adult patients (12%).

7. Outwith NHS Scotland placements

- 162 patients in the 2022 Census who were funded by NHS Scotland were receiving treatment outwith NHS Scotland
- At the time of the 2022 Census these patients had been in hospital an average of 3 years and 8 months
- 33 patients (20%) had a diagnosis of learning disability or autism

Patients with a main diagnosis of a mental health condition, learning disability or addiction who are funded by NHS Scotland, but are treated either by the NHS outwith Scotland (e.g. by NHS England) or outwith the NHS (e.g. in a private/voluntary sector/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. The individual variability means that it is more cost effective to send patients to outwith NHS Scotland facilities than creating dedicated facilities in NHS Scotland. Each care package is individually and carefully considered by Boards. In total there were 162 patients treated outwith NHS Scotland in the 2022 Census.

Table 18: Patients Outwith NHS Scotland, by NHS Board funding, 2014 – 2022

| NHS Board responsible for funding	2014	2016	2017	2018	2019	2022
NHS Ayrshire & Arran	34	29	c	c	c	20
NHS Borders	c	c	c	27	c	16
NHS Dumfries & Galloway	10	c	c	c	c	c
NHS Fife	c	c	c	c	c	7
NHS Forth Valley	c	c	c	c	0	0
NHS Grampian	18	14	14	15	16	20
NHS Greater Glasgow & Clyde	11	c	c	c	c	c
NHS Highland	c	10	c	20	19	9
NHS Lanarkshire	c	10	14	15	15	43
NHS Lothian	20	25	24	59	24	22
NHS Orkney	c	c	c	c	c	c
NHS Shetland	c	c	c	c	0	0
NHS Tayside	16	13	11	14	12	*
NHS Western Isles	*	12	*	13	*	8
National Services Division	c	c	c	c	c	c
Not Known						c
All	**143**	**137**	**109**	**197**	**126**	**162**

* c - Suppressed due to small numbers

Of the 162 patients treated outwith NHS Scotland, 148 (91%) were treated in private facilities, 6 (4%) in NHS England and 8 (5%) were voluntary sector. The majority of patients, 126 (79%), were being treated in Scotland, while the remaining 34 (21%) were being treated in England. Data was not returned for 2 patients.

A reason for placement was provided for all outwith NHS Scotland patients. Of these, 84 (52%) 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 and other facilities.

Psychiatric, addiction or learning disability patients treated outwith NHS Scotland, 2022
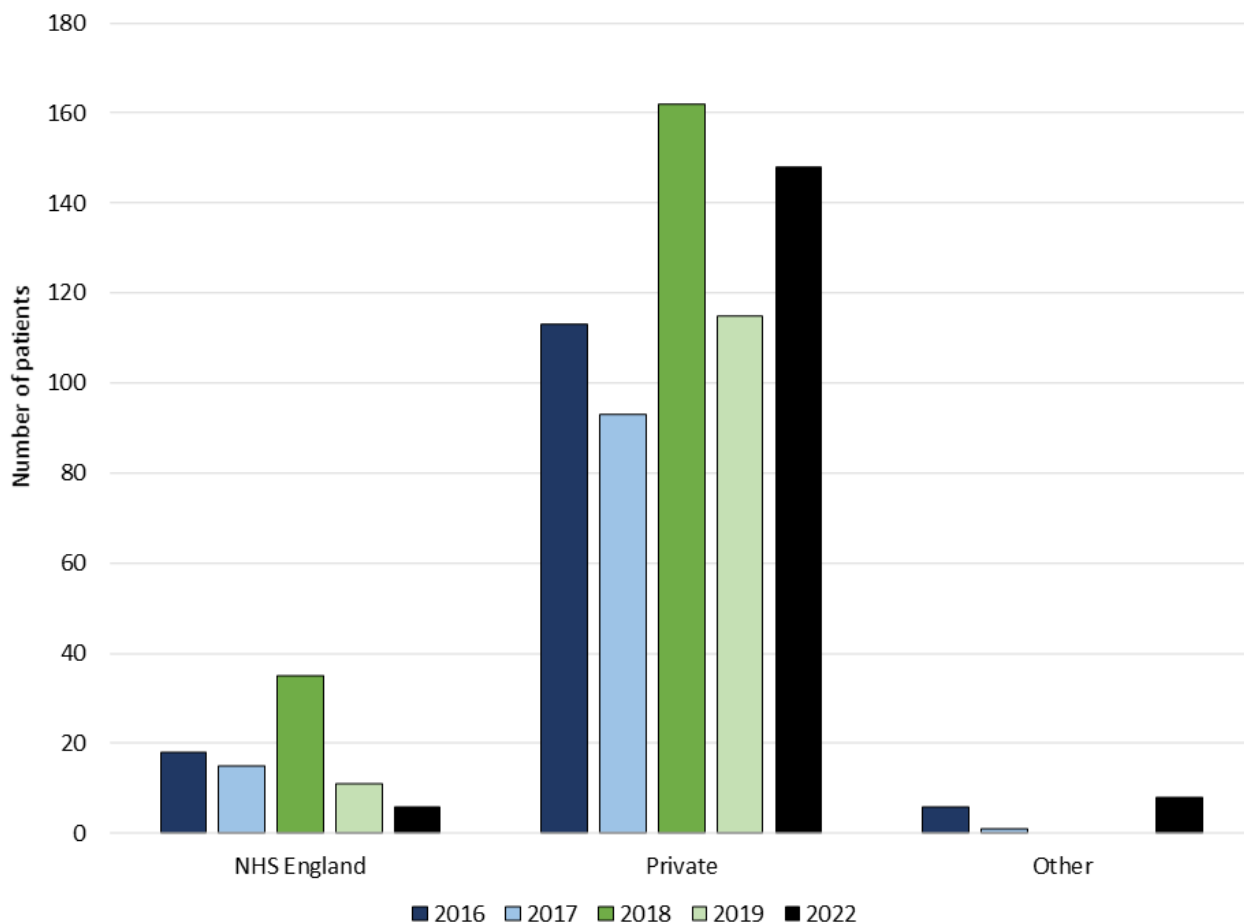
Patients treated outwith NHS Scotland tend to be older on average than those treated in NHS Scotland facilities; 58% were aged under 65 (compared to 65% within NHS Scotland patients). This is a change from the 2019 census when patients treated outwith tended to be younger. One in four patients (25%) were aged under 40. There were more male patients (96, 59%) than female (66, 41%).

Figure 15: The largest proportion of patients treated outwith NHS Scotland are over the age of 65 and 59% are male.

Age and gender of psychiatric, addiction and learning disability patients outwith NHS Scotland, 2022
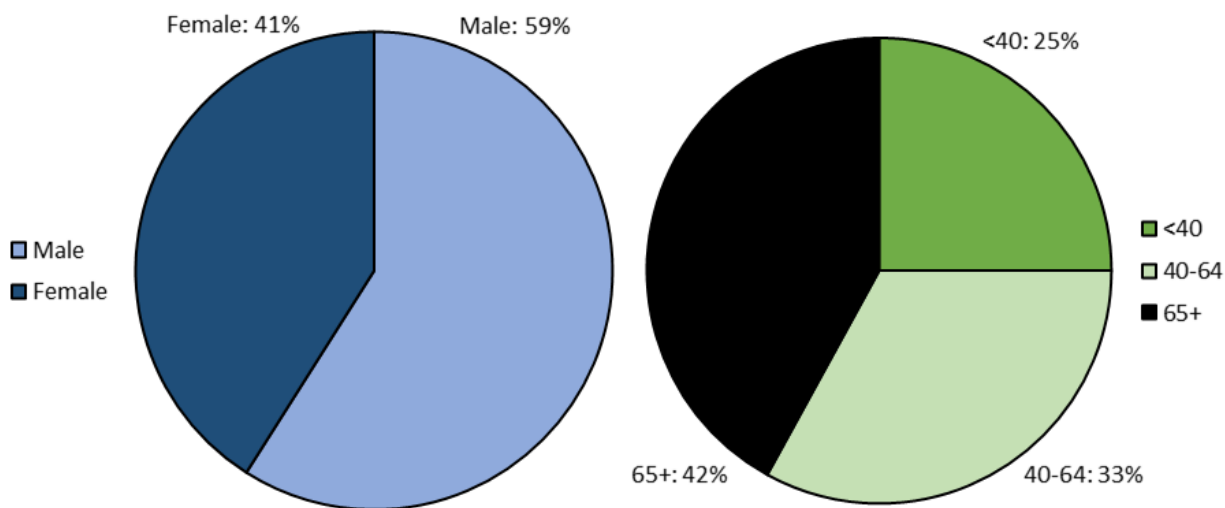
The average (median) number of days for patients treated outwith NHS Scotland was 1348 days (approx 3 years and 8 months). This is 373 days longer than the average (median) length of stay in 2019 and is almost 10 times longer than that of patients treated within NHS Scotland facilities.

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

Group	Average (median) number of days since admission	Approx. number of years / months
Outwith NHS Scotland patients	1348	3 years, 8 months
Within NHS Scotland patients	136	4.5 months

Of the patients treated outwith NHS Scotland, 75 (46%) had been in hospital for between one and five years at the time of the 2022 Census, while 58 patients (36%) 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 153 (94%) patients. Of these, 53 patients (35%) treated outwith NHS Scotland had their last care plan review less than two weeks prior to the 2022 Census, while 30 (20%) had their last care plan review at least 6 months prior to the Census.

Of the 162 patients treated outwith NHS Scotland:

- 86 patients (53%) were receiving Hospital Based Complex Clinical Care.
- 38 patients (23%) were under forensic services.
- 33 patients (20%) had a learning disability or autism.

A total of 24 (15%) of outwith NHS patients had a diagnosis, either primary or secondary, for a personality disorder. There were 51 (31%) patients with dementia, and 30 (19%)

40

patients with schizophrenia, while 9 (6%) had a diagnosis of schizotypal and delusional disorders.

Figure 16: The most common diagnosis for patients treated outwith NHS Scotland was dementia (51 patients, 31%) followed by a learning disability (33 patients, 20%).

Psychiatric, addiction or learning disability patients treated outwith NHS Scotland, 2022
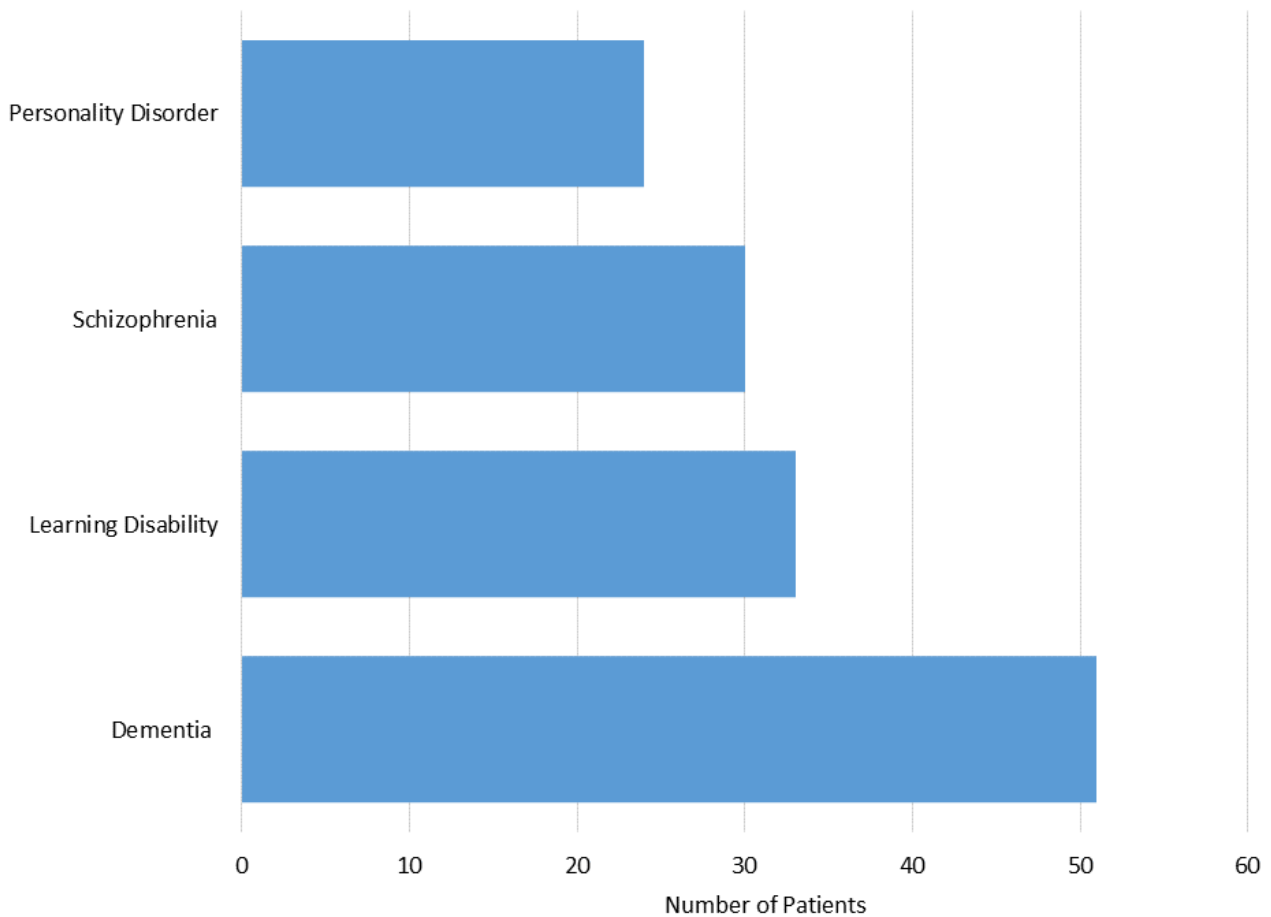
* Patients can have multiple diagnoses

Data is provided, where possible, on anticipated discharge/transfer and date of discharge/transfer. A total of 9 (6%) 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, 11th April 2022. This is the sixth 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 not available in an accessible form just now but we will publish them soon.

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

A separate report has also been published covering all Hospital Based Complex Clinical Care patients from Parts 1, 2 and 3.

Data completeness

NHS Scotland facilities (Part 1)

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

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

Data completeness for individual Census questions varied. Where there was missing data, this has been footnoted against the corresponding table or displayed in the chart. Although most health boards had some missing data, for 143 of their patients (47%) NHS Tayside could only provide minimal data, including admission dates, age and diagnoses.

Patients treated outwith 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 are being treated in a facility that is outwith 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 is reported separately in the Hospital Based Complex Clinical Care Census.

Data collection

The Scottish Government's EAS 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 EAS 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 Data Privacy Impact Assessment which can be obtained on request from MHIC@gov.scot

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

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

Data confidentiality

A Data Protection Impact Assessment was undertaken prior to the Census which outlines how patient confidentiality is maintained. The Data Protection Impact Assessment can be obtained on request from MHIC@gov.scot

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 5 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: Statistical disclosure control - Office for National Statistics (ons.gov.uk)

Health Conditions

The [International Classification of Diseases (10th Revision)](#) 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

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 so that 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.

Academic researchers must initially apply to the 'Statistics Public Benefit and Privacy Panel' or the 'Public Benefit and Privacy Panel for Health and Social Care[1]' to gain access to the Inpatient Census data. If the 'Statistics Public Benefit and Privacy Panel' or 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 MHIC@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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[1] Information Governance (scot.nhs.uk)

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

NHS National Services Scotland, Public Health Scotland (formerly ISD Scotland)

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

Information on mental health (psychiatric) hospital inpatients and day cases is collected by Public Health 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.

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 PHS report; Mental Health Inpatient Activity, presents information on patients with mental health problems or learning disability who have been cared for as in both psychiatric and general acute specialties in Scottish hospitals.
Official data release information - Mental health inpatient activity - 23 November 2021 - Mental health inpatient activity - Publications - Public Health Scotland

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 PHS 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.
https://www.gov.scot/collections/scottish-health-survey/

Scottish Health Survey Topic Report: Mental Health and Wellbeing

This report, published in February 2020, 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

Data 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.

Health and Care Experience Survey - gov.scot (www.gov.scot)

Inpatient Experience Survey

The Scottish Inpatient Experience Survey is jointly supported by Scottish Government, Information Services Division (now Public Health Scotland) 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. This report has been suspended at present.

The latest publication can be found here:
https://www.scld.org.uk/2019-report/

The full dataset guidance notes are available here:
https://www.scld.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 Public Health Scotland (previously 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:
https://publichealthscotland.scot/publications/care-home-census-for-adults-in-scotland/care-home-census-for-adults-in-scotland-statistics-for-2012-2022/

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. Mental Health Bulletin 2020-21 Annual report - NHS Digital, 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

- 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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e-mail: statistics.enquiries@gov.scot

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Details of forthcoming publications can be found at
Official statistics: forthcoming publications - gov.scot (www.gov.scot)