



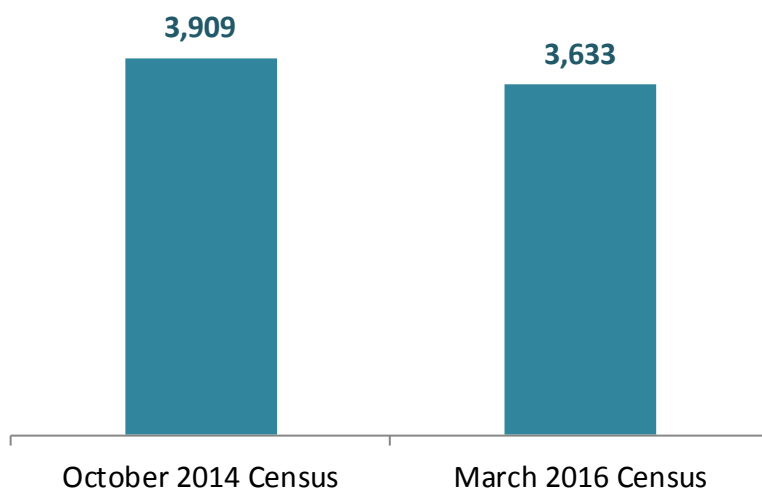
HEALTH AND SOCIAL CARE

Executive summary

This report presents an overview of the results of the second 'Mental Health & Learning Disability Inpatient Bed Census' and the 'Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census', carried out by the Scottish Government and NHS Boards as at midnight, 31 March 2016.

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

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



Some key points from this report include:

- There were **3,633 patients** occupying a psychiatric, addiction or learning disability inpatient bed in an NHS Scotland facility in the March 2016 census. This compares to 3,909 in October 2014.
- Of the 3,633 patients, **58% were Male**, 42% were female. Of patients of working age (between 18 and 64 years old), **64% were male**.

- The patients in the census were **mostly from older age groups**. 22% were aged 18-39, 35% were aged 40-64 and 41% aged 65+.
- There were **55 patients aged under 18** in the March census. There were 50 in October 2014
- Patients were **most likely to be in an Acute Ward** (37% of all patients).
- As at the census, there were 4,254 psychiatric, addiction or learning disability inpatient beds available in NHS Scotland at the March 2016 census, compared to 4,532 in October 2014. **The overall occupancy rate in Scotland was 85%** (86% in October 2014).
- There were **458 patients primarily managed by Forensic Services** at March 2016. This compares with 507 in October 2014. Forensic psychiatry is a specialized branch of clinical psychiatry which relates to mentally disordered offenders and others with similar problems.
- Of the 3,578 patients aged 18+ at the Census, **291 patients (8%) had a diagnosis for either a Learning Disability or Autism**. 242 patients had a diagnosis for a Learning Disability, 109 patients had a diagnosis for Autism (60 patients had a diagnosis for both).
- Of the 3,633 patients occupying a psychiatric, addiction or learning disability inpatient bed at the March 2016 census, **1,128 received Hospital Based Complex Clinical Care (HBCCC)**. This is 31% of all patients. *HBCCC by definition does not include Delayed Discharge patients.*
- There were **255 patients who were Delayed Discharges** at the census date, 7% of all patient for which this information was known (data was incomplete for 140 patients). Of the 255 patients, 49 had a learning disability.
- Just over half (53%) of patients aged 18+ had at least **one long term physical health co-morbidity**.
- **2002 adult patients were either Overweight or Obese** (excluding patients in Eating Disorder wards). This is 59% for whom BMI was known.
- There were an additional **137 patients who were funded by NHS Scotland, but treated outwith NHS Scotland**, either in a private facility or NHS facility elsewhere in the UK. This compares with 143 patients at the October 2014 Census. Of the 137 patients, 89 (65%) were in receipt of HBCCC.

Inpatient Census, 2016

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 second 'Mental Health & Learning Disability Inpatient Bed Census' and the 'Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census', carried out by the Scottish Government and NHS Boards as at midnight, 31 March 2016. The Census is designed to provide an understanding of who is in hospital funded by NHS Scotland at a point in time and for what reason.

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

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

Scope of census

Following on from the first Census held in October 2014, a review of the scope, frequency and questions were undertaken by Scottish Government in collaboration with NHS Boards. There are 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.

Part 1: Mental Health and Learning Disability Inpatient Bed Census

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

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

Collectively, the three parts to the Census make up the Inpatient Census. This report covers Part 1 and 2 of the Inpatient Census. A separate report will be available later in 2016 covering patients who are in receipt of Hospital Based Complex Clinical Care.

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

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

Accompanying data

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

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

Staff in NHS Boards will also be able to request access to more detailed analysis, which will be accessed through a secure online website. This will provide more graphical representations of data, as well as drilling down to hospital and ward level for users' health boards. Access is granted by a nominated NHS Board authorizer, 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 2017, and any methodological changes will be informed by this year's census.

1. Overview of patients being treated in NHS Scotland facilities

3,633 mental health, addiction and learning disability inpatients in NHS Scotland at March 2016.

58% of patients were male at the census . 41% of patients were aged 65+, 57% between 18 and 64.

The bed occupancy rate in NHS Scotland was 85%.

Number of patients and occupancy rates, by NHS Board

There were 3,633 inpatients being treated in NHS Scotland facilities at the March 2016 census, which is a decrease compared with 3,909 at the October 2014 census. The table below shows the number of mental health, learning disability and addiction inpatients being treated in each board.

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

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

Of the wards covered by the census, there were 4,254 available mental health, addiction and learning disability beds in Scotland at the March 2016 census. There were 3,633 patients occupying these beds, giving an occupancy rate of 85%, which is similar to 86% in October 2014 (see table below).

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

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

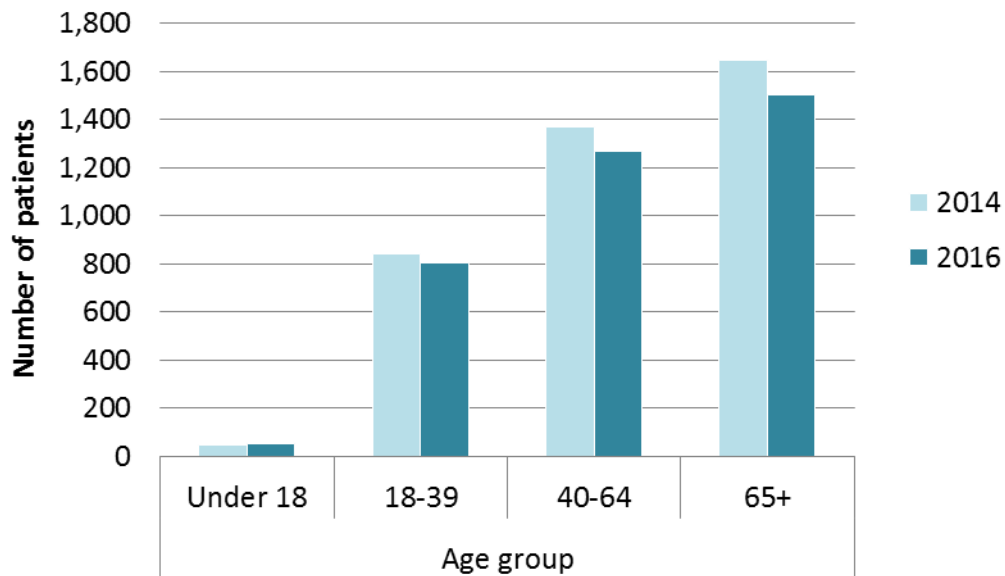
Annex A contains analysis of available beds for each NHS Scotland facility.

Demographics

The age and gender breakdown of patients occupying mental health, learning disability and addiction inpatients beds is largely unchanged between the October 2014 and March 2016 censuses. The following table and chart shows the age breakdown for the two years: in both cases there are more patients in the older age groups than the younger ones.

Age group	Patients (October 2014)	Patients (March 2016)
Under 18	50	55
18-39	842	806
40-64	1,369	1,267
65+	1,648	1,505
All	3,909	3,633

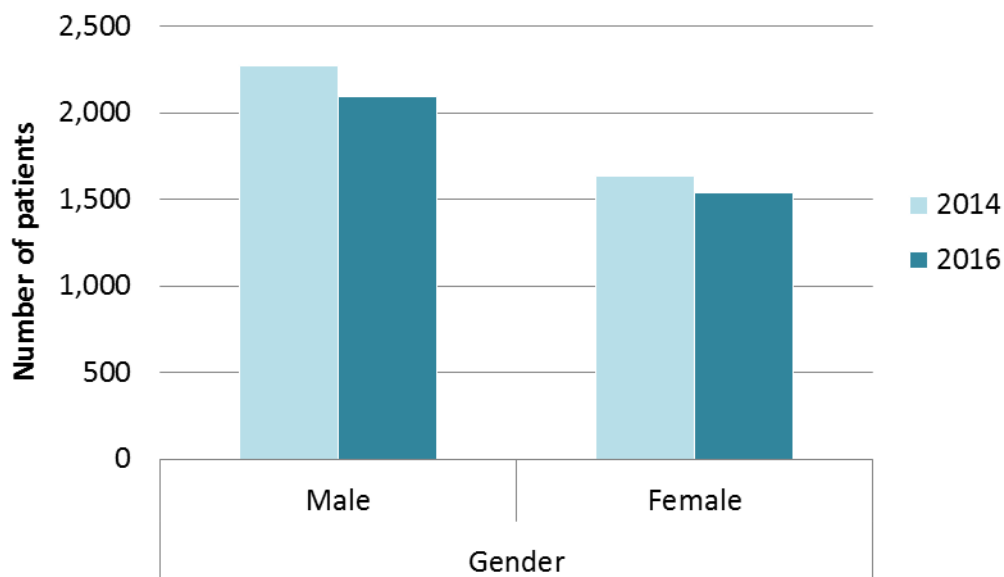
Number of patients, by age group (2014 v 2016)



Of the 3,633 patients in the March 2016 census, 58% were male. This is the same as in October 2014 (see below table and chart).

Patients by gender	Patients (October 2014)	Patients (March 2016)
Male	2,270	2,092
Female	1,639	1,541
All	3,909	3,633

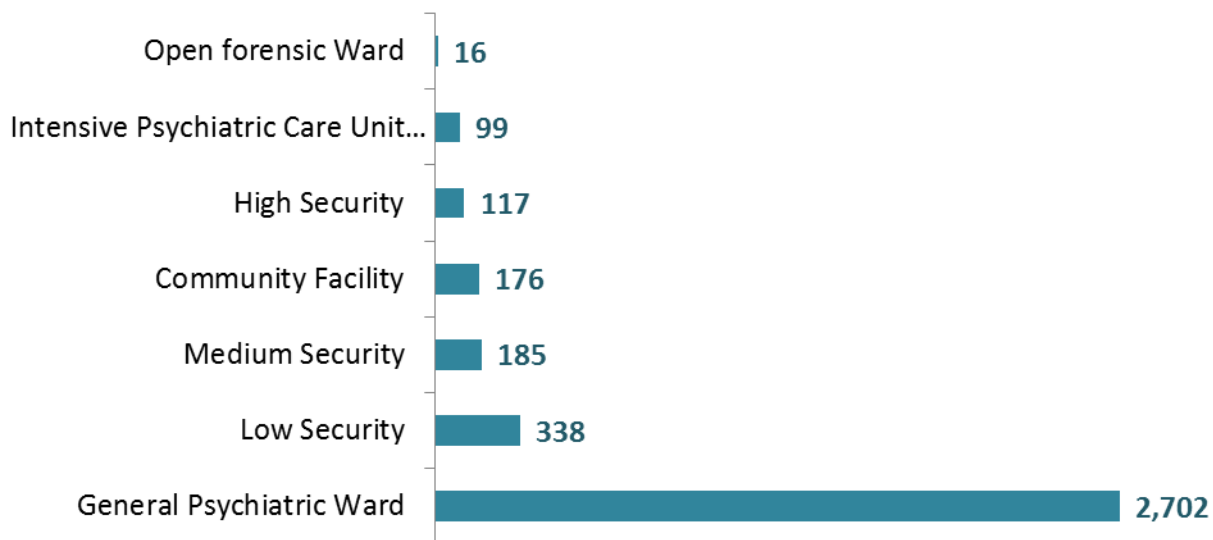
Number of patients, by gender (2014 v 2016)



Ward Types and Security Levels

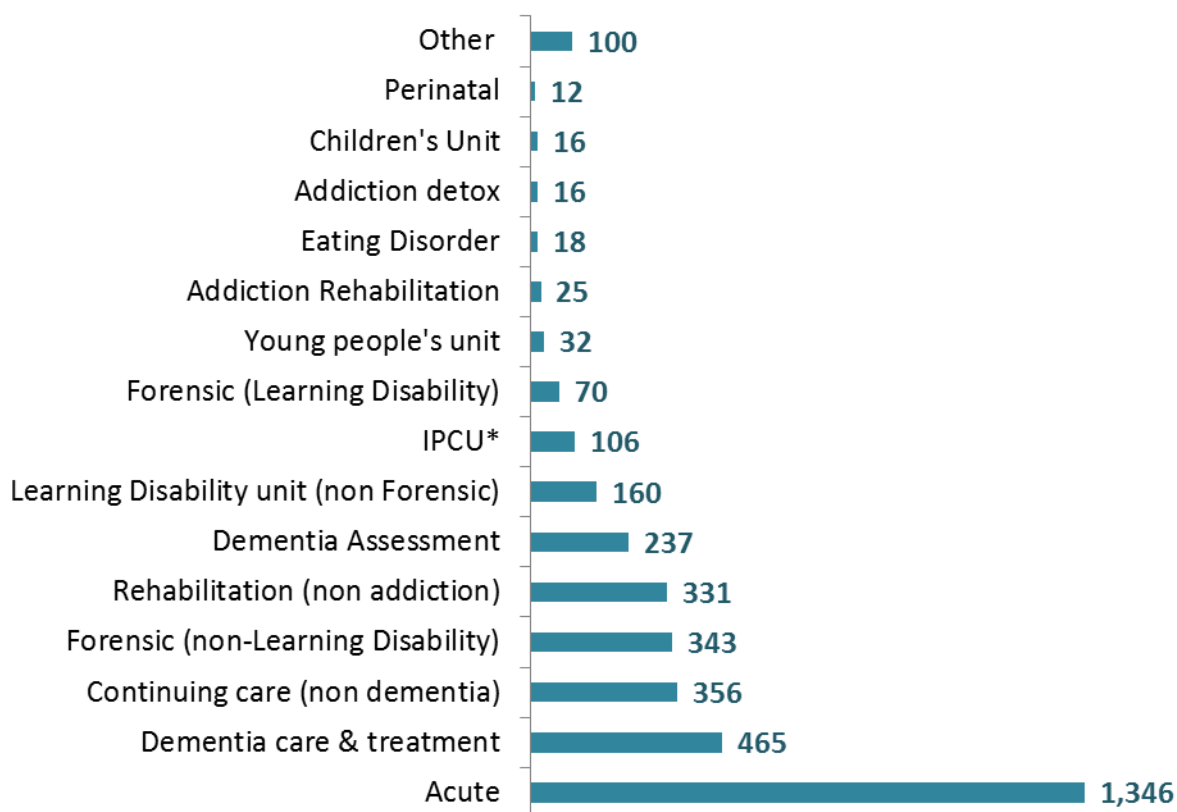
As part of the census, NHS Boards were asked to record the security level of the ward in which the patients were staying. 2,702 (74%) of all patients at the census were in a 'General Psychiatric Ward' (see below chart).

Number of patients, by ward security level, 2016



For 2016, the 'Ward Type' question in the census was expanded to include more categories. From the following chart, it can be seen that the largest ward type is 'Acute', in which there were 1,346 of the 3,633 patients (37%) were at the March census.

Number of patients, by ward type, 2016



*IPCU - Intensive Psychiatric Care Unit

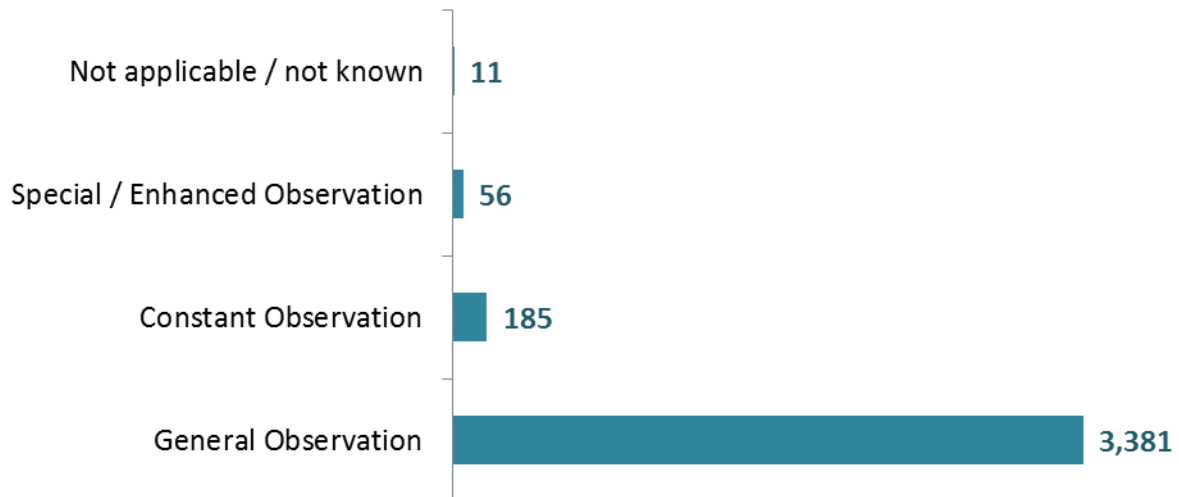
Observation level

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

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

The following chart shows that most patients (93%) fall under the General Observation category.

Patients by nurse observation level, 2016



Note: Not applicable relates to either patients who are being treated in care homes where an observation level may not apply, or patients on pass.

26 patients on Constant, Special or Enhanced Observations have at least 2 members of staff (this is 11% of those patients where this information was known).

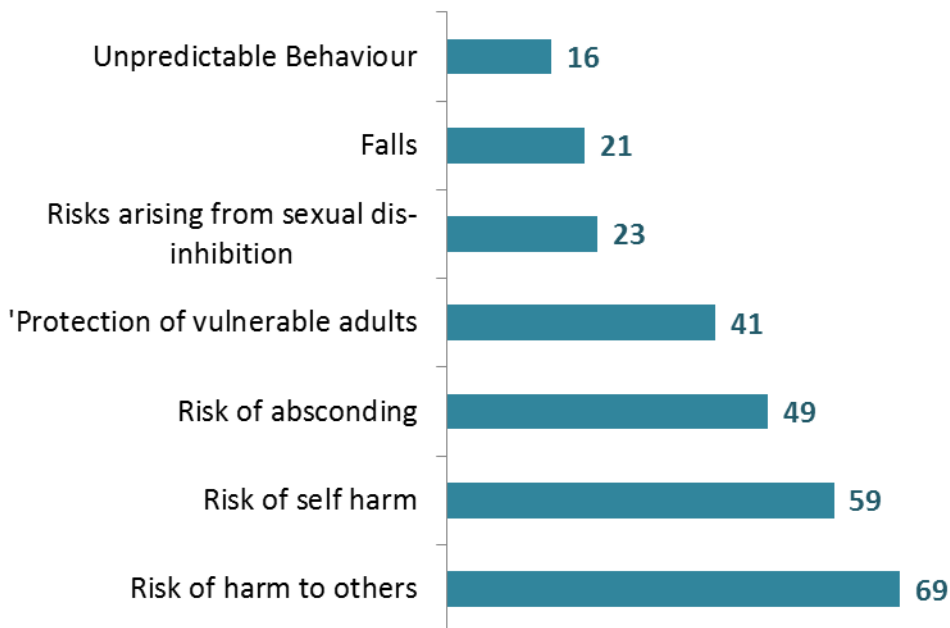
Number of patients by the number of staff involved in Constant, Special or Enhanced Observations, 2016



The most common reason, as shown in the following chart, for being on a Constant, Special or Enhanced Observation level was due to 'risk of harm to others' (69 patients) followed by 'risk of self harm' (59 patients) and 'risk of absconding' (49 patients).

Note a patient can have more than 1 reason for being on Constant, Special or Enhanced Observation.

Number of patients by reason for Constant, Special or Enhanced Observations, 2016



*Note a patient can have more than 1 reason for being on Constant, Special or Enhanced Observation.

On Pass

Patients who are “On Pass” are still formally considered inpatients of a hospital, but are permitted planned leave for varying lengths of time as part of their recovery care plan. This includes those whose detention under the Mental Health Act has been suspended. At the March 2016 census there were **156 patients (4%) in Scotland who were on pass** for at least that overnight period.

Boarding from another hospital

If a patient is “boarding” from another hospital, then they are staying in a hospital outwith their local catchment area. **55 people were boarding** in from another hospital at the March 2016 census. 45 of these patients were boarding to another hospital in the same NHS Board as their local catchment area.

Hospital Based Complex Clinical Care

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

A patient is defined as receiving HBCCC if they have care needs that cannot be met in any setting other than hospital and require long-term complex clinical care, or have been in hospital for over 6 months. At the March 2016 census there were **1,128 patients receiving HBCCC** who were occupying a mental health or learning disability inpatient bed at the census date. This is 31% of all patients covered by the census.

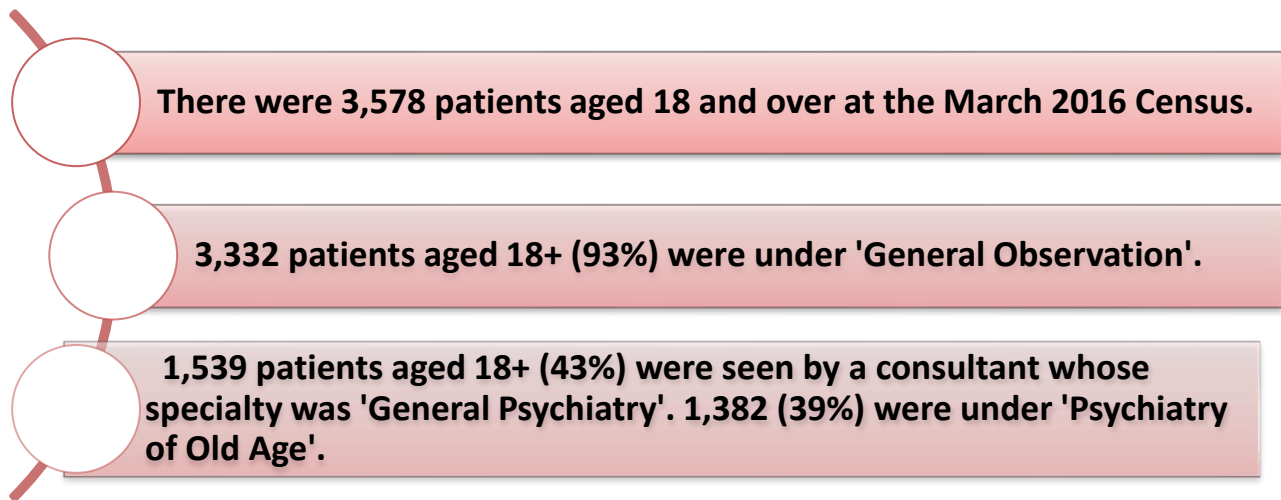
Note, under the definition of HBCCC, no patient can be a delayed discharge.

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

Delayed Discharge

At the census, **255 patients were a delayed discharge**. This is 7% of patients for which this information is known (information was not returned for 139 patients). Of the 255 patients, 49 had a learning disability.

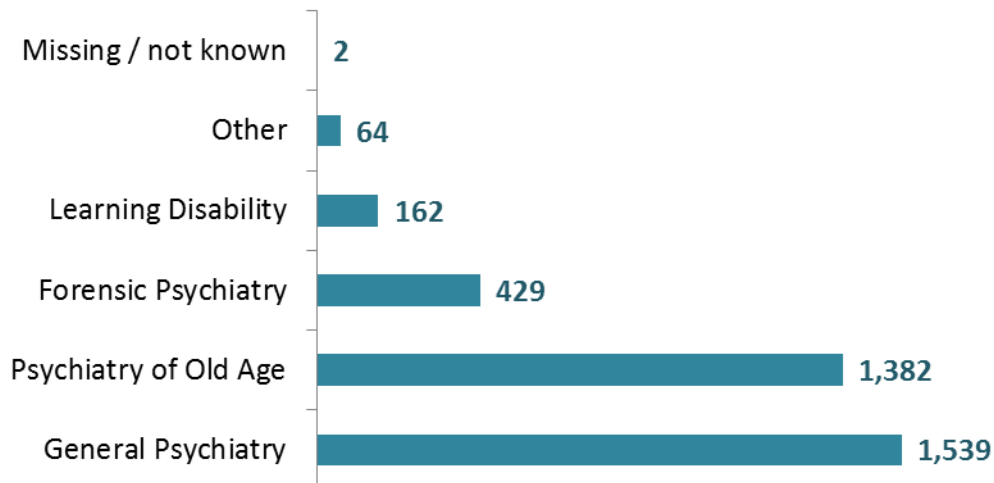
2. Adult patients treated in NHS Scotland facilities (additional detail)



Specialty of Consultant

NHS Boards were asked to record the specialty of every Consultant who was responsible for overseeing the treatment of each patient in the Census:

Patients by consultant specialty, 2016 (Adults aged 18+)



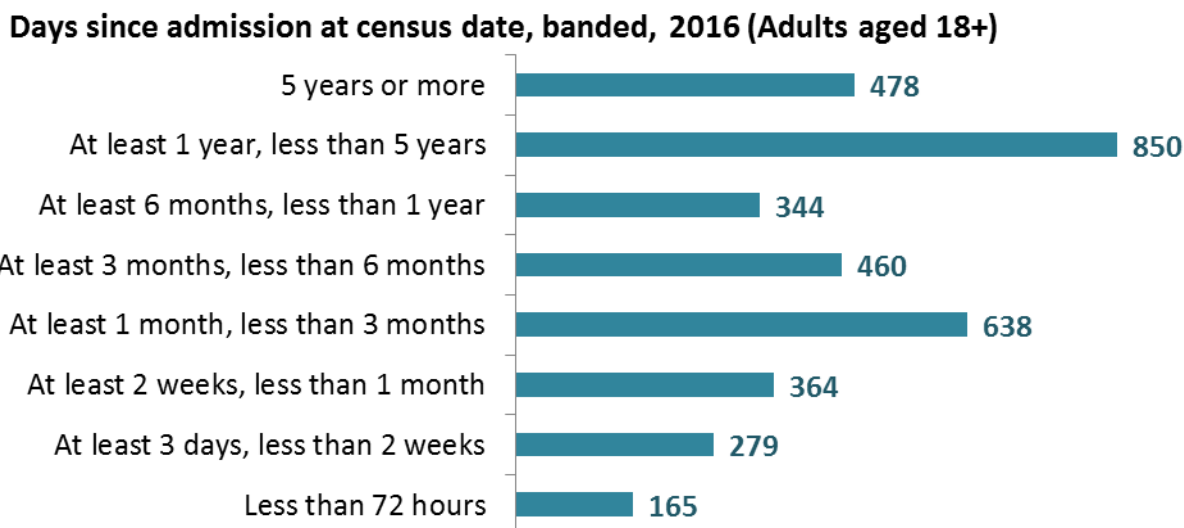
- 1,539 patients aged 18+ (43%) were seen by a consultant whose specialty was 'General Psychiatry'.
- 1,382 (39%) patients aged 18+ came under 'Psychiatry of Old Age'.
- 429 patients (12%) were seen by a consultant who specialised in Forensic Psychiatry.

Length of stay in hospital

There has been little change in the 'days since admission' between the 2014 census and the 2016 census. The average (median) number of days since admission for adults aged

18+ in March 2016 was 150 days, or around 5 months. In October 2014, the average time in hospital at the census date was 163 days.

The below chart shows the spread of patients by length-of-stay group. 478 adult patients (13%) were in hospital for 5 years or more at the census date, while 165 (5%) had been in for less than 72 hours.



The average (median) number of days since admission for patients with a Learning Disability was 759 days (around 2 years and one month). This compares with 129 days (around 4 months) for non-Learning Disability patients.

Ethnicity

Of the 3,578 patients aged 18+ at the Census, White Scottish was the largest ethnic group. The full breakdown can be seen in the below table.

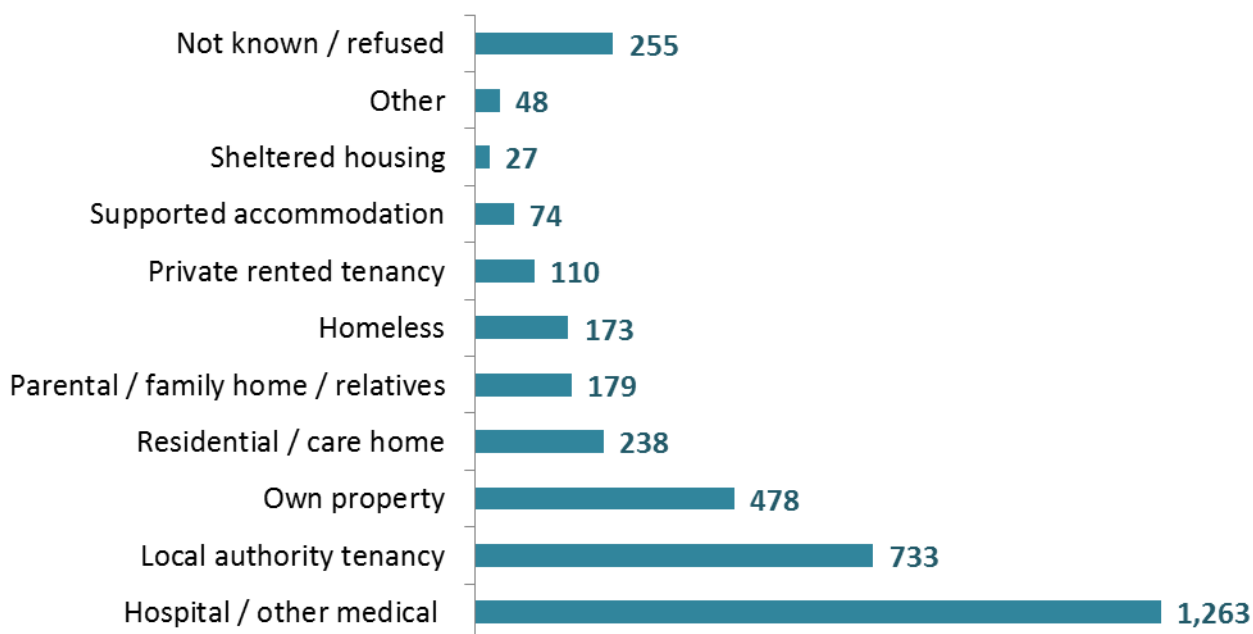
Ethnicity	Adults aged 18+ (March 2016)
White Scottish	2,777
White Other British	196
White (unspecified)*	108
Other white ethnic group	108
Asian, Asian Scottish or Asian British	43
White Irish	23
African, African Scottish or African British	17
White Polish	15
Other/multiple ethnic groups	22
Not Known	269

*May contain patients who fall under other White ethnic groups.

Living Circumstances

In 2016, NHS Boards were asked to record the 'Living Circumstances' from a range of pre-defined options for each patient recorded in the census. 1,263 patients aged 18+ (35%) were in a Hospital or other medical establishment, while 733 (20%) were under Local Authority tenancy.

Patients by living arrangements, 2016 (Adults aged 18+)



Dependents

For the purposes of the Census, a 'Dependent' is defined as someone who relies on the patient in the census in their day to day life. For example a child, a partner with care needs of an elderly relative. 370 patients aged 18+ had a Dependent at the Census date. This is 11% of patients in the Census for whom this data is known (data was missing for 325 patients).

162 patients aged 18+ at the census had a dependent child aged 0-18, 5% of patients for whom this information is known. From Scotland's Census 2011, there were an estimated 2,100,000 people in Scotland with dependent children aged 0-18, around 50% of the adult population.

Status

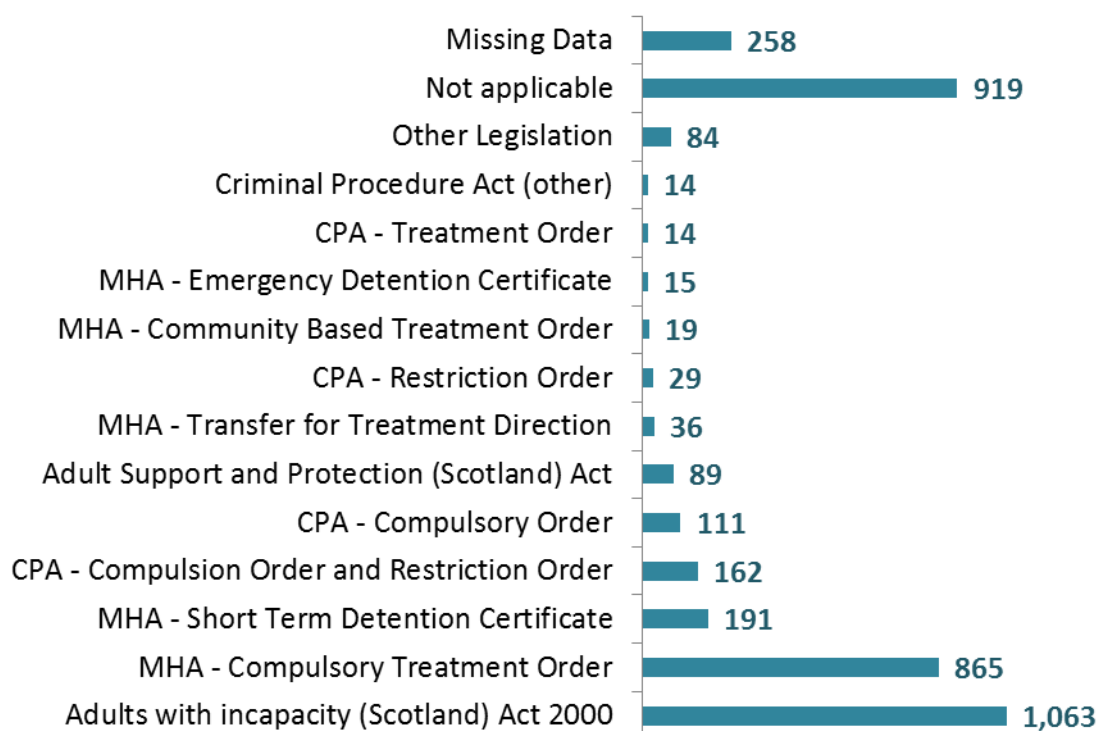
Patients who have been detained under the provisions of the Mental Health (Care and Treatment) (Scotland) Act of 2003 are defined as having 'Formal' status. 'Informal' refers to voluntary Mental Health admissions.

At the March 2016 Census, 1,580 adult patients (44%) had 'Formal' status, while 1,998 (56%) had 'Informal' status.

Other Legislation

In 2016 NHS Boards were asked to record all the pieces of legislation for which patients were subject to at the Census date. 1,063 patients (32% of known cases) were subject to the Adults with incapacity (Scotland) Act. 865 patients (26%) were subject to the Mental Health Act (Compulsory Treatment Order). Data was missing for 258 patients.

Patients subject to legislation*, 2016 (Adults aged 18+)



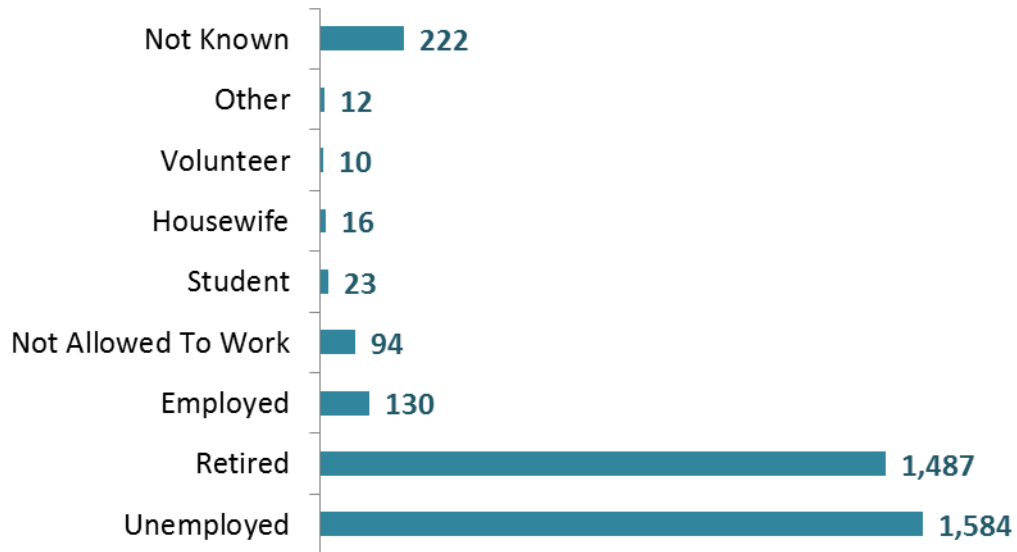
*Patients can be subject to multiple pieces of legislation.

**MHA Mental Health Act. CPA Criminal Procedure Act.

Employment Status

Of the patients aged 18+ for whom employment status was known at the March 2016 census, 1,584 (47%) were unemployed, 1,487 (44%) were retired and 130 (4%) were in employment.

Patients by employment status, 2016 (Adults aged 18+)



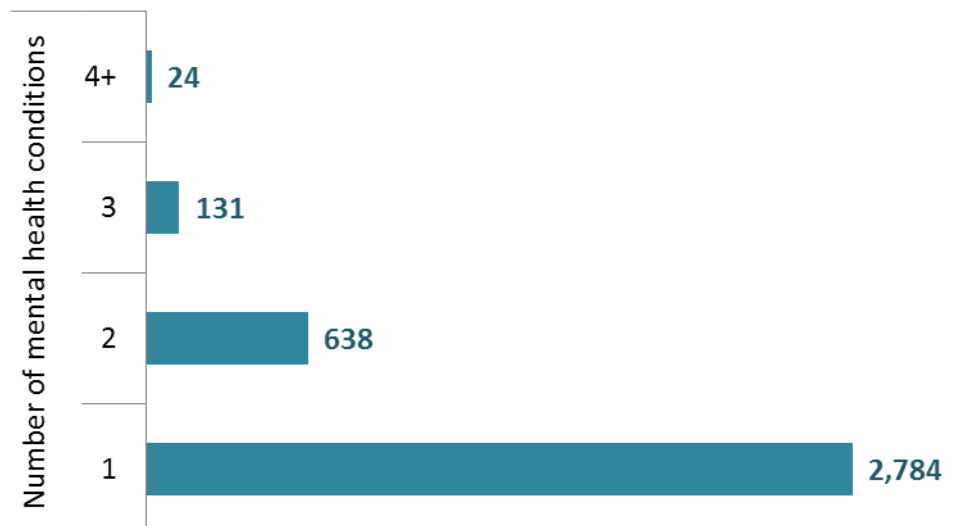
Health and Wellbeing

The following sections consider the mental and physical health of all patients aged 18+ at the Census. The 2016 Census additionally collected some information around lifestyle factors which can impact on a person's health and wellbeing.

Mental health morbidities

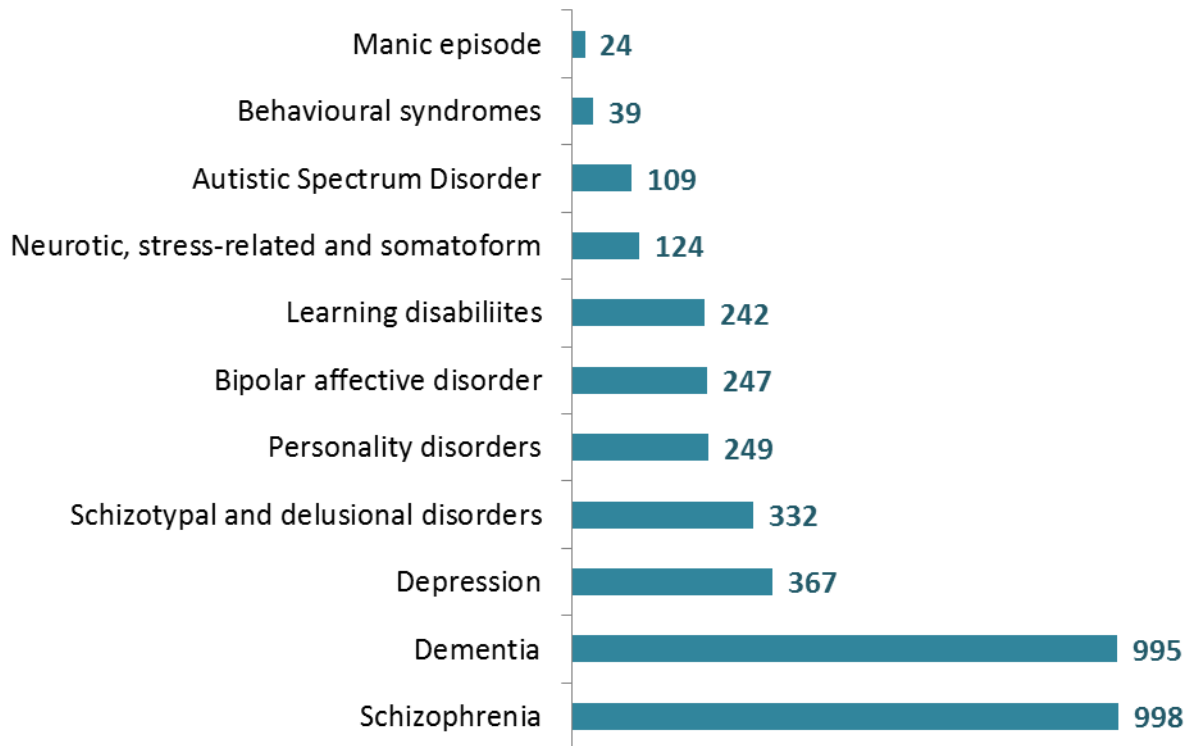
NHS Boards were asked to return diagnosis codes (ICD10) for any mental health condition for which patients in the Census had a diagnosis. 2,784 patients aged 18+ (78%) had a diagnosis recorded for only one mental health condition, while 793 (22%) had a diagnosis for 2 or more conditions (see below chart).

Patients by number of mental health diagnoses* (Adults aged 18+)



*based on recording of ICD10 codes.
*diagnosis data was not returned for one patient.

The following chart presents the most common diagnosed mental health morbidities, as at the census date for adults aged 18 or over in the March 2016 census. The two most common diagnoses are Schizophrenia (998 patients) and Dementia (995 patients), which each account for around 28% of all adult patients in the census. Note that a patient may have more than one diagnosis.



*Note: All mental health diagnoses are based on ICD10 codes. Primary and secondary diagnoses included.
Note: Patients may have more than one diagnosis.*

Learning Disabilities and Autism

Of the 3,578 patients aged 18+ at the Census, 291 patients (8%) had a diagnosis for either a Learning Disability or Autism. 242 patients had a diagnosis for a Learning Disability, 109 patients had a diagnosis for Autism (60 patients had a diagnosis for both).

Physical health co-morbidities

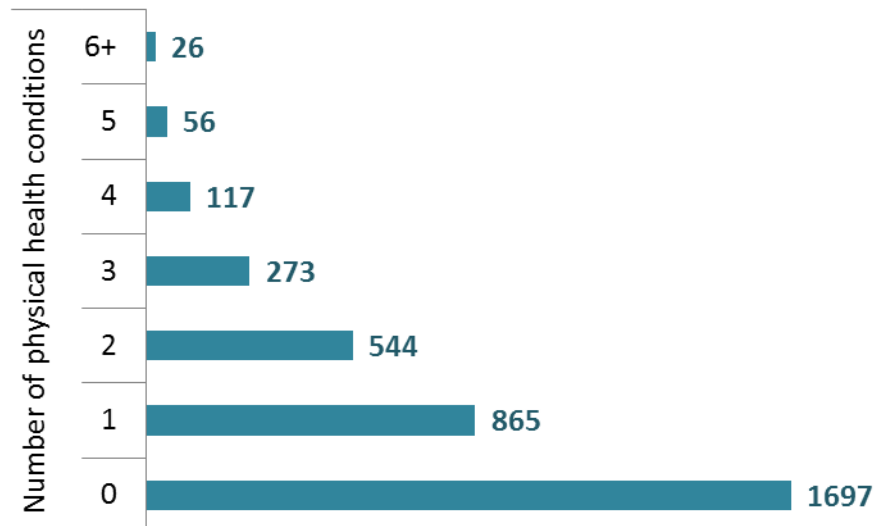
One of the key outcomes from the 2014 Census was the need to improve the recording of both mental health and physical health morbidities. Mental Health and Learning Disability services in NHS Boards are working towards routinely recording physical health conditions under the [International Classification of Diseases](#). As an interim, the 2016 Census included a suite of Yes/No physical health questions. A small number of patients (less than 10) did not have physical diagnosis information recorded for certain conditions.

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

- 1,881 patients aged 18+ (53%) had at least one physical health co-morbidity based on the suite of Yes/No physical health questions as at the census.

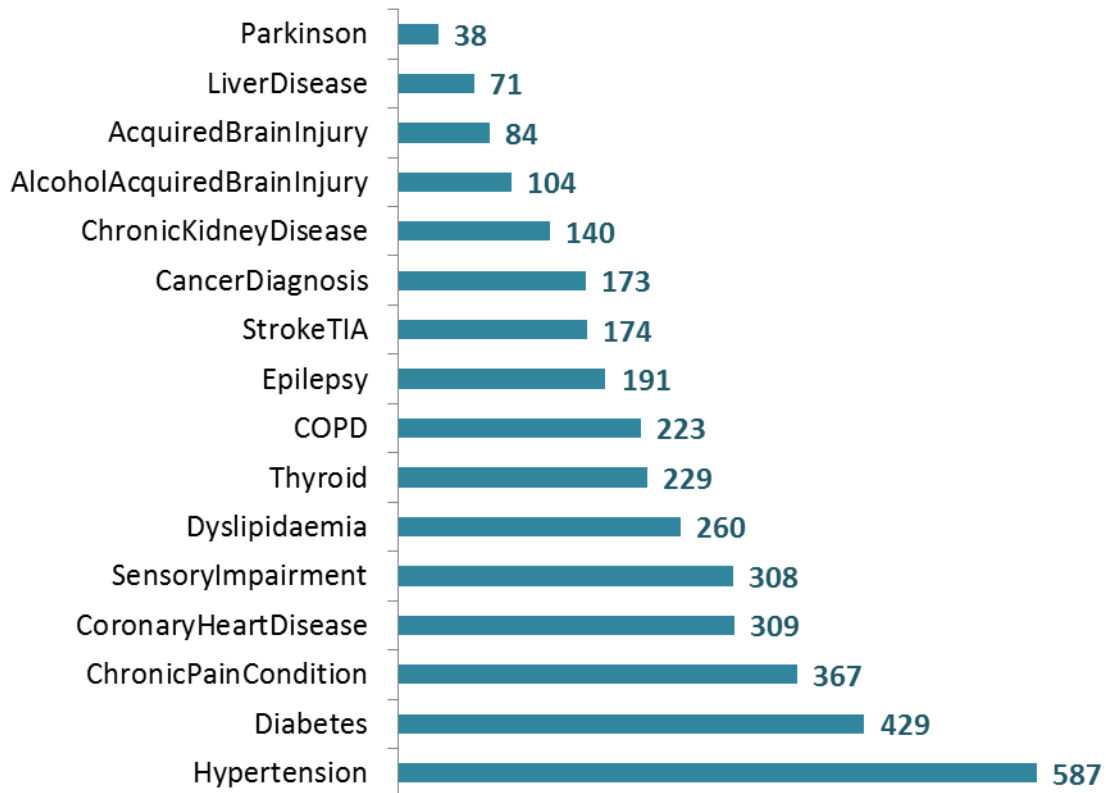
Patients by number of physical health comorbidities*
(Adults aged 18+)



*Physical health co-morbidities are based on responses to a suite of Yes/No physical health questions in the census. Morbidities included: Hypertension, Diabetes, Dyslipidaemia, Chronic Obstructive Pulmonary Disease, Coronary heart Disease, Chronic Pain, Epilepsy, Sensory Impairment, Chronic Kidney Disease, Liver Disease, Thyroid Disease, Acquired Brain Injury, Cancer, Stroke / Transient Ischaemic Attack, Alcohol Acquired Brain Injury, Parkinson.

The following chart illustrates the prevalence of selected physical health morbidities for patients aged 18+ at the Census. *Note that a patient can have more than one physical health morbidity.*

**Patients by most common physical health conditions
(Adults aged 18+)**



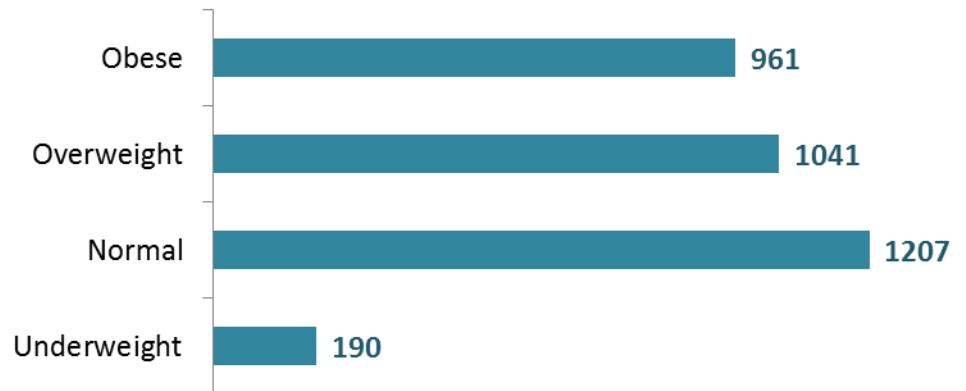
- 16% of all adult inpatients had Hypertension as at the census date. This was the most common physical health co morbidity from the suite of physical health conditions which were asked specifically about in the census.
- Diabetes was the next most prevalent physical health co-morbidities (12% of all adult patients).

Lifestyle factors

BMI (Body Mass Index)

- The following chart shows the BMI (Body Mass Index) distribution for adult patients. Note the chart excludes 163 patients where height and weight information was not provided in order to calculate BMI scores, as well as a small number of patients in Eating Disorder wards.

Patients by BMI Index (Adults aged 18+)



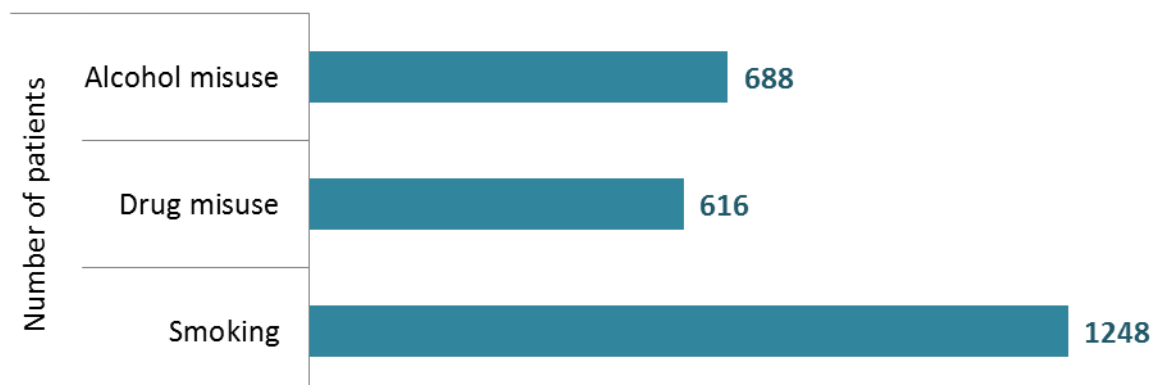
- 2002 adult patients (59%) for whom BMI was known were either Overweight or Obese at the March 2016 census date (excluding Eating Disorder wards).
- Around a third of adult patients (1207, 36%) had a Normal BMI score as at the census (excluding Eating Disorder wards).

Smoking, alcohol and drug misuse

The 2016 census included a number of questions around alcohol and other substance misuse. It is known that not all patients with alcohol dependence or substance abuse will have a formal (ICD10) diagnosis. This section contains analysis of patients with alcohol dependence and / or substance misuse based on responses for a combination of questions (see Section 6 for further detail).

- Around one third of adult patients (1,248, 35%) smoked tobacco in the 12 weeks prior to the census date.
- 688 patients aged 18 and over (19%) had a dependence on alcohol / harmfully used alcohol. Of these, 193 (28%) had an alcohol-related diagnosis based on ICD10 codes.
- 616 patients aged 18 and over (17%) had abused substances (excluding alcohol). Of these, 193 (31%) had a diagnosis of drug misuse based on ICD10 codes.

Smoking, drugs and alcohol (Adults aged 18+)

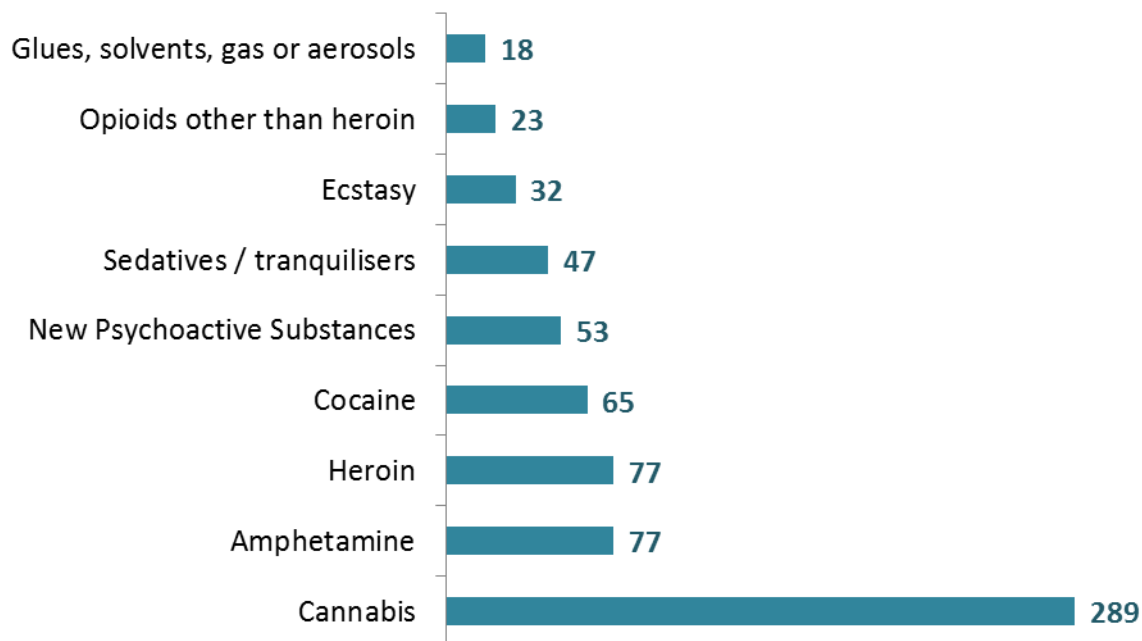


Substances used prior to admission

In the March 2016 Census, NHS Boards were asked to record the substances which patients used prior to admission.

For those patients who did have a record of substance abuse (excluding alcohol) in the four weeks prior to admission (522 known patients), Cannabis was the most prevalent with 289 patients (55%) recorded as having used it.

Substances used in four weeks prior to admission* (Adults aged 18+)



*Patients can be in more than one category.

*Excludes other substances which were recorded for small numbers of patients.

Of the patients with a record of substance abuse (excluding alcohol) in the four weeks prior to admission,

291 patients used only one substance, while 152 used two or more (see below table). Detailed information on substances used was not returned for 72 patients.

Number of substances used per patient in 4 weeks prior to admission	2016
One	291
Two	79
Three	41
Four	19
Five or more	13
Not known	72

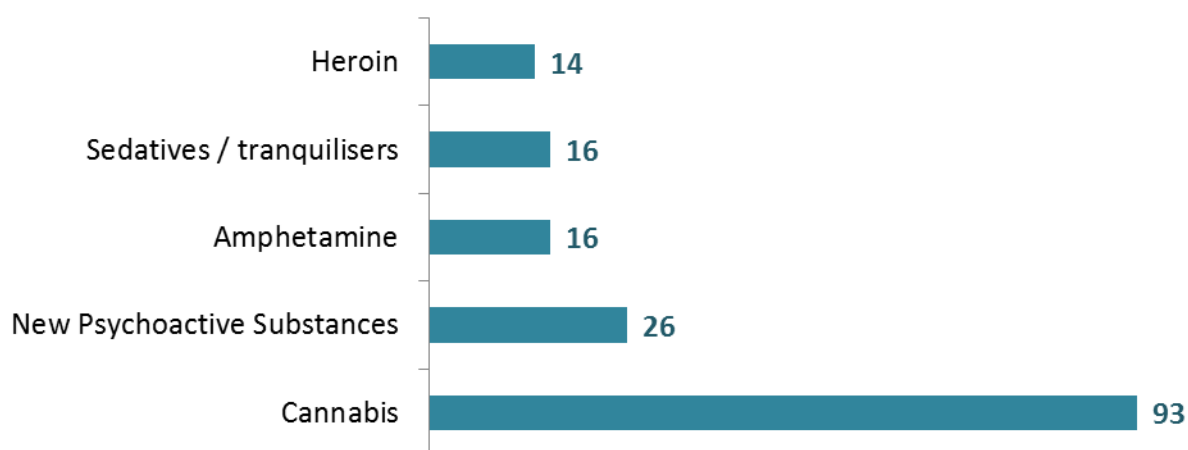
Of the patients with recorded substance abuse in 4 weeks prior to admission, 294 used smoke or nasal as the main route of substance abuse, 204 oral and 46 injecting (patients can use more than one route).

Substances used during stay

NHS Boards were also asked whether patients had used non-prescribed drugs during their stay in hospital / care home. 145 adult patients used non-prescribed drugs during their stay, 6% of patients for whom this information was known (information was not returned for 239 patients). *Patients in Continuing Care and Dementia Care wards are excluded.*

For those patients who used non-prescribed drugs during their stay, Cannabis was again the most prevalent with 93 patients using it (64%), while 26 patients (18%) used New Psychoactive Substances (NPS) during their stay.

Substances used during stay* (Adults aged 18+)



*Patients can be in more than one category.

*Excludes other substances which were recorded for small numbers of patients.

*Excludes Continuing Care and Dementia Care ward types.

Of the 145 patients who used non-prescribed drugs during their stay. 27 patients used two or more substances prior to admission (see below table).

Number of substances used per patient during stay	2016
One	118
Two or more	27

Of the patients with recorded substance abuse during their stay in hospital / care home, 82 used smoke or nasal as the main route of substance abuse while 75 patients used oral route. A small number (less than 10) used injecting (patients can use more than one route).

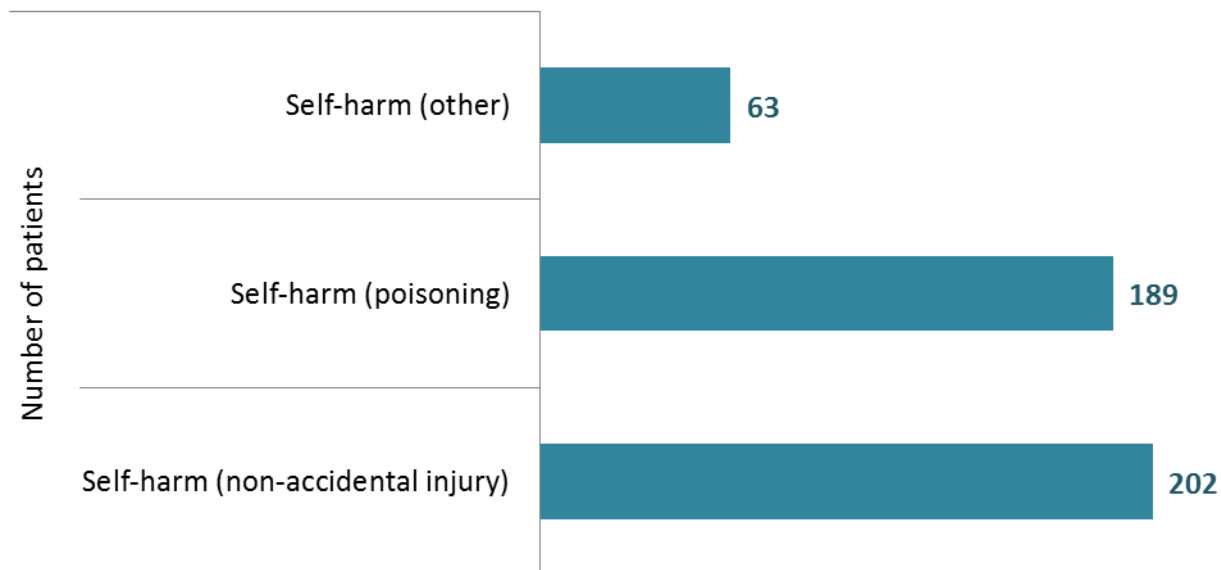
Self harm

This information was provided for 3,334 out of 3,578 patients.

- 445 adult patients self harmed in the week prior to admission to hospital. This is 13% of patients where this information was known.
- 202 patients self harmed by non accidental injury (45% of all self-harm).

Note that patients can be in multiple categories in the following chart.

Self-harm (Adults aged 18+)




Suicidal ideation

This information was provided for 3,290 out of 3,578 patients.

- 412 adult patients expressed suicidal ideation on admission to hospital. This is 13% of those for which information was known.

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



55 patients in the March 2016 census were aged under 18.

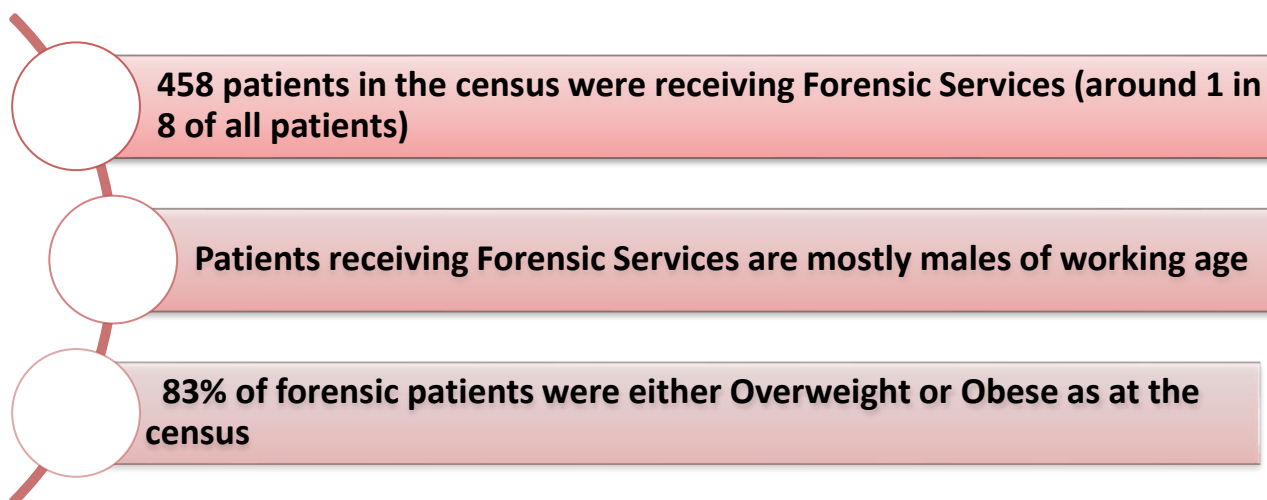
32 patients were aged 15 or under, 23 were aged 16 to 17.

48 out of 55 patients aged under 18 were in either a Children's Unit or Young Person's unit

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

- There were 55 mental health, addiction or learning disability inpatients aged under 18 at the March 2016 census. This compares with 50 at October 14.
- These patients were mostly treated in Regional Services located in NHS Greater Glasgow & Clyde, NHS Lothian and NHS Tayside. Three additional NHS Boards returned data on a very small number of patients aged under 18.
- There were 48 patients treated in a Children's or Young People's Unit. There were 50 available beds for these wards at the March census date.
- 32 out of the 55 patients were aged 15 or under, 23 were aged 16 to 17.
- 50 out of the 55 patients were seen by a consultant who specialized in Child and Adolescent Psychiatry.
- The average (median) number of days since admission at the time of the census for young people was 49 days.
- 26 patients aged under 18 (47%) had 'formal' status at the Census date. Patient who have been detained under the provisions of the Mental Health (Care and Treatment) (Scotland) Act of 2003 are defined as having 'Formal' status.
- 18 patients aged under 18 had a diagnosis of a behavioral syndrome, 13 patients had a diagnosis of depression and 11 patients had a Neurotic, stress-related and somatoform diagnosis. Other diagnoses were recorded for small numbers of patients. *Patients can have more than one condition.*

4. Additional Analysis: Patients receiving Forensic Services



Forensic psychiatry is a specialized 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 **458 patients** were primarily managed by Forensic Services in the 2016 census.

It should be noted that NHS Greater Glasgow & Clyde, NHS Lothian and NHS Tayside contain Forensics 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).

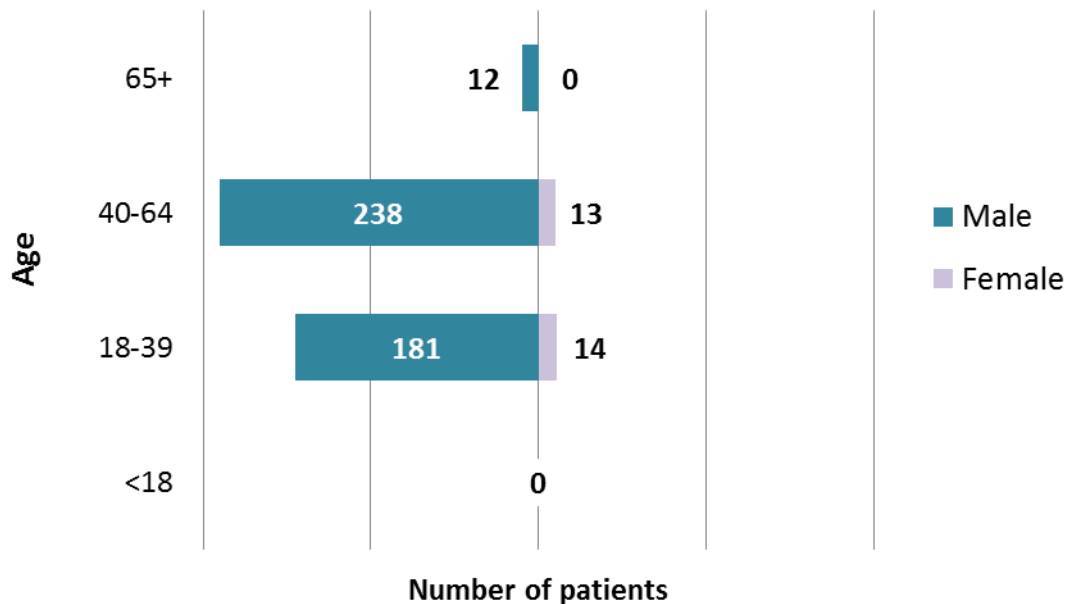
NHS Board of Treatment	Number of Patients	
	October 2014	March 2016
NHS Ayrshire & Arran	*	*
NHS Borders	0	*
NHS Dumfries & Galloway	0	*
NHS Fife	31	34
NHS Forth Valley	20	*
NHS Grampian	42	42
NHS Greater Glasgow & Clyde	128	122
NHS Highland	*	*
NHS Lanarkshire	19	15
NHS Lothian	65	47
NHS Tayside	65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

*suppressed due to small numbers

Age and Gender

The following chart shows that the large majority of patients receiving forensic services are working age males:

Patients receiving Forensic Services, by age and gender, 2016

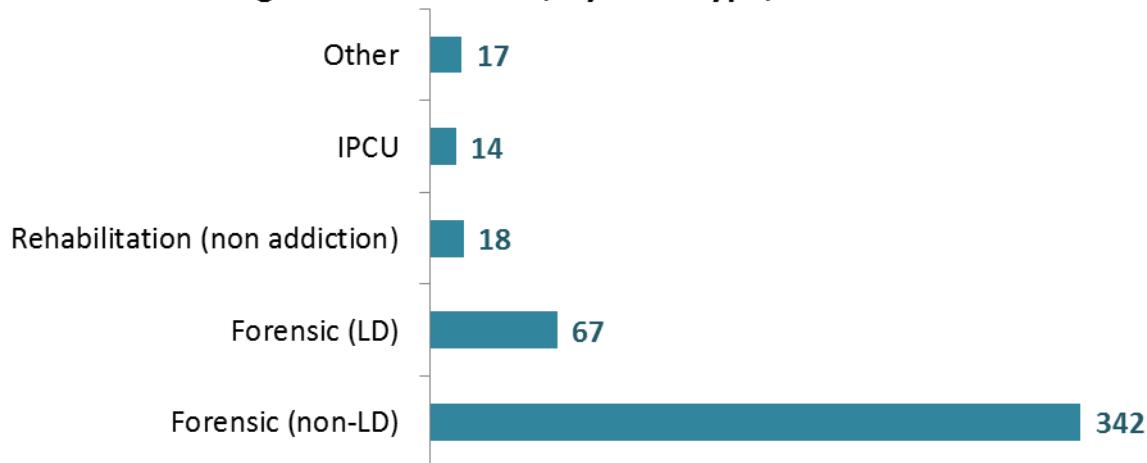


- 94% (431) of all patients receiving Forensic Services were male at the census.
- There were 27 female patients receiving Forensic Services. These were all aged between 18 and 64.
- There were 12 males aged 65 and over receiving Forensic Services.
- The age and gender of patients receiving Forensic Services at the 2016 census were similar to the 2014 census.
- There is no specialist 'older adult forensic' or 'older adult learning disability forensic' inpatient provision in Scotland, so those patients whose needs are better met on older adult wards transfer there and then come under the care of older adult services (even if forensic services continue to liaise).

Ward Type

The following chart shows the number of patients receiving Forensic Services by ward type:

Patients receiving Forensic Services, by ward type, 2016

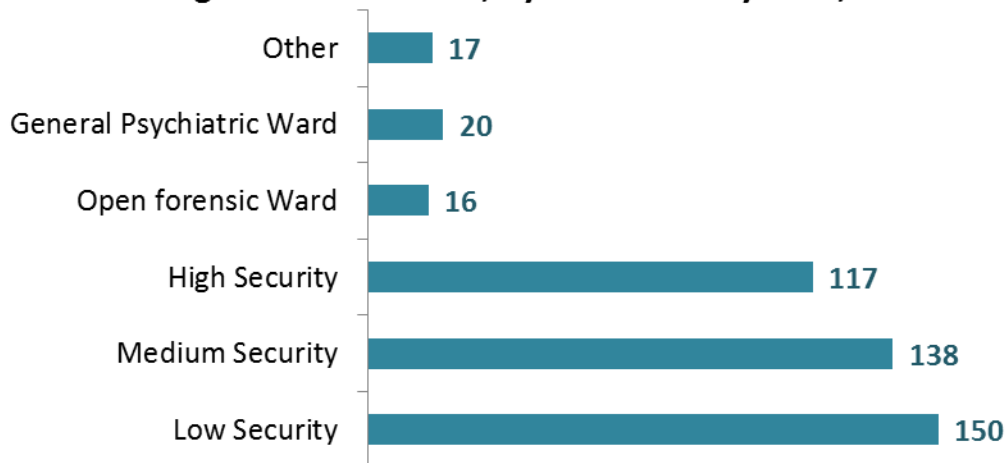


- 89% (409) of patients receiving Forensic Services were in a Forensic ward. 67 of these patients were in a specialist Learning Disability ward.
- 18 patients (3%) were in a rehabilitation (non addiction) ward, while 14 (3%) were in an Intensive Psychiatric Care Unit (IPCU).

Ward Security Level

The following chart shows the number of patients receiving Forensic Services, by the security level of their ward:

Patients receiving Forensic Services, by ward security level, 2016

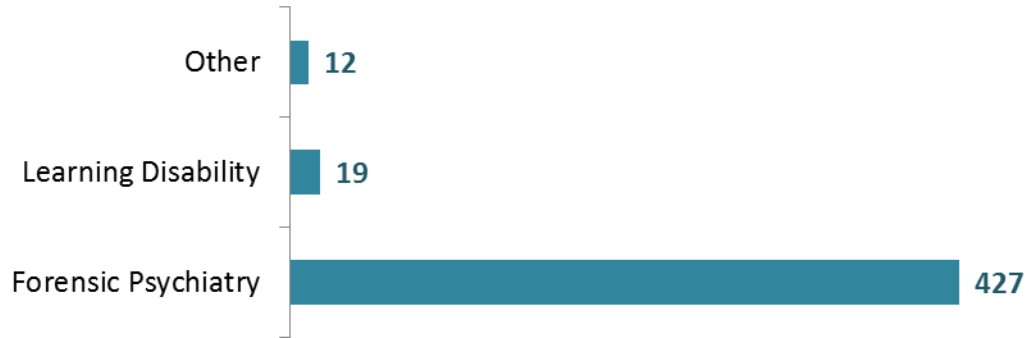


- Around one in three patients receiving Forensic Services were in a Low Security ward.
- Almost a third (30%) of forensic patients were treated in a Medium Security ward.
- Just over a quarter (26%) of forensic patients were treated in a High Security ward.
- 4% of Forensic patients were in a General Psychiatric Ward. This compares with 74% of all mental health, addiction or learning disability patients.

Specialty of Consultant

Forensic psychiatry is one of several consultant specialties which oversee the care and treatment of forensic patients.

Patients receiving Forensic Services, by consultant specialty, 2016

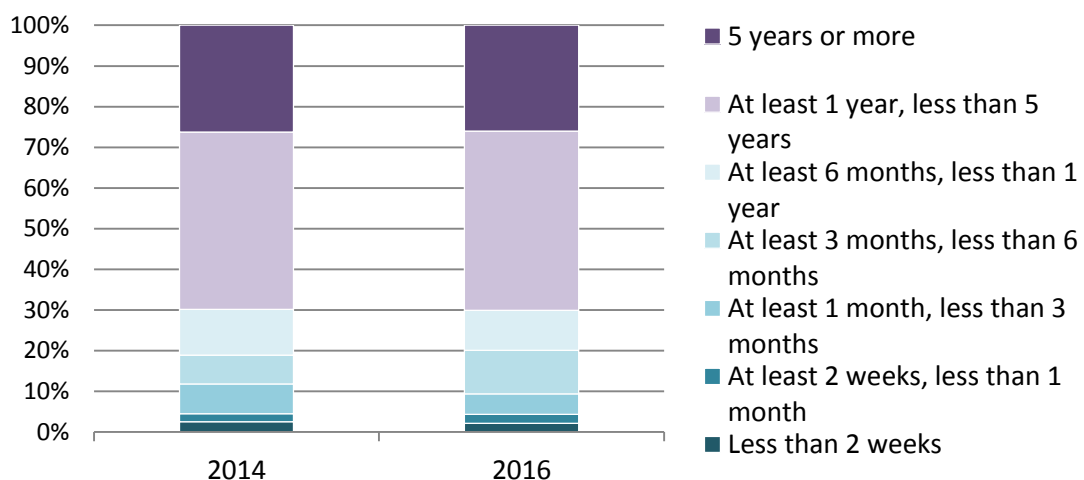


- The vast majority of patients receiving Forensic Services (93%, 427) were seen by a specialist Forensic Psychiatrist.
- 19 patients (4% of all receiving Forensic Services) were seen by a consultant whose specialty was Learning Disabilities.

Length of stay in hospital

There has been little change in the 'days since admission' between the 2014 census and the 2016 census.

Forensics patients, days since admission



The tables below show that patients receiving Forensic Services, as at the 2016 census, are more likely to stay in hospital for a longer period of time than other mental health, addiction and learning disability patients:

Days since admission	Patients (March 2016)
Less than 2 weeks	10
At least 2 weeks, less than 1 month	10
At least 1 month, less than 3 months	23
At least 3 months, less than 6 months	49
At least 6 months, less than 1 year	45
At least 1 year, less than 5 years	202
5 years or more	119

Group	Average (median) number of days since admission	Approx. number of years / months
Patients receiving Forensic Services	802	2 years, 2 months
Other Mental Health, Addiction and Learning Disability patients	115	4 months

- More than two thirds (321, 70%) of patients receiving Forensic Services had been in hospital for more than a year.
- The average (median) time since admission at the census for patients receiving Forensic Services was just over 2 years.
- Length of stay for patients receiving Forensic Services will be influenced by the fact that around 56% of them are in a Medium Security or a High Security ward.
- This compares with the average time since admission of around 4 months for other mental health, addiction and learning disability patients (i.e. those who *don't* receive Forensic Services).

Forensic patients on pass

Was patient on pass at census date?	Patients (March 2016)
Yes	24
No	434
All forensic patients	458

- 5% of patients being treated under forensic services were on pass as at the census.
- Of the 24 patients on pass, 15 were at home.

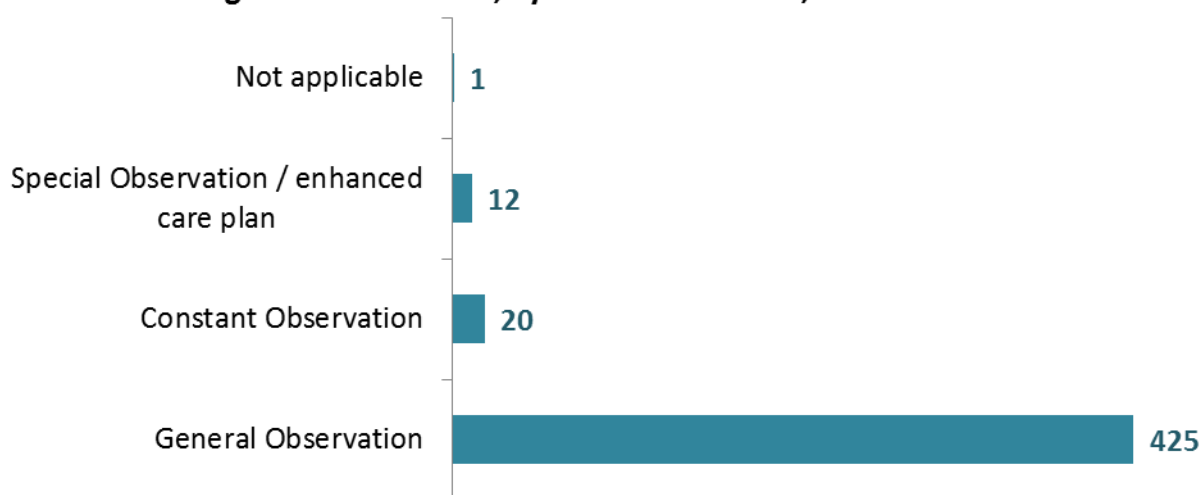
Observation level

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

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

The following chart shows that most patients receiving Forensic Services (93%) fall under the General Observation category.

Patients receiving Forensic Services, by observation level, 2016



Note: Not applicable relates to either patients who are being treated in care homes where an observation level may not apply, or patients on pass.

Health and Wellbeing

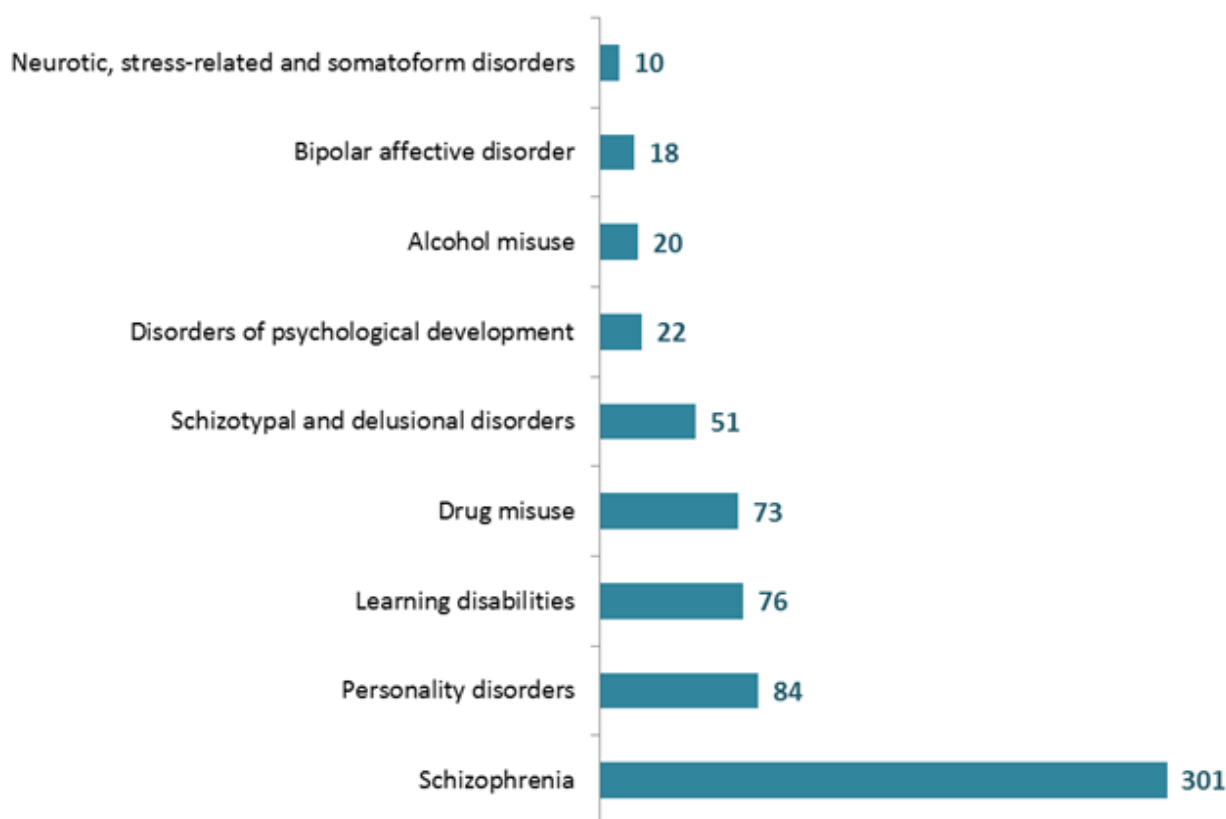
The following sections consider the mental and physical health of the forensic patients. The 2016 Census additionally collected some information around lifestyle factors which can impact on a person’s health and wellbeing.

Mental health morbidities

The following chart presents the most common diagnosed mental health morbidities, as at the census date, for patients treated under Forensic Services. *Note that a patient may have more than one diagnosis.*

- The most common diagnosis was Schizophrenia. 301 patients (66%) had a diagnosis of Schizophrenia. This was followed by Personality Disorders with 84 patients (18%) and Learning Disability with 76 patients (17%).

Patients receiving Forensic Services, by most common mental health morbidity, 2016



Note: All mental health diagnoses are based on ICD10 codes. Primary and secondary diagnoses included. Note that a patient may have more than one diagnosis.

Physical health co-morbidities

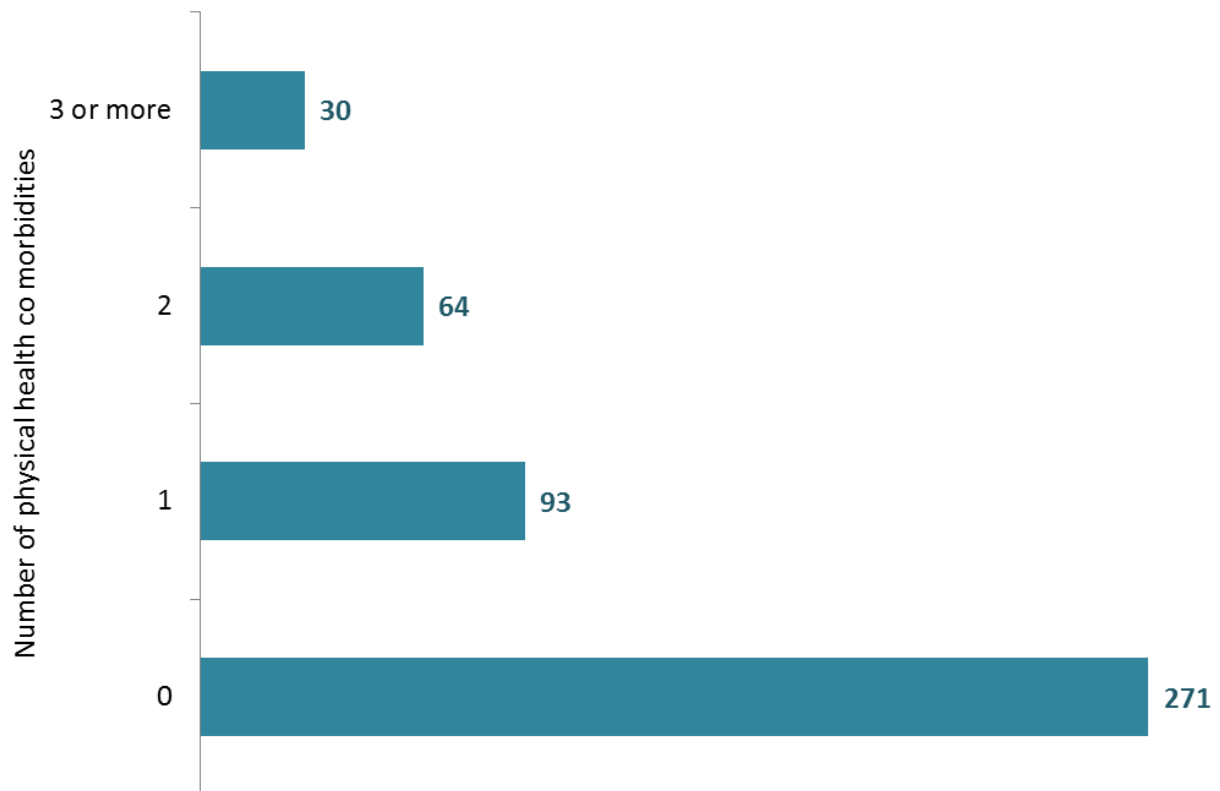
One of the key outcomes from the 2014 Census was the need to improve the recording of both mental health and physical health morbidities. Mental Health and Learning Disability services in NHS Boards are working towards routinely recording physical health conditions under the [International Classification of Diseases](#). As an interim, the 2016 Census included a suite of Yes/No physical health questions. All NHS Boards provided a Yes/No answer for all of their forensics patients.

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

- 41% of patients had at least one long term physical health co-morbidity based on the suite of Yes/No physical health questions as at the census.
- 20% (93) of all forensics patients had 1 physical health co-morbidities based on the suite of Yes/No physical health questions as at the census, 14% (64) had 2 physical health co-morbidities and 7% (30) had 3 or more physical health co-morbidities.

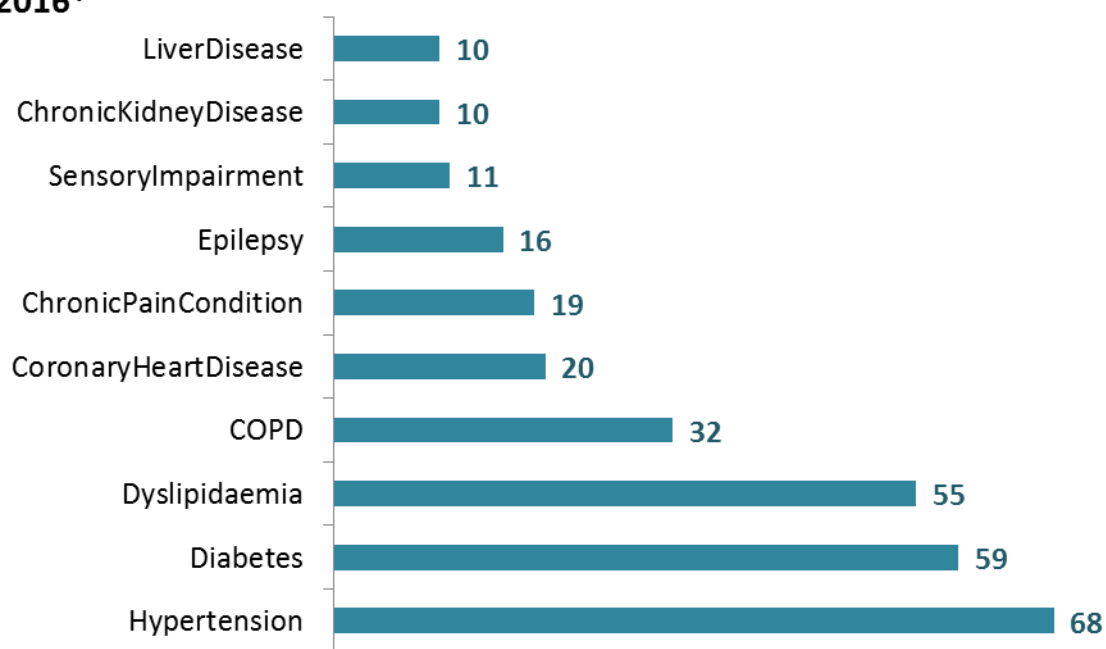
Forensic patients with long term physical health co morbidities*, 2016



**Physical health co-morbidities are based on responses to a suite of Yes/No physical health questions in the census. Morbidities included: Hypertension, Diabetes, Dyslipidaemia, Chronic Obstructive Pulmonary Disease, Coronary heart Disease, Chronic Pain, Epilepsy, Sensory Impairment, Chronic Kidney Disease, Liver Disease, Thyroid Disease, Acquired Brain Injury, Cancer, Stroke / Transient Ischaemic Attack, Alcohol Acquired Brain Injury, Parkinson.*

The following chart illustrates the prevalence of selected physical health morbidities for the forensic patients. *Note that a patient can have more than one physical health morbidity.*

Patients receiving Forensic Services, by most common physical health condition, 2016*



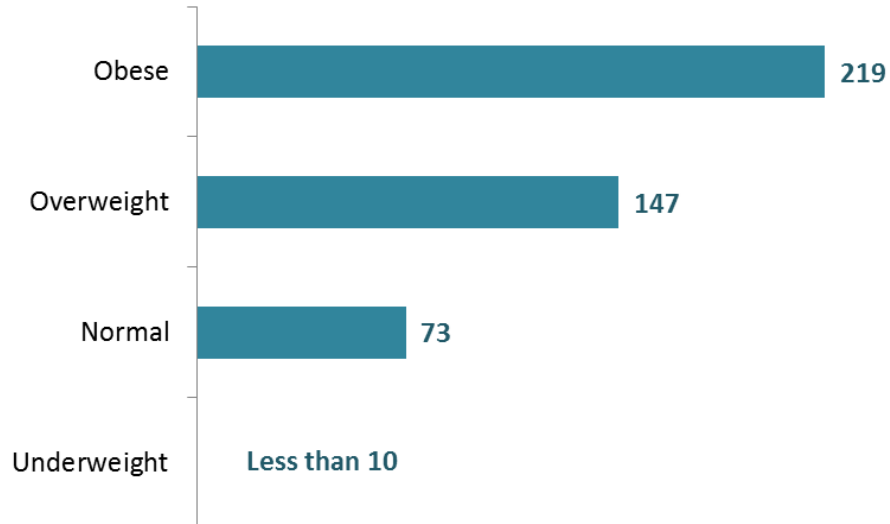
- 15% of forensic inpatients had Hypertension as at the census date. This was the most common physical health co morbidity from the suite of physical health conditions which were asked specifically about in the census.
- After Hypertension, Diabetes and Dyslipidaemia were the next most prevalent physical health co-morbidities amongst forensic patients with 13% and 12% respectively.

Lifestyle factors

BMI (Body Mass Index)

The following chart shows the BMI (Body Mass Index) distribution for forensic patients. Note the chart excludes a small number of cases where height and weight information was not provided in order to calculate BMI scores.

Patients receiving Forensic Services, BMI Index, 2016



- 83% of forensic patients were either Overweight or Obese as at the census.
- 17% of forensic patients had a Normal BMI score as at the census.

Smoking, alcohol and other substance misuse

The 2016 census included a number of questions around alcohol and other substance misuse. It is known that not all patients with alcohol dependence or substance abuse will have a formal (ICD10) diagnosis. This section contains analysis of patients with alcohol dependence and / or substance misuse based on responses for a combination of questions (see Section 6 for further detail).

- A third of forensics patients (151, 33%) smoked tobacco in the 12 weeks prior to the census date.
- Around a third of forensics patients (147, 32%) had a dependence on alcohol / harmfully used alcohol. Of these, 20 patients had an alcohol-related diagnosis based on ICD10 codes.
- 42% (192) of forensics patients had abused substances (excluding alcohol). Of these, 73 patients had a diagnosis of drug misuse based on ICD10 codes.

Patients receiving Forensic Services, smoking, drugs and alcohol



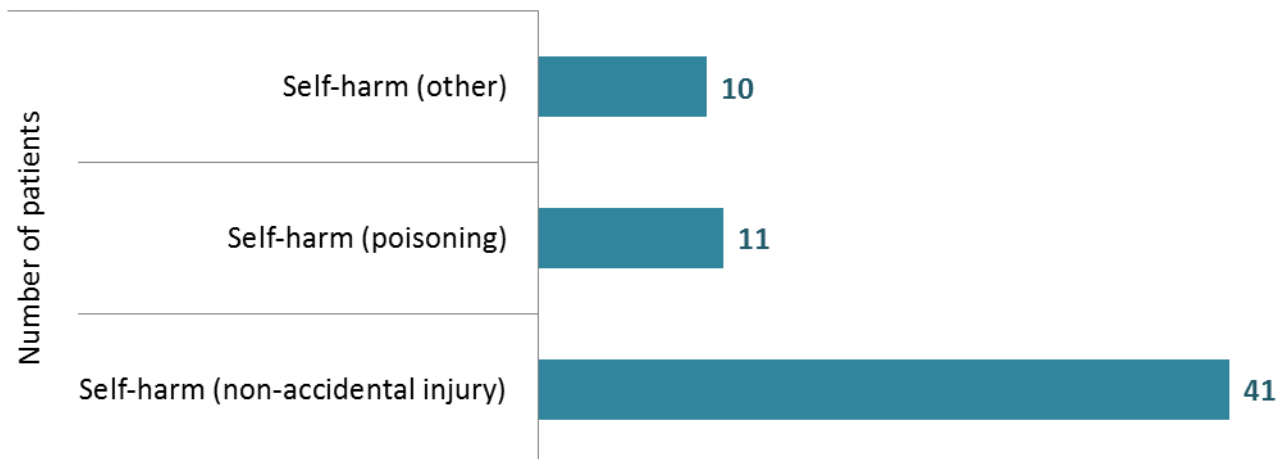
Self harm

This information was provided for 358 out of 458 patients.

- 62 forensics patients self harmed in the week prior to admission to hospital. This is 17% of all forensics patients where this information was known.
- Two thirds (66%, 41) of those who self harmed in the week prior to admission, self harmed by non accidental injury.

Note that patients can be in multiple categories in the following chart.

Patients receiving Forensic Services, by self-harm



Suicidal ideation

This information was provided for 352 out of 458 patients.

- 23 forensics patients expressed suicidal ideation on admission to hospital. This is 7% of those which information was known for.

In addition to the 458 patients who were primarily managed by the Forensics Services, there were 38 patients who were also primarily managed by Forensics Services and had their care funded by NHS Scotland, but were treated outwith NHS Scotland facilities. See Chapter 5 for further information.

5. Out of Scotland NHS Placements

137 patients in the census who were funded by NHS Scotland were receiving treatment out with NHS Scotland

At the time of the census these patients had been in hospital an average of 2 years and 6 months

33 patients (24%) had a diagnosis for learning disability or autism.

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

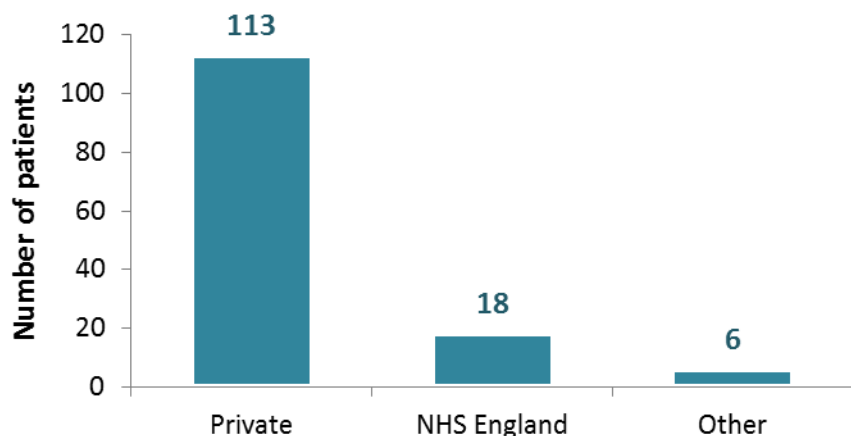
Some patients with highly complex, specialist needs are treated Outwith NHS Scotland facilities. The individual variability means that it is more cost effective to send patients to Out of NHS Scotland facilities than creating dedicated facilities in NHS Scotland. Each care package is individually and carefully considered by Boards. In total there were **137 patients treated outwith NHS Scotland**. Of these 137 patients, 91 were treated in a non-NHS facility in Scotland, while 46 were treated elsewhere in the UK.

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

*Suppressed due to small numbers. See paragraphs on “Data Confidentiality” in Section 6 of this report.

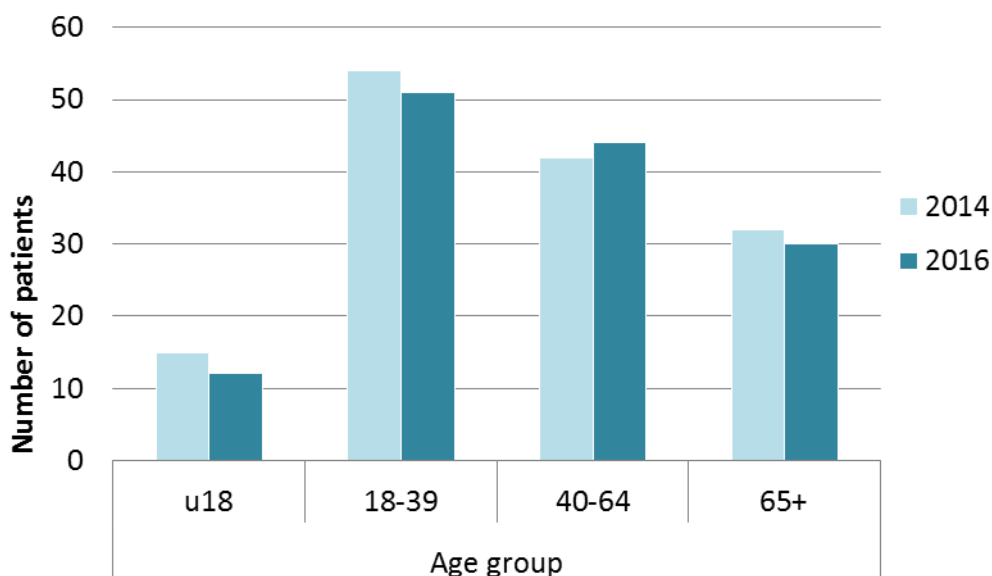
Of the 137 patients treated outwith NHS Scotland, 113 were treated in Private facilities, 18 in NHS England and 6 in other facilities.

Mental Health & Learning Disability patients funded by, but treated outwith, NHS Scotland (by sector)



Patients treated Outwith NHS Scotland tend to be younger on average than those treated in NHS Scotland facilities. 78% were aged under 65 (compared to 59% of NHS Scotland patients), while 46% were aged under 40 (compared to 24% of NHS Scotland patients). 75 patients (55%) treated Outwith NHS Scotland were male, 62 female.

Patients treated outwith NHS Scotland, by age group (2014 v 2016)

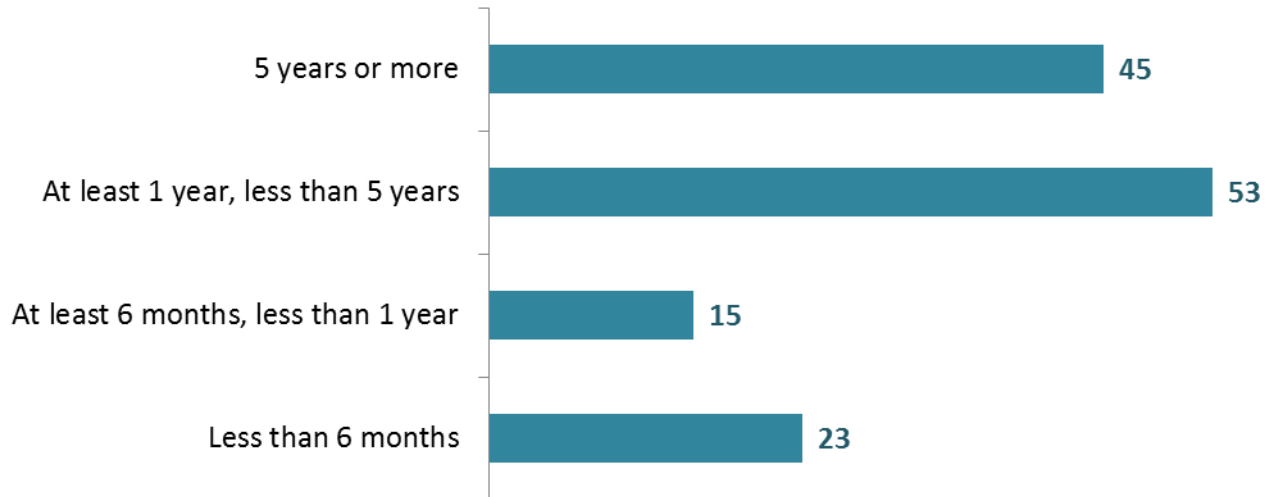


The average (median) number of days for the 137 patients treated outwith NHS Scotland was 914 (approx 2 years and 6 months) – this is more than five times longer than that of those patients treated within NHS Scotland facilities:

Group	Average (median) number of days since admission	Approx. number of years / months
NHS Scotland patients treated outwith NHS Scotland	914	2 years, 6 months
All NHS Scotland patients (excluding 'outwith' patients)	147	5 months

Of the 137 patients treated Outwith NHS Scotland 98 (72%) had been in hospital for at least 1 year at the time of the census date. 45 patients (33%) had been in hospital for more than five years.

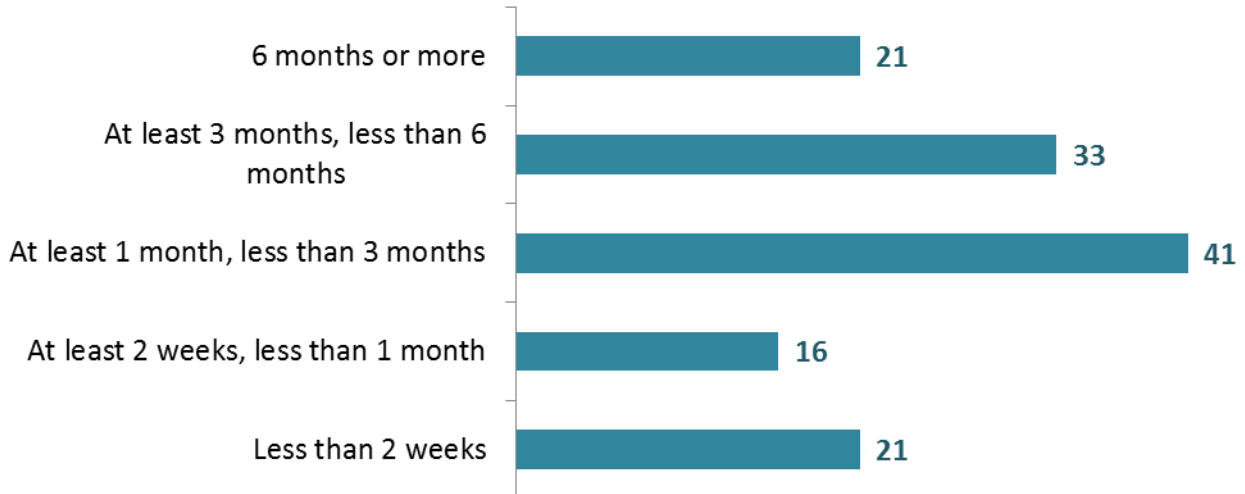
Patients treated outwith NHS Scotland, time since admission, 2016



*Admission date was not recorded for 1 patient.

The following chart shows the length of time that has passed since the patients' last care plan review. 21 patients (15%) treated outwith NHS Scotland had their last care plan review less than two weeks prior to the Census, while the same number had their last care plan review at least 6 months prior to the Census.

Patients treated outwith NHS Scotland, time since care plan review, 2016



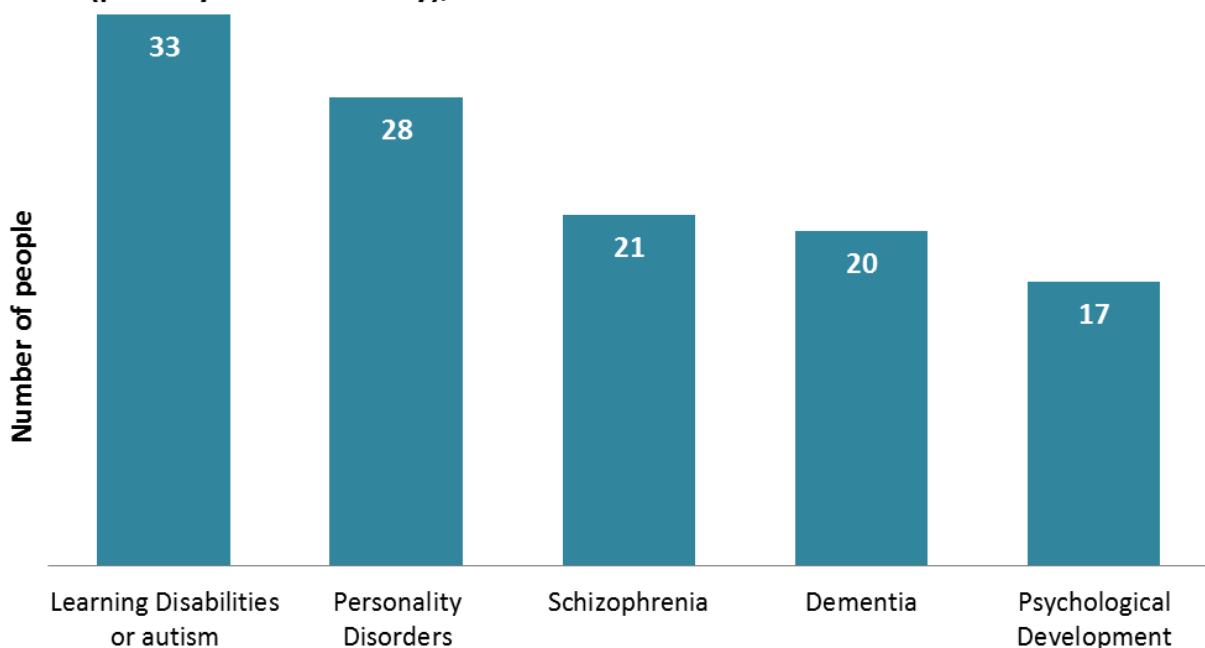
*Date of last care plan review was not recorded for 5 patients.

Of the 137 patients treated outwith NHS Scotland:

- 89 patients (65%) were receiving Hospital-Based Complex Clinical Care
- 38 patients (28%) were under Forensic Services

33 out of the 137 patients had a diagnosis, either primary or secondary, for a learning disability or autism (24% of all patients). The second most prevalent was Personality Disorders (28 patients), followed by Schizophrenia (21), Dementia (20) and Psychological Development (17).

Patients treated outwith NHS Scotland - Mental Health diagnosis (primary and secondary), 2016



Note: Patients can have multiple conditions.

6. Methodology & further information

Time period and scope

The Inpatient Census was carried out by the Scottish Government and NHS Boards as at midnight, 31 March 2016. This is the second time the census has been undertaken, the previous census was undertaken at midnight, 29th October 2014.

The census was conducted in 3 parts and covered:

- every patient occupying a psychiatric, addiction or learning disability inpatient bed in an NHS Scotland facility on the census date (midnight at the end of 31st March 2016) (Part 1).
- every mental health, addiction or learning disability patient whose care is funded by NHS Scotland, but is being treated in a facility that is out with NHS Scotland (e.g. in a local authority care home, in a private hospital, in a NHS England facility), on the census date (midnight at the end of 31st March 2016) (Part 2).
- every patient who was in receipt of Hospital Based Complex Clinical Care (HBCCC) in general acute inpatient beds on the census date (midnight at the end of 31st March 2016) (Part 3).

The census guidance notes are available here:

<http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2016>

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

A separate report is planned for the 27th Sept 2016 covering all Hospital Based Complex Clinical Care patients from Parts 1, 2 and 3.

Data completeness

NHS Scotland facilities (Part 1)

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

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

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

Patients treated out with NHS Scotland (Part 2)

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

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

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

Data completeness for the Hospital Based Complex Clinical Care Census will be reported separately in the Hospital Based Complex Clinical Care Census publication (due to be released 27th Sept 2016).

Data collection

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

<http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2016>.

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

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

Data confidentiality

A Privacy Impact Assessment was undertaken prior to the census which outlines how patient confidentiality is maintained. The Privacy Impact Assessment is available here: <http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2016>.

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 can not be deduced through subtraction;
- **Table redesign and recoding**, where cells are grouped together to protect small value cells.

Further information about Statistical Disclosure Control is available here:

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

Health Conditions

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

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

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	ICD10 Code F84.0 or F84.1
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¹ <http://www.who.int/classifications/icd/en/>

NHS Boards answered Yes to the following health condition question: Autistic Spectrum Disorder	1 - Yes 0 - No
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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	ICD10 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	ICD10 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
NHS Boards answered '1' to the following question: Has the patient used non-prescribed drugs during their current admission to hospital/care home? Note this question was not asked of patients in long stay / continuing care wards.	1 – Yes 0 – No 96 – Not applicable (patient in long stay / continuing care bed) 99 – Not known

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

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 2016.

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

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

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

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

NHS National Services Scotland, ISD Scotland

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

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

SMR01 – inpatients and day cases in acute specialties

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

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

The May 2016 report Hospital inpatient care of people with mental health problems in Scotland: Trends up to 31 March 2015 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 Health Activity Dataset project is underway to develop a robust community health activity and cost dataset. Phase two will look at community mental health and all NHS Boards were expected to start collecting data on 1 April 2016.

ScotSID - suicide

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

ScotPHO

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

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

Health & Social Care Analysis (HSCA), Scottish Government

Scottish Health Survey annual report

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

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

Scottish Health Survey Topic Report: Mental Health and Wellbeing

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

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

Social Care Survey

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

The latest publication can be found here:

<http://www.gov.scot/Topics/Statistics/Browse/Health/Data/HomeCare#top>

Dataset guidance notes are available here:

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

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:

<http://www.sclد.org.uk/sclد-projects/esay/esay-statistics-releases>

The full dataset guidance notes are available here:

<http://www.sclد.org.uk/sclد-projects/esay/what-is-esay>

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

Scottish Care Home Census

This census was first issued by the Scottish Government in March 2003 and replaced two previous surveys. It combined the former 'Residential Care Home Census - R1' (run by the

Scottish Government) and the 'Private Nursing Homes Census' (run by ISD Scotland). From 2010, the census has been run in collaboration between Health & Social Care Analysis Division, Care Inspectorate and ISD Scotland.

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

The latest publication can be found here:

<http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Census/>

The guidance notes can be found here:

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

Mental Welfare Commission for Scotland

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

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

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

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

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

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

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

Scotland Census 2011, National Records of Scotland

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

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

(Selected items from list)

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

Full questionnaire is available at the following link:

<http://www.scotlandscensus.gov.uk/glossary/census-questionnaire-2011>

Census Publications:

<http://www.scotlandscensus.gov.uk/en/censusresults/>

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

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

- The Mental Health Bulletin, eg [the Mental Health Bulletin, Annual Report - 2014-15](#), which contains annual data on patients using adult secondary mental health and learning disability services. This contains information from the Mental Health Minimum Dataset (MHMDS) and the Mental Health and Learning Disabilities Dataset (MHLDDS).

The National Statistics report on uses of the Mental Health Act 1983 and detained patients, eg [Inpatients Formally Detained in Hospitals Under the Mental Health Act 1983 and Patients Subject to Supervised Community Treatment, England - 2014-2015, Annual figures](#).

Routine statistics on hospital discharges from the Hospital Episode Statistics database:

<http://digital.nhs.uk/hes>.

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

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

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

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

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

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

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

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

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

All figures are for the March 2016 census.

NHS Board	Hospital	Patients	Available beds
NHS Ayrshire & Arran	Ayrshire Central Hospital	13	28
	Crosshouse Hospital	26	42
	Ailsa Hospital	117	161
	Arrol Park Resource Centre	13	14
	East Ayrshire Community Hospital	15	20
NHS Borders	Galavale Hospital	*	*
	Borders General Hospital	29	39
	Melburn Lodge	*	*
NHS Dumfries & Galloway	Midpark Hospital	49	85
NHS Fife	Whytemans Brae Hospital	21	29
	Stratheden Hospital	120	166
	Queen Margaret Hospital	14	24
	Lynebank Hospital	29	33
NHS Forth Valley	Falkirk Community Hospital	16	16
	Bo'ness Hospital	13	16
	Bellsdyke Hospital	44	59
	Stirling Community Hospital	14	18
	Lochview Hospital	24	26
	Clackmannanshire Community Healthcare Centre	18	20
	Forth Valley Royal Hospital	77	94
NHS Grampian	Bennachie View Care Home	*	10
	Glen O' Dee Hospital	*	12
	Royal Cornhill Hospital	242	267
	Fraserburgh Hospital	*	12
	Seafield Hospital	*	10
	Rehabilitation Hospital	*	*
	Pluscarden Clinic	19	20
	375 Great Western Lodge	*	*
NHS Greater Glasgow & Clyde	Elmwood	13	18
	Dumbarton Joint Hospital	11	12
	Vale of Leven Hospital	16	18
	Ravenscraig Hospital	45	42
	Inverclyde Royal Hospital	27	28
	Dykebar Hospital	78	76

	Royal Alexandra Hospital	38	40
	Larkfield Unit	20	20
	Blythswood House	16	16
	Royal Hospital for Sick Children	*	*
	Parkhead Hospital	49	49
	Stobhill Hospital	156	155
	Leverndale Hospital	252	252
	Rowantree Nursing Home	28	28
	Darnley Court Nursing Home	24	27
	Gartnavel Royal Hospital	191	213
	Birdston Nursing Home	43	60
	Waterloo Close	*	*
	Netherton	*	*
	Rowanbank	73	74
	Skye House	24	24
NHS Highland	Argyll & Bute Hospital	18	27
	Migdale Hospital	12	12
	St Vincent's Hospital	*	*
	New Craigs Hospital Inverness	130	135
	Mid-Argyll Community Hospital	*	*
NHS Lanarkshire	Coathill Hospital	18	22
	Monklands Hospital	21	24
	Cumbernauld Care Home	28	52
	Cleland Hospital	27	30
	Hatton Lea Care Home	52	90
	Kirklands Hospital	*	12
	Airbles Road Centre	*	16
	Hairmyres Hospital	54	55
	Udston Hospital	25	60
	Caird House	25	27
	Wishaw General Hospital	46	52
NHS Lothian	Herdmanflat Hospital	16	16
	Royal Edinburgh Hospital	296	316
	Tippethill Hospital	25	30
	St John's Hospital	68	78
	Ferryfield House	28	30
	Primrose Lodge	*	*
	Glen Lomond	*	*
	Camus Tigh	*	*
	Dunedin	*	*
	Craigshill Care Home	22	30
	Ellen's Glen House	29	30
	Findlay House	28	30
	Midlothian Community Hospital	44	44
	Murraypark Nursing Home	17	18
NHS Tayside	Strathmartine Hospital	20	26
	Dudhope House	*	*
	Discovery Unit, Clement Park Care Home	*	*
	Murray Royal Hospital	125	166
	Stracathro Hospital	49	52
	Whitehills Hospital	11	15
	Crieff Community Hospital	*	10
	Carseview Centre	55	64
	Kingsway Care Centre	42	56

NHS Western Isles	Western Isles Hospital	15	17
State Hospital	State Hospital, Carstairs	117	132

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How to access background or source data

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

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